

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel

12 January 2016

Supplementary agenda

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**BUSINESS PLAN 2016-2020
SAVINGS PROPOSAL CONSULTATION PACK**

SUPPLEMENTARY INFORMATION:

EQUALITY IMPACT ASSESSMENTS FOR ADULT SOCIAL CARE SAVINGS

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Equality Analysis



What are the proposals being assessed?	Proposed budget savings CH54, CH58 and CH59 – staff reductions
Which Department/ Division has the responsibility for this?	Community and Housing, Adult Social Care

Stage 1: Overview	
Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	<p>To deliver required savings and to mitigate the impact through changed processes and structures.</p> <p>The aim and desired outcome of the proposal is to achieve the proposed budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. The Adult Social Care Target Operating Model (TOM) is committed to service transformation, through efficient processes, through promoting the independence of individuals and reducing reliance on council funded services, and through utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions.</p> <p>However, there could be reduced / delayed services and it may lead to increased waiting times for service users, reduced capacity to monitor quality within provider services, and reduced capacity to undertake assessments and reviews which would have a direct implication on the ability to effectively promote independence. The Adult Social Care TOM commitment to flexible and mobile working and to improve assessment and care management processes should enable any risks to be partly mitigated.</p>
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Staff, service users, carers, partners and providers will, or may, be affected.

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4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?

HR input will be required.

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Staffing structure – 338.97 full time equivalent staff budgeted for 2016/17 – this includes all adult social care staff, including residential homes and day centres.

Current service users - at the end of 2014/15 there were 4,095 service users receiving long term support with other service users receiving temporary support. Service users include older people, people with physical disabilities, learning disabilities and mental health issues. We consider trends from data about our service users. For example trend data shows that we have continued to meet our statutory responsibilities whilst slightly reducing both overall numbers of service users and the overall level of support packages being received, through following a promoting independence approach.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Two staff consultation events were held with 83 staff attending. Feedback was also received from service users in response to the consultation, with 129 responses to the questionnaire.

National context – benchmarking data, National Audit Office 'Adult Social Care in England: Overview', Barker Commission 'The Future of Health and Social Care in England' (initiated by the Kings Fund) and Local Government Association 'Adult Social Care Efficiency Programme'. Best practice research and reports with ADASS and other national and government groups. Benchmarking data shows that overall Merton spends less per head on adult social care than the average for its comparator groups, and has a more targeted service on fewer people than average. Further information is available in Appendix 1 of the consultation report referred to above.

Operational level – process review of Assessment and Hospital teams undertaken and high level costed customer journey mapping undertaken in 2015, showing potential for efficiencies. The ASC TOM takes account of the potential increase in service demand, with an emphasis on strengthening preventative services including initial contact / triaging of service users, signposting and referring service users to other agencies. Performance data for our commissioned and in-house services including contract monitoring reports and demographic data. The functionality of Mosaic (replacement social care IT system) and the expected benefits of the flexible working programme. The Joint Strategic Needs Assessment (www.merton.gov.uk/health-social-care/publichealth/jsna) and the Local Account (www.merton.gov.uk/health-social-care/adult-social-care/asc-plans-performance/asc-performance).

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓	✓		The consultation has identified that staff and service users have concerns and anxieties about the proposal – see the consultation report for full details. There is a potential impact on staff some of whom are from designated equality groups. There is potentially a negative impact on the health and wellbeing of service users and carers if the alternatives put in place do not fully meet assessed eligible needs.
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓	✓		As above.
Religion/ belief		✓		✓	N/A
Sex (Gender)		✓	✓		More women will be affected by the proposed savings.
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As per the Age category.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the	Some staff will be made redundant. Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a
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Equality Analysis	reduced level of service The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	<p>The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place.</p> <p>Clear communication will be undertaken with staff. The proposed staffing structure is currently out to consultation with staff. The Framework for Managing Organisational Change will be followed. This will ensure the fair treatment of staff. Compulsory redundancies will be mitigated via inviting staff to apply for voluntary severance and examining non-staffing cost reductions and the use of non-core staff e.g. agency staff, where appropriate. The service has not been filling posts on a substantive basis for many months in order to minimise redundancies for existing staff. Every effort will be made to redeploy displaced staff to suitable alternative positions in the council. Staff will receive individual HR support for this. Where required competitive interviews will be held as the method for implementing redundancy selection. Support for staff engaged in competitive interviews will be offered via job application and interview skills training via staff development. By June 2016.</p> <p>It is intended that the new proposed structure, combined with changed processes, will lead to greater efficiencies.</p> <p>The implementation of Mosaic, the replacement social care IT system, is designed to make data inputting easier and reduce inputting time, to enable continued efficiency savings. improving service delivery by reducing administration tasks, allowing staff to focus on service delivery. By April 2016.</p> <p>The flexible working programme will enable staff to work more productively and exploit technology to improve service delivery. Ongoing.</p> <p>Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
How will you know this is achieved? e.g. performance measure / target	Revised staffing structure and service delivery model. National performance indicators (ASCOF) and local performance monitoring. Examples are waiting times for assessment following first contact, how long assessments take to be completed, how often service users have their support plans reviewed, and activity levels of and within teams.
By when	June 2016
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle, Head of Direct Provision

Action added to divisional / team plan?

Included in the Adult Social care re-design programme

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

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Which of the following statements best describe the outcome of the EA (Tick one box only)

Please refer to the guidance for carrying out Equality Impact Assessments is available on the intranet for further information about these outcomes and what they mean for your proposal

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by

Andy Ottaway-Searle, Head of Direct Provision

Signature: Andy Ottaway-Searle, Head of Direct Provision

Date: 22.12.15

Stage 5: Sign off by Director/ Head of Service

Improvement action plan signed off by Director/ Head of Service

Simon Williams, Director of Community and Housing

Signature: Simon Williams

Date: 29.12.15

Equality Analysis



What are the proposals being assessed?	Proposed budget saving CH61 – Decommission the Sodexo Meals on Wheels contract
Which Department/ Division has the responsibility for this?	Community and Housing, Adult Social Care

Stage 1: Overview

Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	The aim and desired outcome is to achieve the proposed budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. It is intended to do this using an approach which promotes independence and reduces reliance on council funded services, utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions. This proposal supports the Adult Social Care commissioning and procurement plan and the Target Operating Model (TOM) commitment of service transformation, by providing an alternative service through embedding support within the community, neighbourhood and voluntary support infrastructure.
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Service users. Carers. External provider Sodexo and its staff.
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	N/A

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Provide details of the information you have reviewed to determine the impact your proposal would have on the protected characteristics (equality groups).

Current service users – for the meals on wheels service, current figures show there are 177 users, ranging in age from 50 – 103 years old. The ethnicity data shows 75% White British (132) and the rest of the service users from Asian British – Indian (5), Asian / British – other Asian (4), Black / British – African (3), Black / British – Caribbean (6), Black / British – other black (1), Chinese (1), other ethnic group (5), White other (8), White Irish (4) backgrounds and Declined to say or no data recorded (8).

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Specific feedback was received from the current service provider of the meals on wheels contract, 18 individual open responses via email and letter from, or on behalf of, meals on wheels service users and also through targeted focus groups.

National context – there is no statutory requirement for the council to provide a meal delivery service. Access to prepared meals is widely available through specialist providers, supermarkets and local shops and telephone and internet access has enabled telephone and on-line ordering enabling service users to access meals themselves or via their own support network. However, support will continue to be provided for those that need help to order prepared meals and those that need help in heating and eating a prepared meal. Many other councils have decommissioned the meals on wheels service.

Operational level – quarterly monitoring reports from Sodexo, with number of meals delivered and type of food e.g. kosher, halal etc. and includes details of any complaints (non delivery, quality of meal etc.).

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓	✓		The consultation has identified that service users have concerns and anxieties about the proposal – see the consultation report for full details. There may be a negative impact on the health and wellbeing of service users if the alternatives do not fully meet assessed needs.
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓		✓	N/A
Religion/ belief		✓		✓	N/A
Sex (Gender)		✓		✓	N/A
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As above.

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7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

This action plan should be completed after the analysis and should outline action(s) to be taken to mitigate the potential negative impact identified (expanding on information provided in Section 7 above).

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service. The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	<p>The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place.</p> <p>Clear communication will be undertaken and all current recipients of meals on wheels will be contacted to review their eligible needs and identify how their needs will be met under the new model of service provision, through a range of options including working with the voluntary sector and community groups, ensuring service users who need help to order prepared meals and those that need help in feeding themselves will continue to receive support. By July 2016.</p> <p>Alternative ways of accessing prepared meals or accessing telephone / online prepared meal delivery services will be publicised to service users. Merton Council has an established working relationship with the voluntary</p>

	sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. On-going. Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.
How will you know this is achieved? e.g. performance measure / target	Implementation of the Ageing Well programme. Local performance monitoring of alternative service take-up and effectiveness.
By when	July 2016
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle
Action added to divisional / team plan?	N/A

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

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Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

Equality Analysis



What are the proposals being assessed?	Proposed budget saving CH60 – Decommission the South Thames Crossroads Caring for Carers contract
Which Department/ Division has the responsibility for this?	Community and Housing, Adult Social Care

Stage 1: Overview	
Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	The aim and desired outcome of the proposal is to achieve the required budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. It is intended to do this using an approach which promotes independence and reduces reliance on council funded services, utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions. This proposal supports the Adult Social Care commissioning and procurement plan and the Target Operating Model (TOM) commitment of service transformation, by decommissioning the South Thames Crossroads Caring for Carers contract and providing an alternative service through domiciliary care services, Direct payments and commissioned holistic carers and support from the voluntary sector.
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Service users and carers. The external provider South Thames Crossroads and its staff.
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	N/A

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Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Provide details of the information you have reviewed to determine the impact your proposal would have on the protected characteristics (equality groups).

Current service users - there are currently 72 service users, aged between 22 and 97 years of age. The ethnicity data shows 49% White British (35) and the rest of the service users from Asian British - Indian (3), Asian / British – Pakistani (8), Asian / British – other Asian (2), Black / British – African (2), Black / British – Caribbean (9), Black / British – other black (2), Mixed White / Asian (1), Mixed White / Black Caribbean (1), other ethnic group (3), White other (5), White Irish (1) backgrounds.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those people affected by all of the adult social care savings proposals. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Specific feedback was received from the current service provider of the contract, seven individual open responses via email and letter from service users and also through targeted focus groups.

National context – the National Carers Strategy of 2008 sets out the national vision for recognising and valuing carers with support tailored to meet individuals' needs. National policy has focused on increasing choice for all adult social care users, including carers. The current Merton service is a one size fits all policy with very limited degrees of choice. The current service delivery model is not mandatory, however the council has a duty to offer support to eligible carers and to work towards achieving the national vision. The 2011 census revealed that there were approximately 5.8 million people providing unpaid care in England and Wales - just over one tenth of the population (ONS 2013).

Operational level – the carers assessments for the current service users, the estimated number of carers in Merton (approximately 17,000, with nearly 600 known young carers), the cost of the service, monitoring reports from South Thames Crossroads (quarterly with details of support provided by customer group (older people, mental health and all other adults), ethnicity, age and gender) and reviewing actual and potential alternative ways to support carers e.g. personal budgets and the holistic carers support service from the voluntary sector.

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓	✓		The consultation has identified that service users have concerns and anxieties about the proposal – see the consultation report for full details. There is a potentially negative impact if alternatives do not fully meet needs.
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓		✓	N/A
Religion/ belief		✓		✓	N/A
Sex (Gender)		✓		✓	N/A
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As above.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service. The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	<p>The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place.</p> <p>Clear communication will be undertaken and all proposed changes to carers support will be subject to a review / re-assessment process which is based on individual need and will be reviewed before the current contract ends. Where carers are assessed as requiring a service they will receive personalised support including personal;</p>

	<p>budgets with which they can choose the service that best meets their needs. Carers will be supported with breaks where appropriate, with a domiciliary care service, direct payment or a holistic carers support service from the voluntary sector. The voluntary sector and community groups have been invited to apply for a grant under our Ageing Well programme. By March 2016.</p> <p>Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. On-going.</p> <p>Training for staff on outcome based support planning. By March 2016.</p> <p>Continued fair allocation of resources via resource panels. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
How will you know this is achieved? e.g. performance measure / target	Local performance monitoring of alternative service take-up and effectiveness. Implementation of Ageing Well programme.
By when	March 2017
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle
Action added to divisional / team plan?	Included in the Adult Social care re-design programme.

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

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Equality Analysis



What are the proposals being assessed?	Budget saving CH63 – Decommission the Imagine Independence service and re-commission peer led day opportunities for people with mental health
Which Department/ Division has the responsibility for this?	Community and Housing, Adult Social Care

Stage 1: Overview	
Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	The aim and desired outcome of the proposal is to achieve the required budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. It is intended to do this using an approach which promotes the independence of individuals and reduces reliance on council funded services, utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions. This proposal supports the Adult Social Care commissioning and procurement plan and the Target Operating Model (TOM) commitment of service transformation, by providing an alternative service through the voluntary sector.
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Service users. Carers. External provider Imagine and its staff.
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	N/A

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Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Current service users - there are currently approximately 165 service users, for advocacy, employment support, peer support and social inclusion. The service users are vulnerable adults aged 18+, many with mental health issues.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Specific feedback was received from the current service provider of the contract, three individual open responses via email and letter from service users and also through targeted focus groups.

National context – research in to the best way of delivering Peer led support.

Operational level – new research and evidence in the Adult Mental Health Needs Assessment as part of the Joint Strategic Needs Assessment (www.merton.gov.uk/health-social-care/publichealth/jsna) and quarterly monitoring reports from Imagine Independence, detailing a summary of services received e.g. advocacy and number of active and new service users and those that have left the service, details of which organisations referred the service user and service users ethnicity, gender and age.

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Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓		✓	N/A
Disability		✓	✓		The consultation has identified that service users have concerns and anxieties about the proposal – see the consultation report for full details. There is potentially a negative impact on the health and wellbeing of service users and carers if the alternatives put in place do not fully meet

					assessed eligible needs.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓		✓	N/A
Religion/ belief		✓		✓	N/A
Sex (Gender)		✓		✓	N/A
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As above.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service. The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	<p>The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place.</p> <p>Work is on-going to finalise the research in to best practice on peer led support and developing the pilot programmes, due to be implemented with effect from April 2016. On-going.</p> <p>Clear communication will be undertaken and all current service users will be contacted to review their needs and identify how their needs will be met under the new model of service provision through a range of options, including working with the voluntary sector and community groups. By March 2016.</p> <p>Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, ASC will work with the wider voluntary sector to find opportunities for a more generic offer e.g. advocacy, information and advice. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. On-going.</p> <p>ASC will continue to work closely with the Housing Needs team to ensure the range of accommodation for people with mental health needs should be addressed building on recommendations from the review in 2015. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
How will you know this is achieved? e.g.	New service commissioned. Local performance monitoring of alternative service take-up.

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performance measure / target	
By when	March 2016
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle
Action added to divisional / team plan?	Included in the Adult Social care re-design programme

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

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OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service			
Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

Equality Analysis – previous agreed ASC savings for 2016/17



Appendix to EAs for proposed and replacement ASC savings for 2016/17

<p>What are the proposals being assessed?</p>	<p>Previously proposed budget savings for 2016/17 that were agreed by Full Council</p> <p>Agreed by Full Council March 2013</p> <p>CH02 – promoting independence £100,000</p> <p>CH04 – reduce management costs and reduction in staffing costs Access and Assessments £100,000</p> <p>CH05 – realise benefits of new prevention programme in terms of reduced demand for statutory services £500,000</p> <p>Agreed by Full Council March 2015</p> <p>December 2014</p> <p>CH20 – staffing reductions in Assessments and Commissioning teams £511,000</p> <p>CH21 – direct provision employee staff savings £274,000</p> <p>CH22 – commissioning employees staff savings £156,000</p> <p>CH23 – directorate staff savings £21,000</p> <p>CH24 – learning disabilities review £100,000</p> <p>CH25 – learning disabilities review £400,000</p> <p>CH26 – learning disabilities review £50,000</p> <p>CH27 – mental health review £76,000</p> <p>CH28 – older people review £387,000</p> <p>CH29 – older people – managing crisis £125,000</p> <p>CH30 – older people review £345,000</p> <p>CH31 – physical disabilities review £134,000</p> <p>CH32 – physical disabilities review £48,000</p> <p>CH33 – physical disabilities review £60,000</p> <p>CH34 – substance misuse placements £6,000</p>
<p>Which Department/ Division has the responsibility for this?</p>	<p>Community and Housing, Adult Social Care</p>

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Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	<p>Required budget saving for 2016/17 of £3,393,000</p> <p>To deliver required savings and to mitigate the impact through changed processes and structures.</p> <p>The aim and desired outcome of the proposal is to achieve the proposed budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. The Adult Social Care Target Operating Model (TOM) is committed to service transformation, through efficient processes, through promoting the independence of individuals and reducing reliance on council funded services, and through utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions.</p> <p>However, there could be reduced / delayed services and it may lead to increased waiting times for service users, reduced capacity to monitor quality within provider services, and reduced capacity to undertake assessments and reviews which would have a direct implication on the ability to effectively promote independence. The Adult Social Care TOM commitment to flexible and mobile working and to improve assessment and care management processes should enable any risks to be partly mitigated.</p>
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Those primarily affected by the proposals are service users and their carers. There will also be an impact on staff, as well as organisations such as faith groups, service user representative groups (e.g. Your Shout, Merton People First, Speak Out Group, Merton centre for Independent Living (MCIL),), Voluntary Sector organisations (e.g. MVSC, and other organisations making up Involve), and health partners (e.g. Merton Clinical Commissioning Group).
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	Adult Social Care will take overall responsibility for its savings, although we will rely on partners in the voluntary sector and NHS to help us deliver some of them.

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Staffing structure – 338.97 full time equivalent staff budgeted for 2016/17 – this includes all adult social care staff, including residential homes and day centres.

Current service users - at the end of 2014/15 there were 4,095 service users receiving long term support with other service users receiving temporary support. Service users include older people, people with physical disabilities, learning disabilities and mental health issues. We consider trends from data about our service users. For example trend data shows that we have continued to meet our statutory responsibilities whilst slightly reducing both overall numbers of service users and the overall level of support packages being received, through following a promoting independence approach.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Two staff consultation events were held with 83 staff attending. Feedback was also received from service users in response to the consultation, with 129 responses to the questionnaire.

National context – benchmarking data, National Audit Office ‘Adult Social Care in England: Overview’, Barker Commission ‘The Future of Health and Social Care in England’ (initiated by the Kings Fund) and Local Government Association ‘Adult Social Care Efficiency Programme’. Best practice research and reports with ADASS and other national and government groups. Benchmarking data shows that overall Merton spends less per head on adult social care than the average for its comparator groups, and has a more targeted service on fewer people than average. Further information is available in Appendix 1 of the consultation report referred to above.

Operational level – The ASC TOM takes account of the potential increase in service demand, with an emphasis on strengthening preventative services including initial contact / triaging of service users, signposting and referring service users to other agencies. Performance data for our commissioned and in-house services including contract monitoring reports and demographic data. The Joint Strategic Needs Assessment (www.merton.gov.uk/health-social-care/publichealth/jsna) and the Local Account (www.merton.gov.uk/health-social-care/adult-social-care/asc-plans-performance/asc-performance). Whilst EAs were done at the time of these savings being agreed, which were valid and which led to a rating of “3”, we have reviewed whether anything has changed concerning analysis or mitigation.

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓	✓		The consultation has identified that staff and service users have concerns and anxieties about the proposal – see the consultation report for full details. There is a potential impact on staff some of whom are from designated equality groups. There is potentially a negative impact on the health and wellbeing of service users and carers if the alternatives put in place do not fully meet assessed eligible needs.
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓	✓		As for the Age category. Continued monitoring of data shows a proportionate uptake of services from BME groups, but this will continue to be monitored.
Religion/ belief		✓		✓	As above.
Sex (Gender)		✓	✓		More women will be affected by the proposed savings
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As per the Age category.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place. Staff savings (CH04,20,21,22,23) Clear communication will be undertaken with staff. The proposed staffing structure is currently out to consultation with staff. The Framework for Managing Organisational Change will be followed. This will ensure

the fair treatment of staff. Compulsory redundancies will be mitigated via inviting staff to apply for voluntary severance and examining non-staffing cost reductions and the use of non-core staff e.g. agency staff, where appropriate. The service has not been filling posts on a substantive basis for many months in order to minimise redundancies for existing staff. Every effort will be made to redeploy displaced staff to suitable alternative positions in the council. Staff will receive individual HR support for this. Where required competitive interviews will be held as the method for implementing redundancy selection. Support for staff engaged in competitive interviews will be offered via job application and interview skills training via staff development. **By June 2016.** It is intended that the new proposed structure, combined with changed processes, will lead to greater efficiencies.

The implementation of Mosaic, the replacement social care IT system, is designed to make data inputting easier and reduce inputting time, to enable continued efficiency savings. Improving service delivery by reducing administration tasks, allowing staff to focus on service delivery. **By April 2016.**

The flexible working programme will enable staff to work smarter and exploit technology to improve service delivery. **Ongoing.**

Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. **On-going.**

Service reviews (CH02,24,25,26,27,28,29,30,31,32,33,34)

Clear communication will be undertaken with service users about changes to service provision. **On-going.**

Reviews will be undertaken by officers following an established methodology, where the individual's needs are assessed on a personal basis and where the support plan will be reviewed to see whether the same level or type of support is needed. Whilst every review is done on this individual basis, and support plans can increase as well as decrease as a result of them, experience to date shows that overall there has been a decrease across the whole service user cohorts being reviewed. The established methodology leads to consistency of approach.

Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. **On-going.**

Training for staff on outcome based support planning. **Ongoing.**

Prevention programme (CH05)

Merton Council has an established working relationship with the voluntary sector in providing a range of services

	<p>on behalf of the council. The specification for the next round of Ageing Well investment 2016-2019 was developed in collaboration with the voluntary sector. Bids have now been received against this specification and evaluation is taking place. The aim is to ensure that with the reduced level of funding voluntary sector support focusses on priority needs. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact is being mitigated as far as possible. On-going.</p> <p>Training for staff on outcome based support planning. Ongoing.</p> <p>Overall All contracts will be monitored for levels of activity and quality. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
How will you know this is achieved? e.g. performance measure / target	<p>Staff savings – revised staffing structure and service delivery model. National performance indicators (ASCOF) and local performance monitoring.</p> <p>Service reviews – There is already in place a monitoring system to look at the outcome of reviews collectively and on a month by month basis. This tracks impact in terms of activity levels and costs of support packages. Reviews also look at quality of support offered. If there are concerns about quality or the impact on customers, these can be responded to at any time.</p> <p>Prevention programme – Voluntary organisations who are successful in receiving council funding will continue to work with the council to monitor activity levels and outcomes.</p>
By when	June 2016
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle
Action added to divisional / team plan?	Included in the Adult Social care re-design programme

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Page No

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

Committee: Healthier Communities and Older People Overview and Scrutiny Panel, 12 January 2016

Children and Young People's Overview and Scrutiny Panel, 13 January 2016

Date: Wards: All Wards

Subject: Impact of Savings Proposals for 2016-2017 on specific vulnerable residents, including adult social care savings consultation results

Lead officer: Simon Williams Director for Community and Housing

Yvette Stanley, Director of Children, Schools and Families

Lead members: Councillor Caroline Cooper – Marbiah, Cabinet Member for Adult Social Care and Health

Councillor Maxi Martin, Cabinet Member for Children's Services

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

Caroline.phillips@merton.gov.uk 020 8545 3873

RECOMMENDATIONS:

1. To consider the impact of budget savings for 2016-17 that affect specific vulnerable groups, including older people, children and disabled people.
 2. To consider the results of the consultation exercise on adult social care savings proposals for 2016-2017.
 3. To note the context, approach and work with stakeholders on proposed savings in children's services as part of the medium Term Financial Strategy.
 4. To consider what feedback the Panel want to give for Cabinet on the 15 February 2016.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of the report is to outline the potential impact of budget savings for 2016/17 that relate to specific vulnerable residents, including older people, disabled people and children. The report outlines some of the work with stakeholders to deliver MTFS savings in Children's Services and provides feedback on the comprehensive consultation exercise that has taken place on the Adult Social Care budget savings proposals for 2016-17, and the associated changes to services, to inform decisions about these proposals.

2. DETAILS

2.1 There have been regular reports to Cabinet since September 2015, updating them on the latest Medium Term Financial Strategy and the subsequent gap in funding which needs to be addressed and in particular for 2016/17 in order to deliver a balanced budget.

2.2 The financial reality facing local government dominates the choices the council will make for the future of the borough. Therefore, the Council adopted the following guiding strategic priorities and principles on 13 July 2011:

- Merton should continue to provide a certain level of essential services for residents. The order of priority of “*must*” services should be to:
 - Continue to provide everything that is statutory.
 - Maintain services – within limits – to the vulnerable and elderly.
- After meeting these obligations Merton should do all it can to help residents who aspire. This means we should address the following as priorities in this order:
 - Maintain clean streets and keep council tax low.
 - Keep Merton as a good place for young people to go to school and grow up.
 - Be the best it can for the local environment.
 - All the rest should be open for discussion.

2.3 In line with the July principles, overall savings targets for each department are weighted against controllable budgets as follows:

- Corporate Services- 1.50
- Environment and Regeneration-1.50
- Community and Housing- 1.00
- Children, Schools and Families- 0.75

2.4 These have been applied to reduce the impact on Adult Social Care, Children’s Social Care and vulnerable groups. The targets set also take into account the level to which departments have identified savings against targets set for previous years.

2.5 The MTFs currently includes the following amounts for agreed savings/income proposals at full Council from 2013/14 onwards and substitutions/deferrals as shown below in the table. Please note that Community and Housing includes Adult Social Care, Libraries, Adult Education and Housing.

SUMMARY SAVINGS BY DEPARTMENT	2015/16 Original Budgets	2016/17 £000s	2017/18 £000s	2018/19 £000s	TOTAL £000s
Community and Housing	61,400	5,379	2,700	3,128	11,207
Children, Schools and Families	50,894	2,191	1,050	516	3,757
Environment and Regeneration	23,986	4,770	4,000	537	9,307
Corporate Services	14,025	2,195	1,856	1,563	5,614
GRAND TOTAL	150,305	14,535	9,606	5,744	29,885

2.6 The MTFs is currently being updated to take account of the settlement for Local Government which was in the region of the higher cut level of 40% reported to Cabinet in September 2015.

SECTION 3 – SERVICES FOR OLDER PEOPLE AND DISABLED ADULTS

3.1 The ASC consultation document is attached in Appendix 2. The total value of proposed savings for ASC in 2016-17 is £5.06 million. £3.393m of these savings have already been presented and authorised in previous years at the full council budget meetings in March 2012 and March 2014, with the remaining £1.667m to be considered at the 2 March 2016 budget full council meeting. The consultation document also sets out proposed savings in 2017-18 and 2018-19. This was so consultees could consider the cumulative impact of savings proposed for the next few years before giving their feedback.

3.2 However, it is important to note that the impact of decisions made in previous years, but not due for implementation until 2016/17 had not previously been consulted on in the same way and decisions were made with an emphasis on the financial necessity to make savings. Therefore to ensure that Members are fully informed on service users' opinions as well as financial reasoning before making specific decisions as to how savings will be achieved, they are now being presented with findings from the recent full formal public consultation of users on all the savings to be implemented in 2016-17. Members will, therefore, be in possession of even more relevant information before making a decision at full Council on 2 March 2016.

3.3 Adult social care commissions and provides a range of statutory services, including assessment of need and support planning, safeguarding, support packages in a range of settings of care, and equipment and adaptations. Around a third of these support packages are arranged through direct payments whereby service users arrange their own support. Out of a gross budget of £79m, £41m is spent on statutory support packages with external suppliers, £14m is spent on staff (384 FTE) including those working in directly provided services, and £23m is raised in income. Raising further income from service users is now expected to realise little since very few would have the means to pay higher charges. The proposals being put forward for 2016/17 include significant staff changes.

3.4 In previous years it has been possible to find savings through reducing or freezing fees paid to providers, making staffing reductions, squeezing other ancillary budgets, and decommissioning non priority/statutory services. There is now very limited scope for doing any of these things. The report on savings to the Healthier Communities and Older People Scrutiny Panel in October 2015 highlighted that from now on savings will be more difficult to find and are much more likely to have an impact on front line services and on service users. This report is attached as Appendix 10.

3.5 The Proposed ASC Savings Consultation Paper - Appendix 2 to this report – is a key document for Members to read as it sets out the context in which (a) the proposed savings are being made, and (b) the context in which consultees have responded. Key contextual factors are:

- In comparative terms ASC spending by Merton is below average for local authorities in England (Pages 47 - 50 Appendix 2),
- In terms of outcomes, Merton has above average satisfaction in many areas (page 38 Appendix 9).

- ASC has delivered £18.65m in budget savings between 2011/12 and 2015/16 and has to deliver a further £10.306m in the next 3 years making £28.956m in total. (Page 40 Appendix 2),
- Nonetheless, the ASC budget has remained fairly constant since 2010 due to additional growth and inflationary increases (a total of £12m) and technical adjustments (£7m) to the budget. The major technical adjustment is an extra £7m transferred from the NHS for commissioning learning disability services, but with the funding came an equivalent level of commitments. (Page 41 Appendix 2)
- Merton faces significant demographic demand pressures. For example, between 2015 and 2020 the number of people aged 90+ will increase by 23%, the number of people living with dementia will increase by 13% and the number of adults with learning disabilities will increase by 6% (Pages 43-45 Appendix 2). In recognition of this demographic pressure entering ASC, growth of £6m has been added to the ASC budget since 2010, although it is recognised that demographic pressures continue to have an impact.
- ASC faces significant price pressures due to a combination of changes e.g. the living wage that have increased supplier costs in real terms and increasingly difficult market conditions that give providers negotiating power. (Page 3 Appendix 10) In recognition of this, inflationary increases have been built into the budget year on year and previously were sufficient to cover price increases, however this is now becoming a highly competitive and diminishing market.

3.6 The consultation showed that in general service users did not support cuts to their own existing services. Full details are in Appendices 3, 3.1, 4, 5 and 7. Nonetheless, the council has a statutory duty to balance its budget and with 38% of the council's spend directed at adult social care the council needs to look at making some savings in this area.

3.7 Some responses to the consultation put forward alternative savings suggestions and these are included in Appendix 3. In many cases the council is already doing or planning to do what is being suggested. In other cases the alternative would not in fact make a saving or would make only a minor saving which in turn would be unpopular among those affected. In other cases the saving suggestion is already being considered by the council but requires a lead in time that means it would not be feasible for the coming year.

3.8 ASC has, to date, taken a value based approach to plan our proposed savings in order to minimise the impact of savings on vulnerable people. This framework is underpinned by the **Use of Resources Framework**. (Appendix 2 Page 18-19).

Through the Use of Resources Framework ASC has:

- Retained some investment in prevention and recovery where it reduces longer term costs, although investment in both areas has been significantly reduced
- Minimised the costs of long term support, with both unit costs and numbers of people being supported being reduced or contained
- Reduced waste/duplication in work processes, which has led to significant staffing savings

- Worked in partnership where possible, with arrangements for mental health in particular yielding very good comparative value for money
- Ensured everyone makes the contribution they are able to, with fees from service users being at the high end of what councils raise comparatively
- Used a Promoting Independence approach(Appendix 2 Page 21), which has led to a reduction or containment of support package levels such as admissions to care homes or home care hours.

3.9 Using the Use of Resources approach has helped to minimise the impact of savings on the customer experience, where possible. However, we acknowledge the cumulative effect of year on year savings for some of our customers, carers and providers. The 2016/17 proposals, detailed in the savings consultation paper, are a continuation of the savings journey.

3.10 For ASC this specific report and consultation needs to be seen alongside other key documents and reports, notably the:

- Report to Scrutiny in October 2015 on impact of savings (Appendix 10), and
- Local Account, which summarises performance and views from user surveys over 2013-14 (Appendix 9). The Local Account is important because it supplements the valuable insights from consultation with objective performance data and customer views from large scale annual surveys.

3.11 Overall, funding for local government has been reduced by 40% since 2010 and further cuts have recently been announced. In this context, with many efficiency savings already taken, all areas of the council, including adult social care, will find it more and more difficult to implement the level of savings required for future years without impacting on residents. Adult social care, like children’s services (see below) has a particularly vulnerable client base and although the council has agreed £6m growth in this area over the last few years, it is important to keep sight of the cumulative impact of savings in this area, notwithstanding the need to balance the council’s budget, as do all other department’s because the impacts of savings have been cumulative in them too.

4. SERVICES FOR CHILDREN, INCLUDING DISABLED CHILDREN

4.1 The CSF department brings together a range of statutory early years, education and youth, youth justice and children’s social care services funded through a combination of council general fund and specific grants. The proportions are different for individual services but as examples almost 80% of our early years spend is specific grant and nearly 50% of our education spend are covered by specific grant. Children’s social care covers our statutory child protection, safeguarding corporate parenting responsibilities for looked after children and care leavers is funded almost entirely from the council’s general fund. The balance of the sources of funding adds challenges to our ability to deliver cashable general fund savings and the significant reduction in specific grants. “In summary, as much or most of EY and Education spend is from specific government grants from which we can’t make cashable savings, we have to take or propose to take considerable savings from the council’s budgets for youth

(90%) Early Years (40%) as well as achieving savings from wider children’s services including children’s social care whilst affording a greater level of protection to child protection looked after children’s placements and children with SEN and disabilities”.

4.2 The Council, using the July Principles agreed by full council has afforded children’s services greater protection than other departments. This has been to reflect that the council’s general funded children’s services are targeted on the most vulnerable young people and families and with a significantly smaller controllable budget than adult social care it has fewer economies of scale. Between 2011/12 and 2015/16 the department has delivered £5.9m in budget savings over and above loss of specific grants. CSF has also not benefitted as much from budget grown as ASC (see para 3.5, fourth bullet point)

Year	CSF Savings
2011/12	£2,285,000
2012/13	£1,158,000
2013/14	£822,000
2014/15	£860,000
2015/16	£781,000
Total	£5,906,000

4.3 Our approach to savings has been differentiated within the department with the highest protection given to child protection and services for looked after children and care leavers. To mitigate the impact of the savings we have had to:

- Focus on delivering our minimum statutory duties;
- Prioritise services for the most vulnerable and at risk using our child and young person wellbeing model : children in need; children in need of protection; looked after children; care leavers; children with complex needs and disabilities and young offenders;
- Worked with commissioning partners such as schools, public health and the CCG to deliver economies of scale and greater impact through aligned commissioning of services; and have
- Worked in partnership with the voluntary sector and wider Children’s Partnership to focus our combined resources on making the most difference for children and families locally.

4.4 By following the above approach, we have delivered as much of the required savings as we could through efficiencies and back office savings such as releasing properties, rationalising management and administration. We have also ceased non statutory services such as extended schools; areas such as early years; universal

youth provision; and preventative services targeted at those other than the highest levels of risk and vulnerability.

4.5 In addition to the loss of general fund we have two further significant challenges demographic pressures and new burdens. The numbers of children and young people have increased by some 3,400 or 8% since 2001 and are predicted to rise by a further 7% by 2017. This has meant we have had to expand over half of our primary schools and is also impacting significantly on the numbers of vulnerable and at risk children and young people.

4.6 Since 2012/13 children's social care referrals have grown by 8% and children in need numbers by 5% and children with SEN has grown by 13%. We have seen a 20.3% rise in child protection referrals and a 7% increase in children on a child protection plan. Whilst our per 10,000 rate has remained quite stable and there are only 8 LAs in the country with lower rates of looked after children, due to demographic and statutory changes we have seen a 19% rise in LAC numbers and a 50% rise in the number of care leavers we are supporting. We have had to respond to a number of unfunded new burdens including the costs of young people on remand and staying in care until 25 and Education and Health plans being extended from 0-25 years. Currently we have an in-year overspend of c £1.3m related to these new burdens.

4.7 Consultation on the savings over the MTFS period has taken place in relation to the strategic approach involving children's trust and safeguarding board partners. This has resulted in the approach to retain the well-being model but to refocus remaining resources on those most at need. It has also enabled funding from across partners to be used to best effect. In addition consultation on specific savings has involved service users including young people and their families. Examples include: direct work with young people on re-providing youth provision on the closure of South Wimbledon Youth Centre into the John Innes Centre; finding alternative funding for youth provision at Pollards Hill and Phipps youth centres; consultation with parents on alternatives for home to school transport including independent travel and direct payments; consultation with parents and carers on reconfiguring Brightwell and our respite offer for children with disabilities; involvement of young inspectors in the procurement of the re-commissioned risk and resilience service and evaluating providers approach to engagement with young people; consultation with the Youth parliament on the participation restructure; as well as local consultation on the early years offer in localities. Wherever possible feedback has informed the implementation of the savings and service re-design within the reduced funding envelope.

4.8 So far services to our most vulnerable groups have benefited from efficiency type savings through for example better commissioning however we have been able to protect them from service reductions. This is unlikely to be sustainable in the current climate and, as in other areas of the council; future savings will inevitably have an impact on services, although we will continue to mitigate the impact on the most vulnerable young people where possible.

5. CONSULTATION UNDERTAKEN OR PROPOSED

5.1 The ASC consultation period was open from 23 October 2015 to 7 December 2015 (a period of 6.5 weeks). The details of the consultation undertaken have been detailed in Appendix 1. There are proposals for further consultation to take place in the future with regard to the proposed savings for 2017-2019.

5.2 Although the consultation was not required by statute, it was undertaken following a commitment by the Council that service users and residents will be given ample opportunity to express their views on proposals for further savings in the years 2016-9.

5.3 Feedback on savings proposal in Children's Services is outlined in paragraph 4.7 above.

6. TIMETABLE

6.1 The council will agree its budget for 2016/17 at the special Budget Council meeting on 2nd March. All savings proposals will be considered by Scrutiny and the final package will be considered by Cabinet on 15th February and recommended for adoption by full council. The Adult Social Care consultation was open from 23 October 2015 to 7 December 2015.

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 The savings for 2016/17 are put forward in order to meet children's services and adult social care's contribution to the required savings for the council's balanced 2016/17 budget.

7.2 Savings referred to for future years are part of Adult Social Care and Children's Services contribution to the gap in the MTFS with the share in accordance with the July principles as agreed at Cabinet and Council over the years

7.3 Cabinet on the 15 February 2016 will approve the proposals for Council, incorporating the resolutions for the 2016/17 budget, which legally has to be balanced, along with the Business Plan which will include an updated MTFS.

8. LEGAL AND STATUTORY IMPLICATIONS

8.1 Members are requested to consider responses from customers, carers, the voluntary and community sector and interested persons, to the Council's consultation on proposed Adult Social Care Savings for 2016/17 and feedback in relation to Children's Services savings. Members should be satisfied that the ASC consultation was undertaken at an early stage of the decision making process and ensure that the views expressed are conscientiously taken into account when making decisions on the proposed savings for 2016/17.

8.2 Members should also be satisfied that the Council consulted persons considered likely to have an interest in and affected by the proposals; that there was ample time and means for consultees to express their views; that there was sufficient information made available to enable consultees to make informed comments and that the consultation was carried out fairly.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 The full Equality Analyses are in Appendices 8.1, 8.2, 8.3, 8.4 and 8.5.

10. CRIME AND DISORDER IMPLICATIONS

10.1 None specific to this report

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1 None specific to this report

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

- Appendix 1 Results of ASC Savings Consultation
- Appendix 2 Proposed ASC Savings Consultation Document 2016-2017
- Appendix 3 Consultation Feedback Summary Report 2016-2017
- Appendix 3.1 Consultation Feedback Individual Open Responses via Survey
- Appendix 4 Healthwatch ASC Focus Group Report
- Appendix 5 ASC Savings Consultation Meetings
- Appendix 6 Open Responses from Organisations
- Appendix 7 Open Responses received via e mail & letter
- Appendix 8.1 Equality Analysis CH54, CH58 and CH59
- Appendix 8.2 Equality Analysis CH60 after consultation
- Appendix 8.3 Equality Analysis CH61 after consultation
- Appendix 8.4 Equality Analysis CH63 after consultation
- Appendix 8.5 Equality Analysis for all previous savings
- Appendix 9 Local Account for 2013-14
- Appendix 10 Report to Scrutiny in October 2015 on impact of savings

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APPENDIX 1

Results of Adult Social Care Savings Consultation

1. HOW WE CONSULTED FOR ADULT SOCIAL CARE:

1.1 An Adult Social Care budget savings proposals presentation (and an easy read version) was made available on the council's website: at www.merton.gov.uk/adult-social-care-consultation

1.2 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.

1.3 In addition, a general letter was sent to all 3,072 customers on the 23 October 2015 on the ASC Carefirst system. It notified them of the consultation period and how they could participate.

1.4 A further service specific letter was sent on the 23 November 2015 to the customers of the three services that we proposed to decommission, South Thames Crossroads, Sodexo Meals on Wheels and the Imagine Independence Service. This highlighted the specific changes to their service in the form of a question and answer fact sheet and explained how the customers could participate in the consultation process.

1.5 The views of interested people or organisations were also sought. They were asked to provide comments on the impact the proposals may have, and to suggest alternative ways in which the council could make savings. In order to facilitate an accessible and comprehensive consultation process we made 7 options available for stakeholders to give feedback. These were:

- Online questionnaire was available at www.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 30 November 2015 and 2 December 2015 at Vestry Hall.
- Healthwatch Merton also facilitated 6 small customer/carer group meetings.
- Two consultation meetings were held with staff.
- A consultation event was held with voluntary sector organisations on 26 November at the Chaucer Centre, and
- Email comments could be sent to ASCconsultation@merton.gov.uk and letter could be posted to the Civic centre

2. SUMMARY OF RESPONSES RECEIVED AND RESPONDENTS THAT PARTICIPATED IN THE CONSULTATION:

2.1 There were 129 questionnaire responses received overall, a response rate of 4.2% of all customers contacted. ASC customers make up 1.5% of the overall population of Merton. The characteristics of the people who responded is detailed below, where this information was given.

Responses were received from 26 respondents who use services, 38 carers and 25 people who were neither a carer nor a service user.

Responses were received from 36 males and 45 females.

87 of 129 respondents provided details of their age with the largest response of 35 coming from the 56 -70 age range.

The full details are contained in the table below:

Age Range	Number of respondents
18 - 25	2
26 - 40	13
41 - 55	22
56 - 70	35
71 - 85	11
86+	4

92 of 129 respondents provided details of their disability which is detailed below:

Responses by Disability	No of respondents
Having a sensory impairment	4
Having a physical health condition	29
Having a long term neurological health condition	8
Having a learning disability	16
Having a mental health condition	11
Having no long- term health conditions	25

2.2 In addition to the 129 people who returned a questionnaire, views and feedback were obtained from up to 280 more people (almost 30% of them staff), some of whom will duplicate those answering the questionnaire or will have attended more than one meeting, as follows:

- There were a total of 72 attendees at the two public consultation events (some may have attended both).
- 72 people attended the Healthwatch Merton small customer events.
- Representatives from 20 organisations attended the voluntary sector consultation event.
- 83 staff attended the staff consultation events.
- 8 organisations submitted email letters/comments.
- 25 open responses & emails were received from the public.

3 SAVINGS CONSULTATION 2016/17 QUESTIONNAIRE RESPONSES:

A narrative of the responses is detailed below. The full summary of the responses is attached in Appendix 3 .The open responses are contained in Appendix 3.1

3.1 Overall reduction in spending

Question 1 sought comments on the overall reduction in spending on adult social care, 87 respondents felt the reductions were too much.

Question 2 in the questionnaire asked people to provide comments if they felt the reductions were too much. A total of 67 comments were received which comprised of 6 categories.

- 35 of the respondents felt that the reductions would effect the most vulnerable of people and would put them at risk.
- 16 respondents felt that the reduction would reduce access to/ quality of services and puts the ability to meet statutory obligations at risk.

The full comments are available in Appendix 3.1 Part 1 Page 1-5

3.2 Staff Savings

Question 3 asked to what extent people agreed or disagreed with the proposed reductions in staffing. 47% of respondents either disagreed or strongly disagreed with the proposed reductions.

Question 4 asked for comments about the proposed reductions in staffing. A total of 64 comments were received which comprised of 6 categories.

- 26 of the comments were about the effect the reductions in staffing would have on the quality of service provision and the ability to meet statutory obligations.
- 12 comments agreed with the reduction in staff and
- 11 were concerned about there not being enough capacity to meet demands safely.

The full comments are available in Appendix 3.1 Part 2 Page 5-9

3.3 Decommissioning of Services

Question 5 asked about the decommissioning of the South Thames Crossroads Carers Support service, Meals on Wheels and the Mental Health Day Support service. Respondents were asked if they agreed or disagreed with the proposal. 71 respondents either disagreed or strongly disagreed with the proposal.

Question 6 asked for comments on the proposed decommissioning of services. A total of 90 comments were received which comprised of 9 categories.

- 24 respondents felt that the most vulnerable of people would be affected and they would be put at risk.
- 16 respondents were specifically against the reductions to carers services.
- 15 respondents were specifically against reductions to Meals on Wheels.

The full comments are available in Appendix 3.1 Part 3 Page 9-14

3.4 Support Packages

Question 7 asked whether people agreed to a systematic review of all customers' support packages. 47% of respondents either disagreed or strongly disagreed with the proposed savings to support packages.

Question 8 asked for comments about the savings proposed to support packages. A total of 51 comments were received which consisted of 6 categories.

- 20 respondents felt that the most vulnerable of people would be affected and would put them and their families under pressure or at risk.
- 14 respondents felt that support packages should be regularly reviewed in a creative and flexible way.
- 10 respondents were concerned that the short term saving of reviewed packages could cost more than the financial saving as changes may affect individual's health and well-being.

The full comments are available in Appendix 3.1 Part 4 Page 15- 18

3.5 Feedback on our Approach to Making Savings

Other Priorities Question 9 asked whether respondents agreed or disagreed with the recommended priorities to¹:

- Retain investment in prevention and recovery where it reduces longer term costs, 63% of respondents agreed or strongly with this priority, only 8% disagreed or disagreed strongly with this priority and 27% did not know.
- Minimise the costs of long term support, 27% of respondents agreed with this proposal, 38% disagreed or strongly disagreed with this priority and 23% did not know.
- Reduce waste and duplication in work processes, 79% either agreed or strongly agreed with this priority. No one disagreed with this priority and 18% did not know.
- Work in partnership where possible, 71% of respondents either agreed or strongly agreed with this priority. Only 2% disagreed with this priority and 25% did not know.
- Ensure everyone makes the contribution they are able to, 37% of respondents agreed with this priority, 7% disagreed and 28% didn't know.
- Use a 'promoting Independence approach', 57% of respondents either agreed or strongly agreed with this priority, 11% disagreed while 26% did not know.

The full comments are available in Appendix 3.1 Part 5 Page 18 - 22

Question 10 asked what other priorities we should be using to guide our decisions.

There were 54 comments which covered 10 categories.

- 17 respondents felt that the savings will affect the most vulnerable of people and put them at risk, while
- None of the other categories received more than 7 comments.

¹ Note the analysis of responses does not add up to 100% and nil responses have not been counted.

3.6 Feedback on Alternative Savings Options

Question 11 asked whether which of the alternative savings options, which were considered but not recommended at this time, should be included.

51 respondents answered this question:

- 9% said close some day centres
- 12% said outsource all in-house services
- 32% said share services with other councils or the NHS
- 31% said negotiate fee reductions from providers
- 14% said make bigger staff reductions

Question 12 asked for comments on the suggested alternatives in question 11. The responses covered the following 6 categories:

- Day Services - 13 respondents commented on this proposal. 11 respondents were against daycentre closures for a variety of reasons. Shared Services – 10 respondents commented on this proposal. 8 respondents felt that options for sharing services with other councils or the NHS should be considered.
- Staffing – 6 respondents commented on this proposal. 4 respondents were in agreement with making bigger staff reductions.
- Outsourcing – 10 respondents commented on this proposal. 5 respondents disagreed with outsourcing. 3 agreed with outsourcing and 2 respondents felt that consideration should be given to setting up a trading company.
- Reduce provider fees – 6 people commented on this proposal. 3 respondents felt that there should be scope to reduce fees. 3 respondents felt that fee reductions were unrealistic.
- General comments - There were 11 responses that covered a variety of areas.

The full comments are available in Appendix 3.1 Part 6 Page 22 -25

3.7 Feedback on how the savings have affected customers

Question 13 asked for other ways in which savings could be made.

There were 57 comments which fell into 8 categories.

- 15 respondents felt that there should be a review of staffing costs, senior management and duplication of resources.
- 14 respondents were in favour of an increase in council tax/use 2% ASC Precept.

The full comments are available in Appendix 3.1 Part 7 Page 25- 28

3.8 Feedback on how services have changed since 2011

Question 14 asked about how services had changed since 2011, 75 respondents answered this question. 64% felt that services had become worse or much worse.

Question 15 asked for comments of about people's experience of changes to services since 2011. 43 comments were made which covered 6 categories. 34 people felt that services had gotten worse or significantly worse since 2011.

The full comments are available in Appendix 3.1 Part 8 Page 28- 31

4. SUMMARY OF HEALTHWATCH SMALL CUSTOMER/CARER MEETINGS

4.1 The full Healthwatch report is available in Appendix 4.

Key recommendations from Healthwatch include:

- To urgently review and reduce the scale of cuts proposed for ASC
- To facilitate connections between decision-makers and affected residents
- To commission an independent report into understanding the impact of cuts

5. SUMMARY PUBLIC CONSULTATION EVENTS

5.1 The two events were facilitated by Healthwatch and attended by 72 participants who were asked to provide feedback on the proposed savings. The feedback from the events was collated and is detailed in Appendix 5 Part 1 & 2.

5.2 Decommissioning of some services was the area where there was most concern expressed in terms of numbers of speakers and there were also suggestions for alternative savings which were consistent with those raised in the questionnaire responses.

6. SUMMARY OF VOLUNTARY SECTOR CONSULTATION

6.1 A consultation event was held on 26th November 2015 at the Chaucer Centre. The meeting was attended by representatives of 20 organisations and 3 local councillors. The key themes are detailed below and the full minutes are in Appendix 5 Part 3. Overall the feedback was one of concern at the scale of savings proposed and the impact these are likely to have on vulnerable people. Of particular concern was a perceived contradiction between the proposed reduction in funding for the voluntary sector and the intention to prioritise prevention and the recent strategy to ask the voluntary sector to contribute more.

7. SUMMARY OF STAFF CONSULTATION EVENTS

7.1 Two meetings were held with ASC staff to get their views on the savings proposals:

- 26th November 2015 - 2.30 to 4.00 p.m. attended by 43 staff, and
- 24th November 2015 - 11.00 a.m. to 12.30 p.m. meeting attended by 40 staff.

7.2 Members can see the full notes of each of the two staff meetings at Appendix 5 Part 4 (1st Meeting) and Part 5 (2nd Meeting). Overall staff felt concerned about the potential impact of the scale of the proposed savings on vulnerable people, expressed the view

that plans for volunteers to fill gaps in service left by proposed savings were unrealistic and emphasised that ASC needs to seek to raise new income not just cut expenditure.

8. FEEDBACK FROM OPEN LETTERS/EMAILS BY ORGANISATIONS

8.1 Eight Organisations gave feedback on the savings proposals in the form of open letters or e-mails. In the main the organisations expressed concerns about the negative impacts of the proposed savings on their customers or members.

Full details are in Appendix 6.

9. OPEN RESPONSES AND EMAILS FROM THE PUBLIC

9.1 There were 25 individual open letters and emails received during the consultation process which focused on issues such as concerns about the cumulative effect of savings in recent years and the impact of the proposed savings for 2016-17 on the capacity of ASC to meet eligible needs and on the quality of services.

9.2 For a full account of the individual responses via emails and letters, please refer to Appendix 7.

10. ALTERNATIVES CONSIDERED

10.1 The consultation document included the following alternatives that were considered for 2016-17 but were not recommended for the reasons given below.

- Close some day centres and give people personal budgets less the savings instead,
- Outsource all in-house services,
- Share services with other councils or the NHS,
- Negotiate fee reductions from providers, and
- Make bigger staffing reductions.

10.2 A summary of the consultee's feedback on these alternatives is reproduced below along with our response to their feedback (See also section 3.3 above).

Alternative	Respondent's Feedback	Our Response
Close some day centres and give people personal budgets less the savings instead	9% of 51 questionnaire respondents agreed with closing some day centres Of 13 open comments 11 were against daycentre closures	We believe currently the provision is more cost effective than the alternatives available and user/carers strongly support retaining this provision
Outsource all in-house services	12% of 51 questionnaire respondents agreed with outsourcing all in-house services Of 10 open comments 5 disagreed with outsourcing. 3 agreed with outsourcing and 2 felt that consideration should be given to a trading company	We have not discounted this. We just don't believe it would generate savings for 16/17 due to necessary lead times and will investigate this option for future years.

Share services with other councils or the NHS	32% of 51 questionnaire respondents agreed with sharing services with other councils or the NHS. Of 10 open comments 8 felt that options for sharing services with other should be considered.	We have not discounted this. We just don't believe it would generate savings for 16/17 due to necessary lead times and will investigate this option for future years.
Negotiate fee reductions from providers	31% of 51 questionnaire respondents agreed with negotiating fee reductions. Of 6 open comments 3 felt that there should be scope to reduce fees. 3 felt that it was unrealistic.	Given market conditions and new cost pressures on providers e.g. the national living wage, need to pay for travel time etc. this is not realistic in 2016-17.
Make bigger staffing reductions	14% of 51 questionnaire respondents agreed with making bigger staff reductions. Of 6 open comments 4 agreed with making bigger staff reductions.	Having brought forward staff savings planned for the next 3 years into 2016-17 we consider further reductions too risky and would threaten our capacity to fulfil all our statutory duties.

10.3 Consultees put forward their own ideas on alternative savings areas that ASC should consider. For example in the questionnaire there were 57 comments made about other ways that ASC could make savings. These fell into 8 categories as shown in the next table.

Category	Number of comments
Don't spend on Wheelie Bins	2
Increase council tax/use 2% ASC Precept	14
Cut other Council services instead of ASC	8
Increase parking fees	2
Review staffing costs, senior management & duplication of resources	15
Sharing of resources and the provision of services	7
Work better with carers and voluntary orgs	4
Other Comments	5
Total	57

10.4 Feedback on alternatives at consultation meetings was consistent with the alternatives put forward by responses to the questionnaire. For example:

- The new ability to raise a 2% precept on the Council Tax to pay for Adult Social Care was raised as an option at both the public consultation meetings (see Appendix 4 to the consultation feedback report).

- In addition at the public meeting on the 2nd December 2015 6 people also commented on other ways to make savings, including:
 - Selling assets,
 - Stop publishing My Merton,
 - Stop Wheelie Bin expenditure,
 - Reducing waste, and
 - Being more innovative
- The summary report on the 6 focus groups meetings facilitated by Healthwatch² (see Appendix 4 to the consultation feedback report page 15) said that “People made it clear that they found the cuts proposed unacceptable, and suggested a number of alternatives to facilitators. These ideas included:
 - Reducing spending in other areas such as environment and senior salaries,
 - There was also a lot of enthusiasm for the Council to raise money, e.g. through Council Tax, and
 - Finally, a number of people mentioned the high cost of Merton’s transport contract.”

10.5 Regarding these alternatives, it should be noted that:

- Keeping council tax down is one of the top priorities of Merton residents when surveyed and this is a regressive tax that impacts most on those on the lowest incomes
- Two other departments (CS and E&R have proportionately higher savings targets than adult social care)
- Raising income where appropriate and possible is already part of savings plans
- We already have a number of shared services with other councils, with an ambition to do more where feasible and work is continuing in this area
- When benchmarked, management costs and pay are lower than comparator councils
- There is an existing process of reviewing all Merton’s assets with a view to maximising value from them
- There is an existing process of transport review designed to reduce costs to adult social care and to children’s services

10.6 A further report will be presented to Cabinet on 15 February. This will be Member’s opportunity to consider any alternatives to the proposed savings in the light of consultation, scrutiny feedback and of any further changes in the budget setting exercise as a result of central government announcements.

² These six groups were with a small number of people (72 in total) known to have a strong interest in Adult Social Care.

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Merton Council Adult Social Care

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

Background to the Consultation Exercise

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

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

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

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

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

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

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Section 1

Background Information

What does Adult Social Care do?

The law says that ASC services should provide:

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

What is the national picture?

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

Source: LGA ASC Efficiency Programme Report (July 2014)

What is the financial challenge for Merton?

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

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

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

What does financial benchmarking tell us?

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

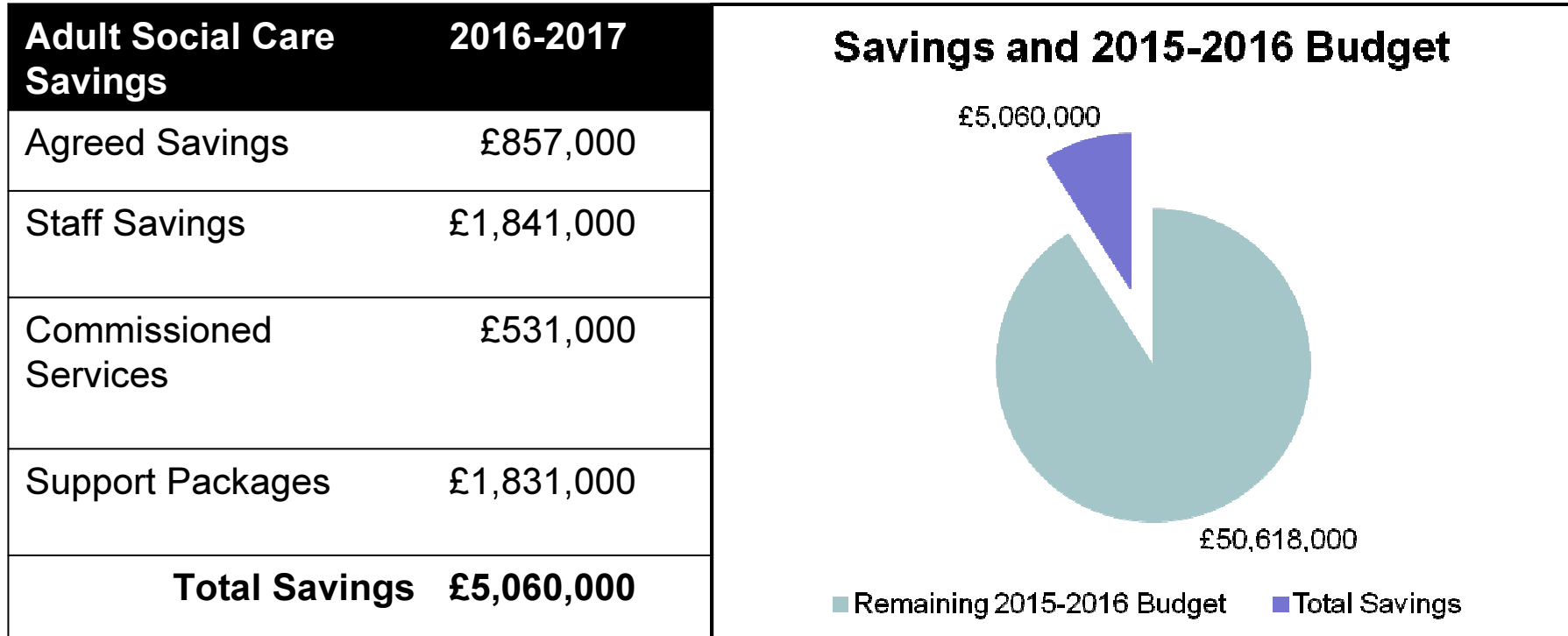
Further details can be found in appendix 4 slides 46-49.

Section 2

The savings in detail

Details of Savings Proposals 2016/17

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



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

Savings not in this consultation process

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

Proposed Savings for 2016/17

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

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

Proposed Savings for 2016/17

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

Page 62

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

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

Proposed Savings for 2016/17

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

Budget of £38.724m :

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

Section 3

Our Approach

Our approach

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

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

Use of Resources Framework:

Prevention

I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage risks

Recovery

When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home

Long Term Support

If I still need continued support, I am able to choose how this is done. I can choose from a range of services which offer value for money. The resources made available to me are kept under review

Process

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

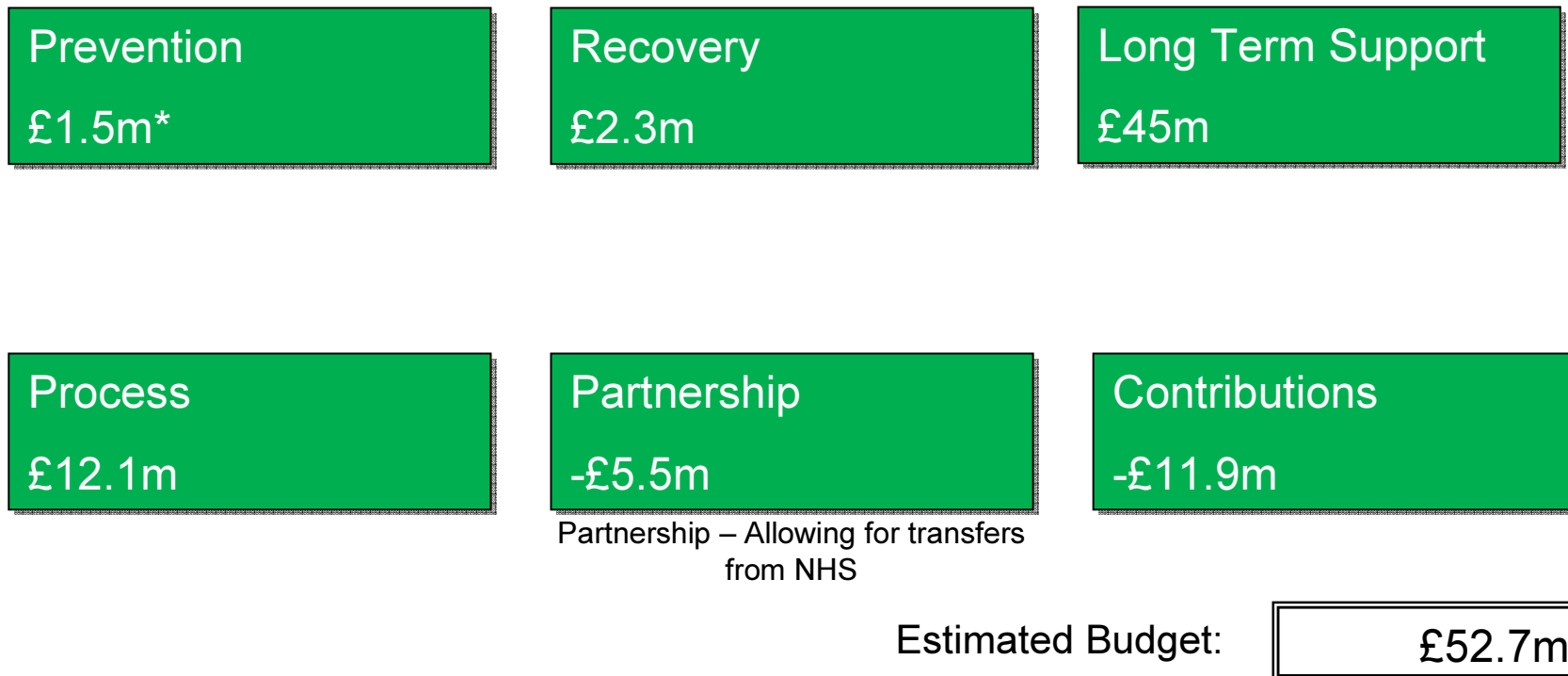
Partnership

The organisations that support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government, and the independent sector

Contributions

I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes

Investment against this in 2015/16



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

National evidence on efficiency says:

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

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

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

Promoting independence:

The council role is to intervene when we have to, but not in a way which makes people dependent on our services. We seek to find other practical solutions, for instance:

- People using their own skills and assets and being resilient in finding solutions in their own lives.
- Regaining as much independence as possible if they have a crisis/illness.
- Family members, with help, supporting their own family members.
- Communities, including neighbours, supporting their vulnerable members.
- Voluntary and faith sectors supporting individuals.
- If customers come out of hospital we will re-able where we need to and support people to regain independence as far as possible.
- Using technology where we can.
- Keeping ongoing support under review.

Section 4

Alternatives we
considered

Alternatives:

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

Section 5

Consultation and decision making process

How we plan to consult on this(1)

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

How we plan to consult on this(2):

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

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

Decision making process to set the Council budget

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

Appendix 1:

Background Information

Details of all proposed savings

2016-19

on slides 29-36

Details of savings for 2016-19

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

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

Details of savings for 2016-19

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

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

Details of savings for 2016-19

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

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

Details of savings for 2016-19

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

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

Details of savings for 2016-19

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

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

Details of savings for 2016-19

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

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

Details of savings for 2016-19

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

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

Details of savings for 2016-19

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

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

Appendix 2:

Merton Council Overall Financial
Position

Slides 38-41

Link to Merton Council's Overall Financial Position

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

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

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

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

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

Merton Council

Medium Term Financial Strategy

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

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

Adult Social Care Financial Position

Table showing agreed and proposed savings 2011-19

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

Adult Social Care financial position

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

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

Appendix 3:
Demographic Growth
Information
Slides 43-45

Adult Social Care financial position

Older People Demographic Growth

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

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

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

Adult Social Care financial position

Older People Demographic Growth – Dementia

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

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

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

Adult Social Care financial position

Learning Disability Demographic Growth

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

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

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

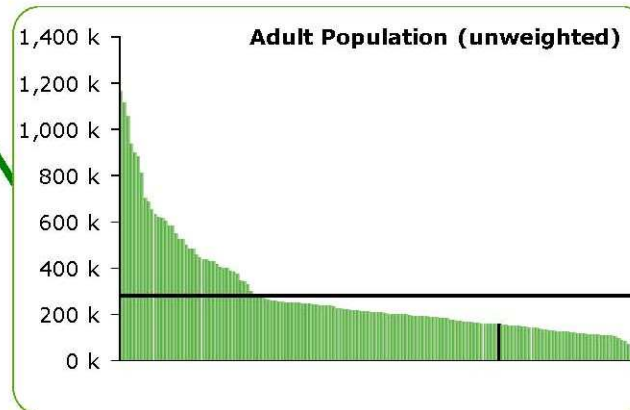
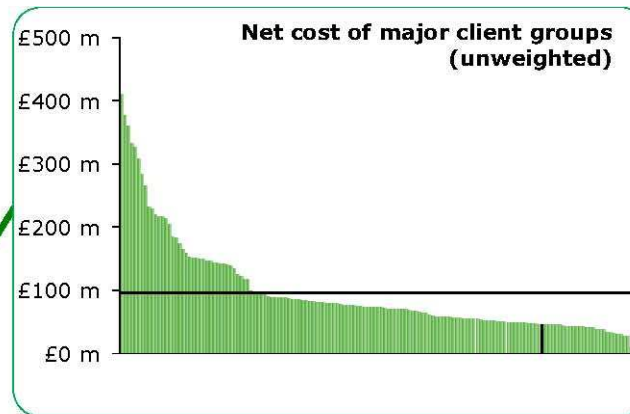
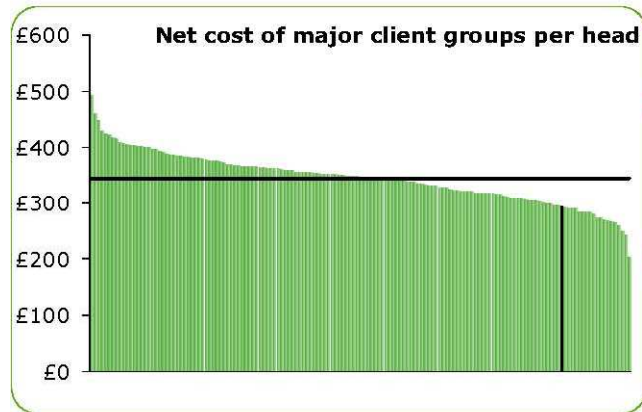
	2014	2015	Growth (2014/15)	2020	Growth (2015-20)	2025	2030
People aged 18-24	95	95	0%	93	-2%	95	109
People aged 25-34	219	218	0%	217	0%	214	208
People aged 35-44	214	219	2%	241	10%	250	251
People aged 45-54	144	146	1%	154	5%	166	183
People aged 55-64	92	93	1%	109	17%	122	126
Total population aged 18-64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

Appendix 4

Financial Benchmarking Slides 47-50

Financial benchmarking(1)

Overall Summary Net Expenditure per Head 2013/14



Merton spends less per head of population than average.

Merton is a smaller authority than average.

Adult Population (18+)

158k

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

The two charts marked unweighted are given here to help members understand the relative size of authorities. As most of our analysis shows unit costs, or other ratios, the size of the authority is usually not apparent.

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

Financial benchmarking (2)

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

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

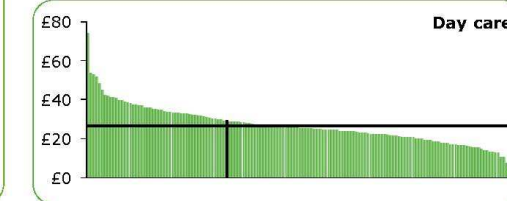
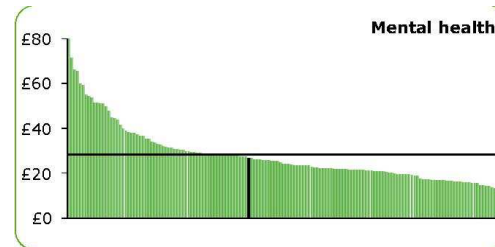
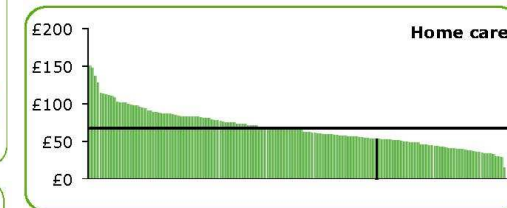
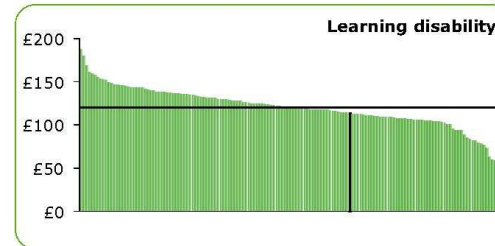
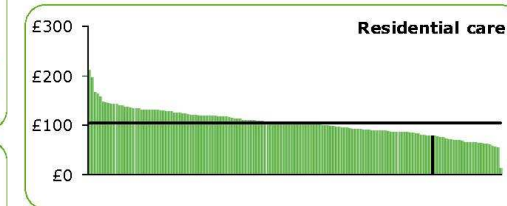
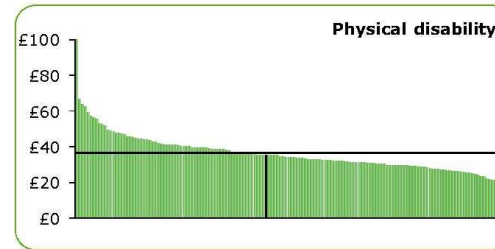
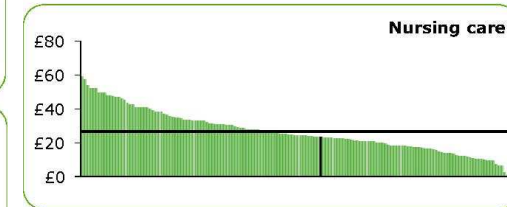
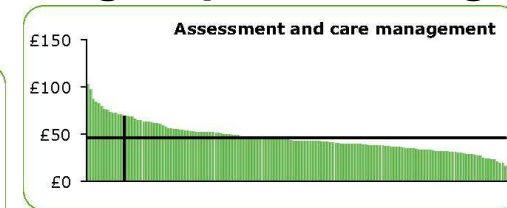
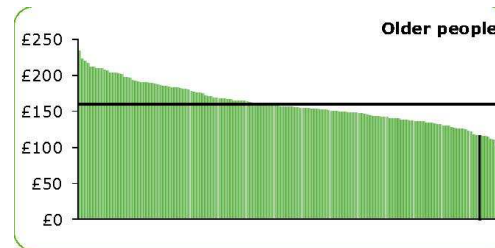
Adult Population (18+)

158K

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

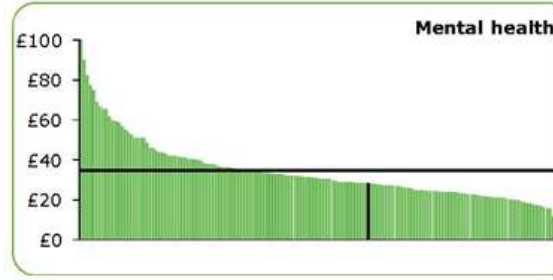
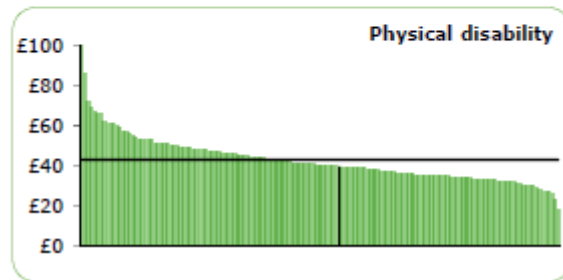
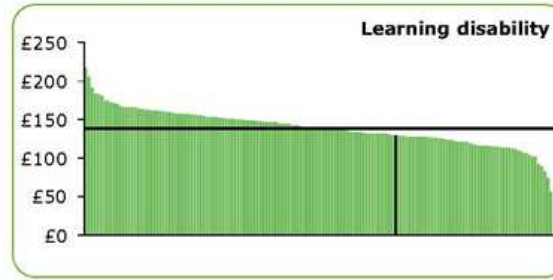
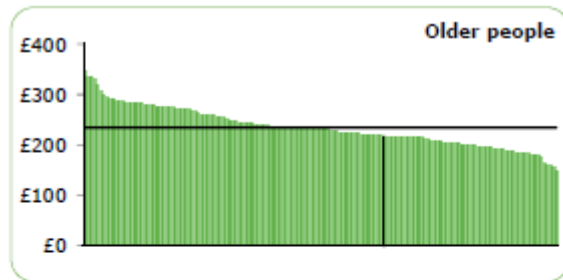
Net Expenditure		£'million	Exp/head	Avg
1	Ass. & care management	11	£69.00	£46.00
2.1	Nursing Care	3.7	£23.00	£27.00
2.2	Residential Care	12.5	£79.00	£104.00
4	Sup. And other accom.	1.9	£12.00	£29.00
5	Home Care *	8.5	£54.00	£67.00
6	Day care/services*	4.6	£29.00	£27.00
7	Direct Payments	4.3	£27.00	£31.00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

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



Financial benchmarking (3)

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



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

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

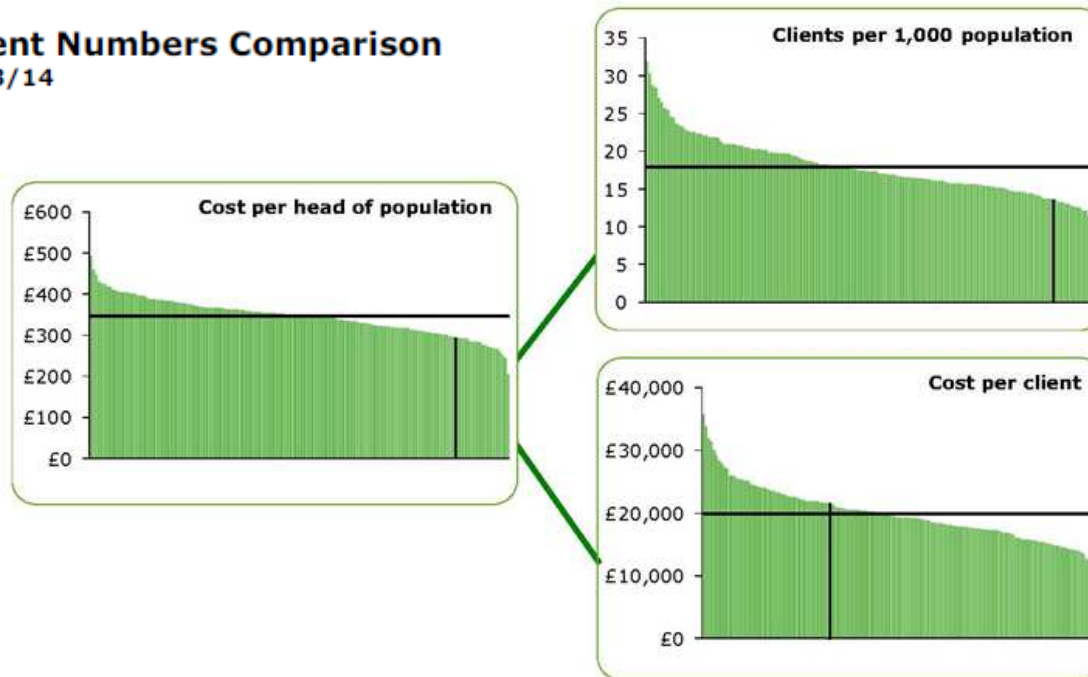
Adult Population (18+)

158k

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

Financial benchmarking (4)

Client Numbers Comparison
2013/14



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

Adult Pop:

Group Averages:

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

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

Client figures: calculated from PSS Ex1 Activity sheet for the following clients:
Nursing Care, Residential Care, Home Care, Day Care, Meal & Direct Payments
Please see client group reports for further detail.

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

Appendix 5:
Glossary of terms
Slides 52-53

Glossary

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

Glossary

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

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**Appendix 3: Consultation Feedback Summary for 2016/17 Savings Proposals
December 2015**

Section 1: Savings for 2016/17

Question 1: is the overall reduction in spending on adult social care:

Overall reduction		
This single response question was answered by 129 respondents.		
Response	Number of Respondents	Percentage of Respondents
Too little	7	5.43%
About right	20	15.50%
Too much	87	67.44%
Don't know	15	11.63%

Question 2: If you think the reduction is too much please tell us why.

There were 67 respondents who felt the reduction in spending was too much. These mainly fall into the following categories:

Category	Number of comments
It will affect the most vulnerable of people and put them at risk	35
It will result in increase costs	5
It will reduce access to/quality of services and puts the ability to meet statutory obligation at risk	16
The savings could/should be achieved from other non ASC areas and by income generation	7
Many savings are contrary to the prevention strategy	2
ASC needs more funding not less	2
Total comments received	67

Question 3: we propose saving £1,841,000 from our staffing costs by deleting 47-52 full time posts. Please tell us to what extent you agree or disagree with the proposed savings in our staffing costs:

Agree with staffing savings		
This single response question was answered by 110 respondents.		
Response	Number of Respondents	Percentage of Respondents
Strongly agree	10	9.09%
Agree	22	20.00%
Disagree	22	20.00%
Strongly disagree	30	27.27%
Don't know	26	23.64%

Question 4 : Please tell us if you have any comments about the savings proposed in staffing costs.

There were 63 comments received about this proposal and the main comments fell into 6 categories which were:

Category	Number of comments
Concerns about there being enough capacity to meet demands safely.	11
Concerns about the effect on the quality of service provision and the ability to meet statutory obligations.	26
Agreed with the planned reduction in staff	12
Opposed to a reduction in staff numbers without giving specific reasons	6
Would support reductions in management and back office staff but not front line staff	6
Commented that there was insufficient information to make an informed comment	2
Total	63

Question 5: We propose saving £531,000 by decommissioning the Carers Support service, Meals on Wheels and the Mental Health Day Support service. Please tell us to what extent you agree or disagree with the proposed savings in how we commission services:

Agree with commissioning savings		
This single response question was answered by 102 respondents.		
Response	Number of Respondents	Percentage of Respondents
Strongly agree		
Agree	10	9.80%
Disagree	20	19.61%
Strongly disagree	51	50.00%
Don't know	21	20.59%

Question 6: Please tell us if you have any comments about the savings proposed in commissioned services.

There were 90 comments about the decommissioning of these services and they fell into the following categories:

Category	Number of comments
They will result in increased costs in the longer term and/or increase pressure on other services.	11
They will reduce access to/quality of services and the puts the ability to meet statutory obligations at risk	8
They will affect the most vulnerable of people and put them at risk.	24
The savings could/should be achieved from other non ASC areas and/or by income generation such as using the new 2% ASC precept	2
Agree with decommissioning proposals on grounds of service quality and/or other suitable alternatives exist	3
Specifically against reductions to carers services	16
Specifically against reductions to MH services	4
Specifically against reductions to MOW services	15
Did not know or posed a question rather than giving feedback	7
Total	90

Question 7: We propose to save £1,831,000 undertaking a systematic review of all customers' support packages. Please tell us to what extent you agree or disagree with the proposed savings in support packages

Agree with support package savings		
This single response question was answered by 97 respondents.		
Response	Number of Respondents	Percentage of Respondents
Strongly agree		
Agree	29	29.90%
Disagree	16	16.49%
Strongly disagree	30	30.93%
Don't know	22	22.68%

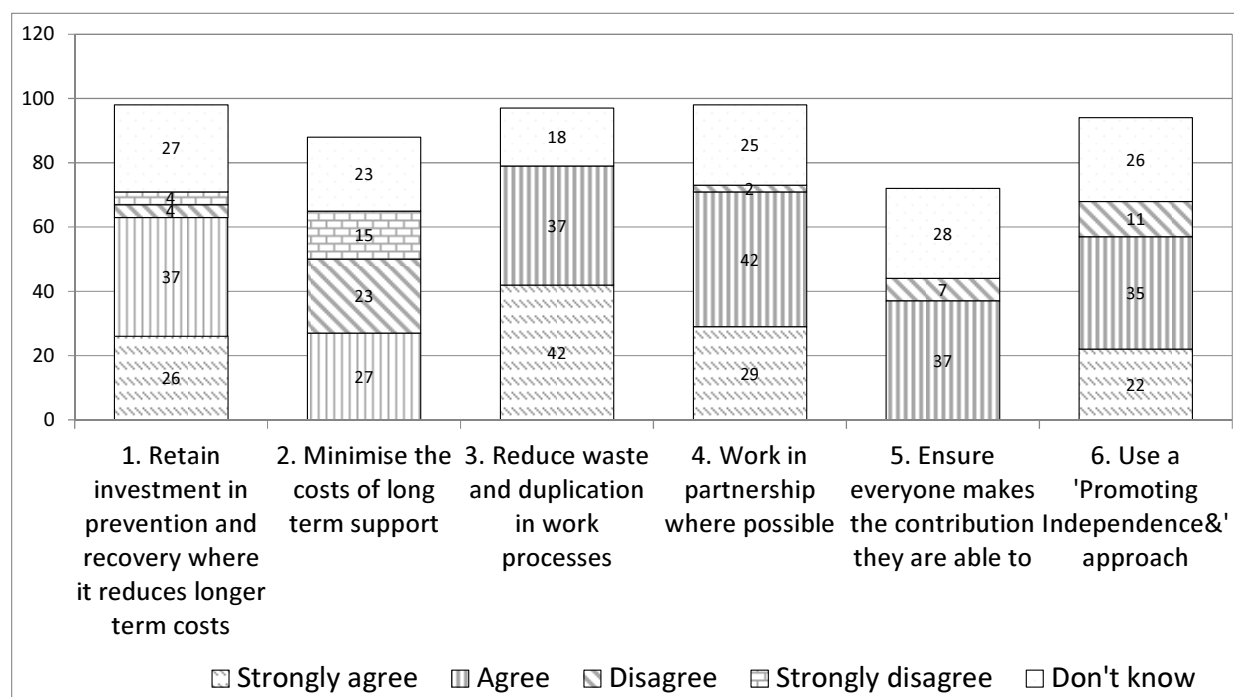
Question 8: Please tell us if you have any comments about the savings proposed in support packages.

There were 61 responses to this question which had the following themes:

Category	Number of comments
Agree that support packages should be regularly reviewed in a creative and flexible way	14
Concerned as the reviewed support packages could cost more than they save in financial terms and the effect of changes may affect individuals health and well-being.	10
It is important that support package reviews should be fair and objective and not used as a cost cutting exercise	8
Concerned it will affect the most vulnerable of people and put and their families under pressure or at risk.	20
People doubt the practicality of how the review process could be done effectively.	5
No Comment or said they did not understand the question	4
Total	61

Section 2: Our approach to making savings

Question 9: Please tell us if you agree or disagree with the priorities we have suggested:



Question10: What other priorities do you think we should be using to guide our decisions?

There were 57 comments about the areas that should be prioritised, there were 11 suggested Categories :

Category	Number of comments
Some proposed cuts are not in line with prevention priority	4
Minimising the costs of long term support is not practical for some customers	3
Should look to reduce waste and duplication in work processes and staffing first before cutting services	5
These savings will affect the most vulnerable of people and put them at risk.	17
Agree working in partnership where possible and providing 'joint' services is good	4
Agree ensure everyone makes the contribution they are able to is good	2
Sceptical that overall "Promoting Independence" approach is practical or will be effective	7
Should consider options to reduce other service or raise new income before cutting ASC	6
We are already contributing what we can	3
The priorities sound good but how they are being implemented is poor	3
No Comment or said they did not understand the question	3
Total	57

Section 3: Alternative savings

Question 11: We have also considered other alternative savings which we are not recommending. Please tell if you think we should include any of the following savings:

Alternatives		
This multiple response question was answered by 51 respondents.		
Response	Number of Respondents	Percentage of Respondents
Close some day centres	13	9.42%
Outsource all in-house services	17	12.32%
Share services with other councils or the NHS	45	32.61%

Negotiate fee reductions from providers	43	31.16%
Make bigger staff reductions	20	14.49%

Question 12: Please tell us if you have any comments about these alternatives.

There were 56 comments made about these alternatives which are detailed below:

Category	Number of comments
Day Services	13
Shared Services	10
Staffing	6
Outsourcing	10
Reduce Provider Fees	6
General Comments	11
Total	56

Question13: What other way do you think we can make savings?

There were 57 comments made about other ways that we could make savings these fell into 8 categories.

Category	Number of comments
Don't spend on Wheelie Bins	2
Increase council tax/use 2% ASC Precept	14
Cut other Council services instead of ASC	8
Increase parking fees	2
Review staffing costs, senior management and duplication of resources	15
Sharing of resources and the provision of services	7
Work better with carers and voluntary orgs	4
Other Comments	5
Total	57

Section 4: How the savings have affected you.

Question 14: How would you say services have changed since 2011 when we started to make savings?

Impact of savings since 2011		
This single response question was answered by 75 respondents.		
Response	Number of Respondents	Percentage of Respondents
Services have improved a lot improved		
Services have improved	5	6.67%
Services have stayed the same	22	29.33%
Services have got worse	30	40.00%
Services have got much worse	18	24.00%
Don't know		

Question 15: Please tell us if you have any other comments about your experience of changes to services since 2011.

There were 44 additional comments received about changes to services since 2011, which were mainly :

Category	Number of comments
Services have stayed the same	3
Services have Somewhat improved	1
Services have got somewhat worse	8
Services have got significantly worse	26
Don't Know	4
Other comments	2
Total	44

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Appendix 3.1 Consultation Feedback Individual Open Responses via survey

Why too much Part 1

Response

Adult Social Care has been cut to the bone already. Are Councillors aware of the full impact and cumulative effect of cuts past and present plus those planned for future years? Have they considered the likely unintended consequences in terms of increased deprivation and neglect? Are they aware of the severe problems already caused to the vulnerable by the government (e.g unjustifiable loss of benefits and the bedroom tax) or by the lack of 'reasonable adjustments' and consistency in the NHS? Adults with learning disabilities are 3 times more likely than the rest of the population to die unnecessarily, have 50% higher levels of depression. One person can be hit from all sides. There is always a domino effect: if one thing goes wrong or is changed - then a myriad of other problems result. A small thing can become a big thing in the life of someone who is intellectually and physically disadvantaged and who also has complex health problems. The details of their lives are often held in delicate balance to ensure success. Where family support exists, the proposed cuts will affect the health and quality of life of the whole family. Where it doesn't, the less able, both physically and mentally, will become invisible, especially as there will be less assessment and monitoring. The Care Act places a statutory demand on Councils to increase the well being of the whole population. The proposed cuts will have the opposite impact. The intention seems to be to rely on charities, volunteers and external agencies. Volunteers are hard to recruit and sustain. They also lack necessary expertise and knowledge of complex client groups. Private profit making agencies are notoriously unreliable. My own son, who lives alone in supported living, has gone through several domiciliary care agencies. Carers are late, don't come at all, go to the wrong place, change all the time and are often uninformed as to his needs. Agencies fail to pass on important messages. 6101795 Cont on Q.1

A little bit taken from Social Care has a huge impact on people's lives, so a huge amount taken away is going to have a disproportionate impact and be very damaging now and in the future.

Adult social care is a vital service for the local council to continue in order to save the larger costs connected with housing residents who are unable to look after themselves in their own home.

Adult Social Care is primarily about looking after people at the end of their life when they have given so much during their lives. No amount of money is too much to ensure their dignity and quality of life, it is what we all expect as we reach the same point in our lives.

adverse impact on ASC services

All services I am though gratefully received but necessary for my wellbeing, are already very time reduced and uncomfortable, becoming less efficient and satisfactory

Any cuts to vulnerable people's care packages cannot be justified

ASC spending in Merton is already very low by London standards. Cuts in previous years have reduced services to a basic level and there isn't scope to cut further without having a major impact on the lives of vulnerable people using these services and their carers. Merton should make use of the permitted 2% Council tax levy plus reserves to remove the need for these cuts.

Because there are better ways of saving money that will not have a detrimental effect on people's Health and Wellbeing. For example: Get rid of the "My Merton" publication - it's a useless publication as all the information it contains are available on the council website Many voluntary groups are awarded large grants to provide services to the community but they are not monitored and no QUALITY checks are carried out to validate the effectiveness of the services they provide. Substantial savings will be made if those services are evaluated thoroughly as the majority of them are not fit for purpose. In trying to be PC, Merton pays lip service to their malpractices. There are hundreds of thousands of outstanding payments for services by Service Users right across the board that have been outstanding for years because Merton doesn't have an effective system for collecting these payments. Revamp the outdated and convoluted Website to enable people to use it more and locate information more easily. This will reduce the volume of calls and visits to the Civic Centre so you won't need a football team to man the phones and reception area. I could go on but I've got other things to do today!

Consultants are employed at huge salaries to look at cuts why? Merton gave undertakings years ago when it was published in the local guardian, they would not use consultants but use staff who had the local knowledge.

Cuts appear to be detrimental to the most vulnerable members of Mertons community.

Cutting the budget by too much will leave the vulnerable people of Merton at risk.

Cutting the Meals on Wheels service would appear to be a short term saving but its closure would result in higher costs as the elderly in receipt of this service will through isolation make More visits to doctors surgeries when admitted to hospitals - spend longer blocking beds as insufficient support will be available within their homes Current daily "safe and well check" with any health or environmental concerns are reported to Adult Care and/or next of kin which the delivery staff carry out 365 days a year will be lost This provides a comfort to next of kin - who will often live far away - knowing that their Mum/Dad is being checked on daily Daily social contact - in many instances the delivery driver is the only human contact that meal recipients have Reduces the risk of Malnutrition amongst the elderly - Malnutrition is a major cause and consequence of poor health and older people are particularly vulnerable. It is estimated that in the UK around 1 million people over the age of 65 are malnourished or at the risk of malnutrition - this will again increase costs as malnourished patients are admitted to hospitals

Experienced staff replaced by less experienced or not replaced means lower quality care in day centres. Experienced social workers can help people better than less experienced ones. Care act and DOLs legislation mean more work and less time to help carers/clients. It is already very difficult to even see a social worker. No one is getting improved care packages due to cost cutting but some need it.

False economy, you should be taking care of the vulnerable and be fighting the Government against these cuts. You are cutting resources to the most vulnerable who can't stand up for themselves. How about NOT buying the bins which are costing approx Â£3 to 7 million, the most ridiculous waste of money. We are all going to be disabled at some time in our life.

How on earth can you seek to promote preventative services for those with mental health diagnoses and the. Propose to cut the only services currently available to us?

I think the reduction in spending for adult social care is too much my son and daughter rely on their day care services so they can have as normal every day life as you or I do every day and I feel it is their right to have this for if they did not where would they go?.

It is too much in a time when we have an ageing population and an increasing population. So need is going up, whilst services are being reduced. But I appreciate it is a difficult decision because in many respects Social care could absorb an infinite amount of money- no matter how much you pump in, there could always be a case for more. Social Care needs are less 'clear cut' than health needs. They are not scientific, more subjective and open to interpretation.

It will reduce the quality and level of services below a level compatible with MBC's commitment to protect the most vulnerable in the community; it will heap more pressure on incredibly stretched carers; it will force more of us to give up and seek residential care for our family member, which costs MBC far more than day services. And because these specific spending cuts are avoidable.

Many vulnerable people will suffer

Merton Carers help the growing number of dementia sufferers.

Merton has to have some staff available to carry out its legal duties and my concern is that Merton is already not doing this in some cases, the proposed cuts and deletion of posts will make it even worse.

My mother receives meals on wheels, she is 89 frail and cannot cook for herself as she cannot stand for any length of time. The current service (which is excellent) provides her for a hot meal and some contact with another person daily which is wonderful for her.. She pays for these meals. Any reduction in this service which cannot be replaced by supermarket microwave meals as she cannot plate her own meal would be detrimental. This service must not be reduced.

Need urgent funding for meals on wheels and imagine(will close without funding) also funding for housing and day resource services for people with mental illness

Once again, the cuts (not "savings") hit the most vulnerable members of society. the weak always suffer, at the expense of the able

People are in need!

People are living longer these days and social care is more in demand as they get more unable to cope. A majority of pensioners have contributed over the years paying their taxes and National Health payment. It should be that they get reasonable amount of help when they need it.

Protecting the most vulnerable in society is the hallmark of a civilized country.

Removin

Savings will be targeting some of the most vulnerable groups.

Services already at the bare minimum

Services were cut last year and day centres have less staff and less activities and less hours. Carers are often elderly and when caring for a severely disabled adult have to work very hard. The Learning Disabled need good quality care and this is now endangered causing worry and stress to carers. We see services becoming worse and less available every year.

Some of the most vulnerable people in Merton rely on these services.

The general directive from central government is to increase support to those that need it NOT to decrease

the impact to vulnerable adults (elderly and disabled, to include learning disabled) will mean that it is only cost shifting and worse will come from the impact of cuts. people can get buy with something but to give them nothing can send them over the brink

The Meals and Wheels element is a vital part of the care for the elderly. It saves lives and is far more than a meals on Wheels service

The number of people requiring help is growing year by year. I know my needs will increase as my husband's Alzheimer's progresses.

The overall impact of these cuts will be reduced service, available to fewer people, resulting in greater isolation, poorer wellbeing and reduced independence for local disabled people and older people.

The proposal to scrap the Meals on Wheels service is short term and will cost the Council more in other areas including Increased admission to care homes (costing over Â£600 per week) as residents not getting the support needed to remain independent living in their own homes Increased loneliness resulting in more frequent visits to GP's and increased number of hospital admissions Bed blocking in hospitals - The Kings Fund reports that around 1 in 4 people over 75 in hospital beds have no medical need to be in hospital " older people frequently report lack of support on discharge from hospital Older people with complex needs, including long-term conditions and frailty, are at particularly high risk of readmission to hospitals without adequate home support Increased incidences of malnutrition in the community The Malnutrition task force have reported that Malnutrition is a major cause and consequence of poor health and older people are particularly vulnerable. They estimate that in the UK around 1 million people over the age of 65 are malnourished or at the risk of malnutrition

the reduction is being taken out on the most vulnerable people in the borough; they are most likely to break down and end up hospital outpatients

There are more users of Adult Social Care. The past 5 years spending has already been cut by too much. Merton currently spends less than average.

There is an increase in care needs as the population of elderly increases, more care in the community as both NHS and governmental aims to move those from hospitals to the community, The reduction in day centres, specialist homes, places more pressure on already struggling unpaid carers/families. Benefit reductions and sanctions are causing more people to already use charities which are overstretched. Increase in winter excess deaths due in part to care reductions, heating and food bill people unable to prepare warm meals safely and affordably.

There is no care for those in extreme need now!

These are some of the most vulnerable in society. It is wrong to make them shoulder so many cuts.

We must look after the most vulnerable. To take away meals on wheels service is nonsensical. My brother relies on this service for 1 hot meal every day and also daily contact is only common humanity. I live too far away to call in and check he is ok and I know that if anything is wrong concerns would be raised. I fear removal of the service will result in people deteriorating and more hospitalisations and interventions required by social services. Supermarket deliveries are not a viable replacement of these services.

Why is it always the elderly that have to suffer, when in the same week, you are proudly talking about a MULTI MILLION re-vamp of Morden Town centre?

Will have a major impact on service users!

Year after year cuts are being made - if Merton did not hold its council tax and at zero yearly increase there would be enough funds

You will be cutting down in the care for disabled people which is not fair on them. I think it would be better if you made reductions somewhere else and not meals on wheels and other services for disabled people, they deserve this service.

Adult Social Care is so important. The stress carers and the person cared for is so intense even filling in forms and deadlines. The smallest problems are huge when caring.

Because it will affect disabled peoples lives and the elderly. Their health will deteriorate due to the cuts and have a very severe impact on their lives.

Because Merton needs to save money social care needs to go

Cuts in hours

I want to be able to do the activities and visits I do to the day centre and I don't want this to be less.

Its a lot of money to be taken away

It's lots of money

It's wrong. There have been cuts for a long time now. It has to stop

People will get less support

Services have already been cut and its difficult to get good carers especially with the living wage

The mark of a civilised society is measured by the way it cares for the weak or disabled. It seems to be too easy for those in authority to say "we'll cut services to the vulnerable who might not be able to comment for themselves"

The most vulnerable in the borough are being targeted

Too many cuts. I will feel very upset and lonely and depressed.

We don't want to lose staff

Will impact greatly on users most vulnerable

You are reducing services for disabled people which is not right. They will suffer as they survive because of the services.

Comments on staff savings Part 2

Response

Please make sure that there are staff with enough experience to deal with the increased pressure.

I believe this will put more pressure on front line staff, particularly with middle management being targeted. More responsibilities, more management decisions to be made without management input - all for no more pay. Not a way to keep staff. However, I do believe that the council will take on more bank staff to cover, thus dissolving a lot of their responsibilities towards staff.

All local authorities are having to find saving and it is only reasonable to expect adult social services to meet their quota, and a reduction in the establishment would be essential.

Already too many failings due to lack of staff. This will put more people in

danger

Although it is recognized that staff costs are high - but by decreasing the number of staff clients at day care centres will have even less choice or constructive things to occupy them

Am strongly opposed to all cuts-staffing and care costs

As already stated, Merton won't be able to provide a meaningful service to its residents anymore with even less staff available. In addition, the remaining staff will be so stressed out that the service they will be able to provide is of such poor quality that people will be affected by that - something which is already happening.

By cutting staff you won't be able to fulfil your statutory duties (especially safeguarding) and won't be able to adequately monitor third party services.

Can the staff left achieve to complete the requirements of the role of employment without compromise

can you save more by reducing the staff overheads even more?

Concerned about the impact that staffing reductions will have on the level of service provided as a local government employee, I am well aware that the workload rarely reduces following such cuts.

Cut on bureaucracy, secretaries, PAs and managers, because modern technology will save money

Cutting staff only puts more strain on the existing staff which in turn causes mistakes to be made.

deletion of 47-52 posts seems madness

Fewer staff will have an impact on the quality of service provided to users of services.

Found it difficult to work out exactly where the staff would be deleted from but front line staff already at the bare minimum

I am assuming that having balanced the options that this is the best professional advice to manage the government cuts as safely as possible

If staffing is reduced for adults with LD in their day centres then this would be and cause disruption in their day centre needs and also effect the support and activities that they take part in for they need stimulation and activities for this is a great part for them in their day to day lives and learning

I'm sure that there is massive overstaffing, with some people doing very little to earn their money and at the same time providing poor service for the community. I believe a streamlined more efficient service with less staff is a good way forward.

In order to protect front line services - all jobs should be re-evaluated to ascertain what value each position delivers

instead of deleting that amount of full time posts, which may lead to redundancies, i suggest, pay cut or freezing pay increment for some time.

It is already hard if not impossible to see a social worker with knowledge of the client. Less staff cannot cope with the extra work load of Deprivation of Liberty legislation, Care Act and increasing elderly population. Less staff won't be able to commission suitable services. Monitoring of services will be poor and clients put in danger.

its difficult to comment without knowing where you propose to make the savings

Less staff = less quality, less safety particularly in an emergency. Cutting back room staff can mean less services in commissioning good services and impossibility of sufficient monitoring to ensure quality and safety. The Learning Disabled are very vulnerable and need quality services.

Many staff don't appear to do very much. I'm sure that staffing strategy could be more cost effective

More people will go back to hospitals or wander the streets or cause disruption in society involving extra police and hospital costs and putting the public at risk

No one is going to say yes to this. No one wants to reduce services to vulnerable adults, or to children. We don't want to close libraries or children's centres or leave children at risk or having over grown parks. If you believe these are the best option then you should stand by them

No one will answer yes to this - it is a loaded question. Within the envelope of money you have is this the best way of delivering your savings?

Only you will know if you are cutting the right number of employees/managers and whether you are currently overstaffed and whether outsourcing will cost more and deliver an inferior service.

So as to protect front line services - Every position within the Council should be re-evaluated to determine the benefit being returned to the Community
The advised cost of the current meals service would be paid for by the reduction of a further 4/5 posts

Staff are extremely important everything is so long winded for children and adults who have special educational needs.

Staff have already taken on much heavier workloads and good people are deciding to leave. Waiting times for reviews and assessments have gone up, staffing levels in day centres have been significantly reduced, health specialists in the LD team can't cope with the demand for their services. These cuts can only make the situation worse.

Staff play an important role in service delivery to elderly residents of Merton

Staffing levels are already stretched to limit. Any more cuts will be incredible pressure on staff and users

The best care is provided by people who know a person consistently and regularly. Less staff in direct provision means less individualisation programmes, trips out, work experience support or travel training. People with complex needs are already left doing nothing active all day at the JMC. If a staff member is sick, then plans can be cancelled - to the extent of closing a centre for the day so that family carers also have to change their plans suddenly. Someone in supported living will spend the day entirely alone. Increased use of agency staff in supported living leads to risky mistakes being made. Lack of time and staff means that service users will increasingly become people who must have things done to and for them rather than people who must be supported to do things for themselves (thus giving a lie to the 'promoting independence' aim of both the Council and the CCG). A great deal of high level expertise and knowledge has already been lost. If one rings the Council for advice, it is already the case that the caller can know more than the person they are talking to. Who will know the right 'signposts' to provide in future? The loss of assessment and commissioning staff will mean less monitoring, risk assessments and DOLs, less safeguarding. How can these be 'tightened up and made more efficient' with less staff? A one size fits all approach will not work with an adult with a learning disability. It takes a great deal of time to discover such a person's

needs, wishes and capabilities. Someone who seems to communicate well can actually be very bad at personal care and decision making while someone with limited communication skills can actually understand a great deal more and be more able than appears at first sight. There is always a danger of 'diagnostic overshadowing' (making the wrong assumptions/conclusions) if a professional does not know a person or their history well.

The council appears to have a low level of staff employed.

The hierarchical structure within Merton Council is too top heavy.

The staff are needed to run things properly. They are already stretched to the limit.

There are fewer Merton Council staff employed than any other borough, but they do a fantastic job and don't deserve any additional cuts

There are too many managers and middle managers

This entirely depends on where the savings in staff are coming from. The removal of people who give one-to-one support, would be a tragedy, while an admin position wouldn't be so bad

This is an area that is worrying many people. Frontline staff and services should be protected as far as possible. A reduction in bureaucracy would be better, because all these bureaucratic processes are what creates the need for more staff in the first place.

To the extent that these are front line staff or managers working directly with service users this will hurt those users and their carers by reducing the level or quality of service, as a result hurting carers who already take a lot of the care burden off MBC, and generally makes the lives of service users and carers worse. This will impact in turn on local health services, and force more into residential and more expensive care.

Waiting times for responses and form applications is already too slow this will get worse as more applications backlog! Car dumping, litter, food safety and health and safety will all suffer without enough inspectors etc using outside contractors will increase costs in the long term, more services should be brought in house

We need staff - this is another false economy and vulnerable people will now fall through the cracks more than ever.

What do they do?

Who is going to do the work? End up overloading people lucky enough to keep their jobs or put the work onto people who aren't earning the relevant salary to reflect their increase in responsibility

Why are there staff? There is no support! No care nothing! People are dying! While you are paid, to neglect, ignore and abuse!

will getting rid of staff compromise safety.

Yet again staff are being cut - cant anyone realize that the services is just getting worse

A lot of people in the centre need support from staff

Frontline staff are essential

How do you cut down on a already low staff problem. Vulnerable people will suffer more

I don't want to lose good relationship with good staff

It all depends if the staff that are left after the cuts can run a good service to the community - support the community - disabled and the elderly.

It's bad to cut staff

No front line staff or social workers should be cut

Ratio of staff to clients must not be too low. This must be taken into account.

Reduce top management categories

Staff are already under pressure to manage caseloads with decreasing resources. More staff cuts will increase pressure on the staff leading to staff not being able to meet the needs of service users.

Staff support me and our meetings-not good if this can not happen anymore.

Support cuts at management level Keep frontline staff

What's going to happen to the centres with no staff. What's going to happen to outreach? People should be paid for their job.

Comments on commissioning savings Part 3

Response

cuts in mental health services may result in these issues causing other services to have more pressure eg NHS services and further problems in the community.

- Carers Support is a lifeline. Who will advise us when there is no-one left in the Council with the knowledge of what is available? - Merton has already discovered that it cannot save money on domiciliary care agencies or respite provision. Agencies are already beginning to withdraw from the market because they cannot survive. - It has been said that the meals on wheels service is no longer necessary because people have microwaves and can buy ready meals. Many cannot use microwaves (my own son has cause fires with his). Ready meals are full of salt and sugar. The learning disability community already has an unacceptable high rate of diabetes. For some even the limited contact of someone delivering a meal is better than no contact at all. - If voluntary services such as Mencap lose 50% of their funding, then clubs and activities which are a lifeline for both service users and carers will shut down. - The loss of Crossroads will mean that some carers can no longer go out to work or to shop for groceries. Their socialising opportunities will be nil. Even going to necessary appointments will be hard. Whatever replaces it will never make up for the loss of expertise in Crossroads staff and their knowledge of and long-term relationships with the families who use the service.

I think meals on wheels may be essential for some elderly people

Adult Support Services 1908 - 2015. Experienced good, personal, but no room for less staff. Meals on Wheels. Experienced 24/7 from 1908. Excellent but needing more staff now due to evening traffic problems etc. Provides coeliac gluten free diet, personally essential. No alternative whatsoever. More detail when requested

adverse impact on disabled community of Merton

Again this is a loaded question. Assuming the council has to make the savings I assume this is a least worst option

Although all care services need regular reviews as circumstances change. i.e. possible to deliver meals for a whole week to be used in microwaves; proposed cuts are too severe. Government needs to provide more funds and allow rates to rise.

Carers get very little recognition of their work - to take what little support there is away is disgusting

Carers support services provide many hours of free respite and taking away that support will cause many people to break down and need residential care which will cost the NHS much much more than the overall savings

Commissioning rarely actually saves money, how will you guarantee this

Crossroads is an extremely valued respite care service with high quality experienced staff. IT IS IRREPLACEABLE. Some people need meals on wheels to keep them going and those with mental health problems deserve support.

Crossroads provides essential respite care for a few hours a week. Well qualified experienced staff mean carers can have a break without being worried and the client can enjoy friendly well qualified care.

Cutting out vital services will only cost the council more in the long run. You will see more depressed vulnerable people. This will lead to an increased number of heart attacks, suicides, requiring more medical treatment and stays in hospital.

Cutting services to vulnerable people in their homes will be detrimental. Often it is through these services that people who need additional care are identified. Loneliness in this group is also endemic and this can lead to increased feelings of isolation and depression.

Decommissioning these services what sort of Council are you? It is scandalous to leave vulnerable people in your community to the mercy of private companies whose only priority is making money.

Elderly people that cannot manage with everyday tasks plus disabled people have enough to cope with without the worry that they may not get help when they need it. Some people cannot cook for themselves, some have memory issues like my brother whom would forget to eat or would not be able to make a meal for themselves, where meals on Wheels has a positive for them, at least they know they will get a meal each day and there will be some contact with the outside world on a daily basis. Other people with mental health issues do not see anyone other than their ability of the day support service. To cut these services will put extra strain on the social services on a whole in the long run and probably cost across the board.

How will the Council fulfil its new obligations under the Care Act, particularly with regards to carers, when those services will be decommissioned?

I disagree with cutting Carer support for without this I would not be where I am today carers need support as we save the government a substantial amount of money each year

I speak from personal experience having been the carer for both my elderly parents within Merton since 2009. The meals on wheels service is very poor and I feel very sorry for any elderly residents who have to survive on this rubbish. I'm sure a better quality service could be provided simply by having a "borough kitchen" with more nutritious meals provided for the boroughs elderly. As for the carers support service all I can say is that this is definitely an area where some money can be saved. The care provided by Crossroads is both inadequate and unsafe. To say that they provide quality respite care and even to say that they provide end of life care is simply untrue. In many cases the elderly are left AT RISK by these people. Many of their "carers" are old and infirm themselves, their skills in care raise some serious doubts about their ability and the office administration is beyond a joke. As a service user I can tell you that there is absolutely NO respite knowing that you have left your vulnerable and infirm parents at the mercy of these people. If you would like to discuss my concerns and issues further please call me on X Thanks.

I strongly disagree. Carers support need this services especially carers need a break from caring at home you should not cut this service.

If the home meals delivery service is decommissioned a lot of residents using this service will need a replacement which I am sure will prove to be more expensive for the council due to the health of current customers. It is more than just a hot meal, which in itself is vital, but also provides a personal, regular, safe service which also includes a daily check on circumstances/environment. My mother who uses the service has dementia and any change to her daily routine causes problems as she gets very confused. Without the support she is currently receiving she would not be able to remain in her own home.

If you decommission carers' services and mental health services, your result will be a sharp rise in hospital admissions. Services such as advocacy offered by Imagine, for example, are crucial to recovery, as many of us rely upon these services for our housing and benefit needs and access them when we are in crisis. It is a short-sighted, knee-jerk reaction on your part, which seems rushed and not considered.

Ignoring or pretending that these issues don't exist in society because you don't have the carers support etc to inform the council does not mean the need will not be there and increase as the population age increases and more people are disabled or ill and returned to the community by the NHS having to clear beds etc means that more people who are sick, elderly or vulnerable will suffer, becoming malnourished returning to hospitals increasing their budgets or die unnecessarily due to councils negligence in providing Support or meals! Once removed these services will cost so much more to restart as a new council is elected as more people see there loved ones, neighbours or friends suffering under these cuts and express there dissatisfaction with the current regime!

In my mind there is little justification in handing services to the private sector at the expense of quality. I have yet to see any benefits from selling of council assets.

Independent studies have shown that an investment in a delivered service delivers a benefit worth over 5 times the cost of the running the service (Hertfordshire County Council's study showed that for every Â£1 spent on its meal service a Social benefit of Â£5.28 was realised - with Service Users reporting improved health and independence Hot delivered meals will result in better nourished elderly residents, fewer hospital admissions, reduced length of stay for admitted patients and reduced demand for GP services. NICE identified malnutrition as the 6th largest source for NHS savings. Early identification and treatment of malnutrition in adults could save the NHS £45.5 million even after costs of training and screening - Meals on Wheels makes a significant contribution to reducing malnutrition

It depends on what will replace these services. For example, well trained, reliable and consistent carers can replace the Crossroads service, and then it would work. But it can't be left up to carers to organise this themselves and the cost of setting up replacement services may well wipe out much of the savings.

Just who is going to support the vulnerable?

MBC's mental health services are reportedly among the worst funded in London; support for mental health is shockingly sparse so making it worse is a truly frightening prospect. The voluntary bodies who might partly step into the gap you will create have themselves had their funding cut by MBC so you're presenting care users and carers with a cruel double whammy you could avoid.

Meals on Wheels is an essential service for some of the very most vulnerable in society. Are they supposed to just starve???

Meals on Wheels is outdated - all supermarkets do online shopping and people should pay for their food

Meals on Wheels is vital

Merton Carers are essential for the wellbeing of those caring and being cared for.

My 85 year old mother is the primary carer of my 88 year old father. With the exception of 2.5hrs per week respite from Carers Support, all my father's care, and all other ancillary support services (such as domestic help) is either privately funded or provided by family members. The decommissioning of the Carers Support service will cause disruption and stress to both my parents as continuity of care is very important. They will be forced to provide an alternative provider as it is highly unlikely that they will qualify for any alternatives provided by the Council.

My mother is 89 lives alone and is frail. She relies upon meals on wheels to provide a hot meal daily, which she pays for without this she is likely to have to go into care which would be a tragedy. A reduction in this service would be a blow to the most vulnerable in our society.

No carers services, mental health day services or meals on wheels? Well this is multiple serious case reviews waiting to happen. So the most vulnerable people suffer so the majority can save a few quid on council tax?

No one is going to say yes to this. No one wants to reduce services to vulnerable adults, or to children. We don't want to close libraries or children's centres or leave children at risk or having over grown parks. If you believe these are the best option then you should stand by them

Obviously some services need cutting, but some people rely on a meal being delivered and mental health controlled

People suffer while you spend money on the rich!

People will die!

So using voluntary organisations who are not trained and putting strain on these organisations completely ridiculous.

Some of these services are essential. These savings appear to be targeting some of the most vulnerable. Their could be an element of means testing to raise income, also there could be competitive tendering or a mutual could be set up.

The cut isn't around how you commission, it is the fact you will no longer commission these things. Loss of these services will have detrimental affects on these service users' (carers, older, mental health) wellbeing and trigger more crisis. The so called alternatives ie support packages and voluntary sector are also being cut.

The Meals on wheels hot meal delivery service is more than just a delivery - the delivery staff who are all police checked carry out a "daily safe & well check" where Driver asks Service User how they are feeling and if anything is worrying them Looks to see if they look unwell or if they notice any deterioration in Service User or they seem more confused than normal Checks whether the environmental state of their accommodation is adequate and asks if Service User is warm enough reporting back any issues or concerns Where required opens the meal container and plates the main meal and ensures that Service User has a drink and cutlery available and sits them down with their lunch Wherever possible the provider ensures that the same delivery person visits the same Service Users each day which Builds a friendly relationship with Service Users Hold keys or have key codes to access properties of Service Users with poor mobility or visual impairment The obvious benefits from this are Keep Service Users out of hospital and having fewer visits to Doctors surgeries Daily person contact " stops instances of SU being left on the floor " or worse deceased and undiscovered with the associated bad press Alleviates loneliness " in many instances our delivery staff are the only daily personal contact that Service Users have The National Institute of Clinical Excellence (NICE) have advised that hot delivered meals result in better nourished elderly residents, fewer hospital admissions, reduced length of stay for admitted patients and reduced demand for GP services An independent study by Hertfordshire County Council has shown that for every £1 spent on its hot meal service a social benefit of £5.28 was realised - with Service Users reporting improved health and increased independence

There are too many duplicate services in Merton - Taylor Road, Focus 1 to 1, Imagine, St Mark's Church, Horizon, Avanti etc. Overall poo old fashioned services. Poor quality staff also.

These are baseline services. Re the Carers Support Service, there has been no consultation on options to reduce, rather than de-commission it completely. a review of this service could have brought savings but nobody has bothered to take this route. It's throwing the baby out with the bathwater.

These services allow people to remain in their homes. It is unclear how these people's needs will be met in these services are decommissioned.

This is a comparatively small saving to make to the detriment of our more vulnerable members of the borough.

This is extremely regressive and will cause further suffering and misery

THIS SERVICE IS A LIFELINE FOR SOME PEOPLE

Those that look after vulnerable people need the meagre support they currently get. For those who receive meals on wheels, it is probably the only hot meal they have, and in a lot of cases the only contact with the outside world

We must look after the most vulnerable. To take away meals on wheels service is nonsensical. My brother relies on this service for 1 hot meal every day and also daily contact is only common humanity. I live too far away to call in and check he is ok and I know that if anything is wrong concerns would be raised. I fear removal of the service will result in people deteriorating and more hospitalisations and interventions required by social services. Supermarket deliveries are not a viable replacement of these services.

Will this mean that services are tendered out to private organisations? If so, what accountability will there be?

You are expecting more people to remain at home and not in residential care but are cutting services that support people to remain at home
A lot of people are unable to shop for food or be capable of preparing ready meals

I don't want people to get less day centre days. I will be bored at home.

I need meals on wheels and Ark Care to keep me out of hospital and/or a home. Rest of comment is eligible

It is vitally important that carers are supported regarding their health and well being; otherwise they will need services themselves.

It will have a very big impact on the very vulnerable people in the borough. They rely on the support to remain in contact within the community.

It's wrong-people should have meals on wheels.

Meals on Wheels, Mental Health and Day Support are vital services preventing adults that are vulnerable from going hungry, having a breakdown. More hospital admissions will arise.

Mental Health Day Support is cut too much now-if you cut anymore it will disappear.

Not sure

Process will take longer to move people from one place to another

Same as above(6101824)

Should not be gone completely

Some of these commissioned services provide vital support to mental health sufferer. Without some support the likelihood of relapse will increase substantially.

Who will take over roles now done for respite as i've heard Crossroads will no longer be covering Merton? Can people cope without Meals on Wheels? You can't lower the price agencies are paid for care support like Direct Payments!

Comments on support package savings Part 4

Response

No comment

support packages should be regularly reviewed with a quality of life index along side. Many people have large packages of care with poor quality of life.

You need to re-think the way care packages are approached generally and to allow more flexibility, less "one-size-fits-all" approach

Again this will cause distress to the customer and their families whom rely on this service

Agree that support packages should be reviewed but where appropriate customers should be provided to find alternatives for services which are removed/reduced to achieve necessary savings.

All recipients of care packages should have their needs re-assessed as needs change The Council should ensure that the most vulnerable persons within its authority are identified and their health & wellbeing protected Removing the meals service will Reduce the number of Service Users able to live independently in their own homes Increase the number of car home beds needed - and as most of the current recipients live in social housing paid for by benefits then it would need only 6 to have to move into care homes where the Council has to fund the place to cost the same as the existing meals service! It will also put pressure on local hospitals with more older people being admitted and a difficulty to discharge due to lack of Home support

And are you going to investigate why people who want to die, are at risk because those in power do not care? Autistic adults exist!

As I have said before this hits the most needy, with little effect on the able members of society

Assessments are meant to look at clients needs and come up with ways to meet them. As adults with LD live longer and their family carers get into their 70s, 80s, 90s needs will rise. Cutting care packages in this scenario will mean an even bigger gap between assessed needs and the proportion of them being met. And the massive reduction in staff, who will carry out these reviews?

Before the support packages are even reviewed you are saying that you will save £1,831,000 - this means only one thing - all support packages will be reduced

Carers and clients have had to argue to get what little help they get. They need the time at day centre or Crossroads or a Mencap club but all three are threatened by lessening quality of care or shortened hours or by unsuitable replacement staff (relatively unqualified)

customers support packages were assessed at start of claim so should remain the same not reduced to save money

Cuts here are a direct attack on people's independence and will be extremely damaging to people's lives and wellbeing.

don't understand the statement

I assume you are recommending this as a least worst option in difficult times.

i strongly agree with this decision. in fact, i believe that review of support packages should be done every year to ensure service users are getting the right level of support.

I understand that you wish to save but it will be at the cost of human lives.

If Care Packages lose 15-20% of funding this will presumably mean loss of time at day centres - so that people spend time idling at home and carers become more and more housebound themselves. Funding of centres will lessen, making them less able to survive. Yet Merton has discovered that day centres are the most efficient way of offering support. Other councils have closed their day centres and then realised the necessity of re-opening them - but with different names. It will be hard to employ PAs or any kind of meaningful assistance. Direct payments are not the answer if there is not sufficient money provided. Elderly carers cannot cope with the paperwork or the prospect of becoming employers and are too tired by the day to day to consider creative solutions. There IS the Merton Managed Account but how long can this service last? There are examples of direct payment money being reclaimed because it has not been spent, despite the fact that the money is being retained for a service that the officers themselves have promised to organise but have delayed in doing so. There will be less time provided for domiciliary care. Swift visits by various and changing staff means that appropriate and decent care will be sacrificed to expediency. A stranger cannot recognise a change in behaviour that might indicate a clinical problem.

In some instances, control is needed for them what really need this support package

It is probably a good idea to review all customers' support packages but this does not automatically mean that savings will be made. There is a danger that some customers will be left at risk if their support is cut.

Just another tick box exercise!

Mental Health Services - only one unified service will do to cater for these services. Clients need to be assessed properly, in order to qualify and set up target for them to get better and move on to jobs or self-management or voluntary works.

Merton is not currently offering these to users of mental health services.

Most clients already have care packages that only just keep them going. Cutting care packages will hurt the vulnerable very considerably. Carers may have to give up giving the council and NHS extra responsibilities.

Need more evidence that reviews will be fair and impartial and not just a budget reduction exercise.

No one is going to say yes to this. No one wants to reduce services to vulnerable adults, or to children. We don't want to close libraries or children's centres or leave children at risk or having over grown parks. If you believe these are the best option then you should stand by them

Only if it is done fairly. Reviewing to deliberately cut support is quite cruel. But cutting where it isn't needed is logical.

Our adult son's care package has already been significantly reduced. The further cut that a review will undoubtedly result in will make his life and ours worse - he will have less activities; less contact with friends; less support from trained expert staff; while as his parents - both in our 60s - we will get more exhausted with less respite, while also suffering the pressure of trying to maintain his quality of life.

People in need, do not have support packages!

Question 7 definitely needs clarifying - what and how specific support packages will be reduced. It would appear that people with physical disabilities are the 'poor cousins' of people who have learning difficulties

Review care support packages for best value but services must continue to support those needing support

Reviewing and considering the cost effectiveness of care packages should be part of on-going service provision and social work practice. Packages were already (until the Care Act) reviewed annually and at our discretion (even if this annual target was not always met) I think reviews do need to happen, but not with the specific aim of making savings. I also know, from conducting reviews, that they often lead to cost increases, and throw up all kinds of issues, because they highlight areas of need which were previously hidden under the radar. E,g an informal carer has been struggling but not asked for help, until the review. I think therefore we do need to do reviews, but not just to make savings and primarily to ensure needs are being met. If reviews are done properly, it's important to be aware that reviews are just as likely to increase costs as to make savings. I strongly disagree with the creation of some kind of generic reviewing team. My experience (from other boroughs) is that this doesn't work. Reviews are better done by the team that knows the client and has the expertise in their condition (eg learning disability, physical disability etc) If more reviews are needed, it would be better to recruit reviewing officers to specific teams or convert existing posts to focus on reviews. Another concern is whether the data on savings created from reviews is actually correct. The internal mechanisms of the council have become so complex. It's important that savings on paper actually reflect whats going on in the real world. Some savings (eg when someone qualifies for NHS CHC) are really just cost shunting.

Save the cost of the review and look to figures easily available from statistics office concerning the facts of the increase in the elderly at home many alone, the disabled and sick returning to the community these are known facts and don't need a costly review!

some packages could be reviewed and cut to save money

Support already at a minimum

The only way that there will be savings is if the support packages are reduced - soon there will no support at all

The support people are already receiving is already at the bare minimum, any further cuts will be detrimental to their well-being, independence and long term health.

The target is totally unrealistic and cutting down on care packages to such an extent will put the most vulnerable people at risk as carers won't have the time to complete the necessary tasks.

This is done annually so it is pointless and cutting care will put people at RISK!!

This is probably something that should be done on a regular basis anyway.

This makes sense. Reviewing rather than blindly cutting services

to arrive at a proportionate sum is a serious error; peoples needs do not present this way. I don't mind a review and looking at cuts but a review should not be just to balance a budget. My son has a review in January (adult with learning disability); I've asked what the format will be and I've just been given the line of 'looking/addressing needs' or something similar. I know full well that a reduction will be on the cards and the council needs to be very transparent as to how this will be applied. they should be telling us where we can get support with this process.

We need this extra support to care for the person we look after at home we need this support.

While all support packages should be regularly reviewed, I worry that those who need help are going to lose the support they need. If such cuts lead to greater mental health problems, or hospitalisation it will cost society more in the long term.

While I am sure there are residents within the borough who have been receiving more support than perhaps they need, the majority and their families will suffer greatly from where your savings fall. The resulting hardship and stress will cost in many more ways such as health and there doesn't seem to be anyone willing to look at the long term problems caused only the short term supposed benefits. Very shortsighted.

Without support packages how are our sons and daughters meant to survive if cuts are made where is any extra support going to come from Direct Payments money paid for caring services is essential and is not that high now! Finding agencies to cover is hard enough and quality of care will suffer.

I fear that reducing and lowering costs for services and support will mean some needy individuals will not get all the support they need

If they cut the money what's going to happen to us. People will be isolated. It makes me annoyed and upset. It's ridiculous.

If this must be done it should be very carefully regulated to meet needs and criteria should not be over restrictive.

Looking at the current support packages and seeing if it is working will help to see if this will cut down costs.

Reduce where the system is abused but some support services are vital

This service is already inefficient. Vulnerable old people are 'just waiting for god'. A disgrace.

very confused about savings

We need the support we get

Well this will effect those people who live independently and really will have a huge impact on their lives.

You cannot cut the hourly rate for carers as this is lower than some boroughs and some agencies already have dropped out of Direct Payment schemes.

Other priorities Part 5

Response

No comment

- Be aware that many of us with physical disabilities pay FULL Council Tax - We held responsible and productive jobs until we became unwell - Our partners continued to work until they retired - contributing pro-actively to the community and obviously paying taxes.

(comment from Question 2) I do not know why a bus picks up people over 60 who do not have a disability - these people get a free bus pass and should use that - not a Merton bus!

Again, you cannot talk about prevention and recovery if you are proposing to cut the only mental health service in the Borough.

An independent assessment of NEEDS should be made for each client

As much as I agree with these priorities I am not sure they are realistic. Not everyone has friends and family willing to step in and if too much pressure is put on carers this could result in poor health of carers or abuse/neglect of vulnerable people in Merton.

Comments on Priorities: 1. Cutting grants to the Voluntary Sector by 50% doesn't suggest retaining investment in prevention and recovery 2. Minimising costs of long term support-what about quality for life? 3. What does promoting independence mean in practice? beyond removing services wherever possible? 4. Ensuring everyone makes a contribution they are able to-over and above pretty much giving up your life to care for someone you love? Other priorities-how about including as a priority maintaining the quality of life of ASC clients and their family carers?

Consider effects on patients

cut back on other services.

Don't know

'Don't Know' responses because this table is bogus and a misuse of survey methodology because it forces respondents to agree that things you're planning are desirable and hence apparently accept your spending plans. Nor does it allow criticism of assumptions implicit in some questions - eg, we expect "promoting independence" to mean you spending less on our son and us, as his carers, having to do even more than we do now.

encourage people to look to themselves and families with good support packages for carers

Ensure that the service is sustainable. Ensure that service users are not adversely affected.

From Q.9 - Cannot promote independence without support Stop spending money on things that are not needed. Wheelie bins are not needed and a complete waste of money

I don't know!

I feel you should visit day centres to see the work that is done and how staff help our children they need adult education from birth to death so councils should make this their priority to make sure this stays so

I think you should promote the rights of adults to make their own choices, and that means allowing more flexibility in service provision (and allowing people to refuse services) Financial contribution should be assessed fairly and not just by reference to the ability to pay financial contribution should be fairly assessed and it is not.

In my opinion an awful lot of managerial and administrative posts take up a vast amount of costs and could be narrowed down a little and delegated to other staff within the structure.

in trying to save, more often than not, it so happens that the service user is always left out of the equation when it comes to planning and implementation. I suggest that (I know it will be time consuming) service users are consulted all the way through. changes and savings should be made bearing in mind the service user. ie. what impact will it have not just physically but psychologically as well? what provision will the council make? will there be a trial period for the council to assess the impact on the service user? holistic approach all the way is my suggestion.

Keep the day services of the carers

Listen to feedback from front line staff (just to avoid any misunderstandings, I am not working for Merton, but experience shows that front line staff often are not listened to where they think savings can be achieved).

Look at duplication in terms of what the state already pays for. This is especially the case with transport. A lot of clients with disabilities get very costly taxi services, yet also receive the mobility component of Disability Living Allowance. A lot of carers don't work and could and should provide more transport where possible. Yet people have come to expect transport as 'part of the package'. I think transport should be reduced, though refusing to pay for transport as a blanket policy should be avoided. Another broad approach would be to focus on the informal support that's being provided by carers. It's right that carers are supported to care, but we are not here to replace the function of families. It is very sad that some carers feel they are 'saving social services money' by looking after someone and 'doing us a favour'. Carers are now well aware that they are not legally obliged to care and if they put their hands up and say they can't cope, we would have to intervene. We need to push back some responsibility onto carers, neighbours, family and community. Its true that our society is losing this sense of responsibility, but this will only get worse unless we start pushing back.

Make a commitment to people who will need long term support for their whole lives (as is the case of adults with learning disabilities). Some people do not recover and cannot be independent. the 'promoting independence approach' is just a phrase to justifiably take support away. There should also be a commitment to value and support carers

Making sure vulnerable don't starve, become homeless, become driven to suicide, etc, by cuts to their support. At least set up an institution they can go instead of ending up on the streets.

More focus in assisting charitable and voluntary organisations with low level grants as they offer good value for money.

More 'joined' provision for those needing care in the community and at home, particularly long term care to ease pressure on families.

overall cost, including NHS costs incurred because of lack of social care leading to illness and hospitalisation

Partnership in work need full input. Long term support only when essential for outcome. Staff should be competent in their position of employment or not employed

People are dying and you have blood on your hands!

Promoting independence sound good and reasonable but when you are talking about elderly vulnerable people it is ridiculous. They have probably lived independent lives like you but now they cant, they need help. We must recognise that not everyone can be independent or make a contribution at certain times in their lives particularly when they are elderly or have other problems which make them extremely vulnerable in the world we live in. Please have some humanity and retain these services which are vital

Prompting independence are just fancy words which give an excuse to ignore what's occurring and placing the blame and total responsibility on the sick, elderly and vulnerable rather that societies need to support these individuals and not to punish their disabilities or lack of wealth

Reducing waste and duplication. Also get the most out of staff employed by the council directly

Scrutinise the types of mental health clients using drop ins, day centres and other duplicate supports in Merton. Too many (men, women) are still on the same big state benefits do not wish to get better and enjoy a lifetime doing nothing, except attending the services for food and to enjoy themselves.

Seek additional funding from Central Government!
Support people!
The actual needs of people.
The categories in Q9 amount to empty rhetoric. With fewer staff how can any of these aims be realised. Members of staff with irreplaceable expertise are leaving. Small savings might be made as some officers spend a disproportionate amount of time finding them. 'Promoting independence' can only happen with the support of people who know a person and work with them closely. It can take years to help an adult with a learning disability to increase their self sufficiency. Down syndrome individuals (50% of the learning disability population) often develop early onset dementia and their health problems multiply as they age - so that they need more support not less. There should be care co-ordinators/navigators who hold all the knowledge about a person and who liaise with clinical and social agencies. Such navigators should also work closely with family carers (where they exist) as 'experts by experience' who can contribute their own knowledge of a person and share in decision making and the construction of care plans and pathways. There should be training of staff as to how to approach people with learning disability and how to involve family carers from the start of any process, especially those who have power of attorney. If Merton becomes a commissioning or brokerage council who then has the duty of care?
the elderly should always be prioritized
The Service User contributes to the cost of Meals on Wheels - the current contribution is £3.43 per meal which has not increased in around 4 years- if this was increased to £4.50 then the Council would raise an additional £40K per annum
the strategies are good but its the way the strategy is delivered that i fundamentally disagree with
The way these points are worded makes it difficult to disagree. However the impact on those who use Adult Social Care is unlikely to be good.
There are no such things as savings it's CUTS! I have answered Question 9 as 'don't know' because they seem to be loaded questions, which can be used whichever way you wish to interpret.
These are not contentious.
This question should have been earlier. By sequencing them as you have people will all disagree with the savings proposed
To provide a safer, more efficient range of services to the elderly residents of Merton. To provide a healthy and nutritious diet to the elderly and vulnerable people within the borough.
Work with other neighbouring authorities - don't try and compete
You should be looking at ALL your available levels to increase funds (eg. tax) and take the budget as a whole and recognise that environments could cut more to support social care which is your statutory responsibility. Ask people to voluntarily make a contribution. Ask people to pay for equipment or part payment and Council pay for upkeep maintenance and parts. I've noticed firms who do repairs charge alot for parts that can be bought much cheaper.
How can this be answered? This service is underfunded and understaffed already. Some carers should not be doing this job, regardless of poor, less than minimum wages.
I will be bored at home

Promoting independence is not a reason to cut my support

Savings is a wrong term. Costs are needed to provide some support services. Without some ancillary support, vulnerable people will suffer more.

Comments about alternatives Part 6

Response

No comment

have a common register with the NHS so that duplication is reduced and records are streamlined.

If you believe these are the best options then you should consider them

1. Day centres are a lifeline for many family carers providing a safe and at some times enjoyable place for their relative to spend a small part of the week, seeing friends and (staff levels permitting) taking part in activities and outings. They are also extremely cost effective-providing PAs for individuals clients who can't go out alone or even stay at home alone would be much more expensive. 2. Outsourcing-nightmare scenario! Have you considered setting up a trading company? 3. Shared Services-impossible to comment without an example 4. Fee Reductions-Unrealistic in most cases 5. Staff reductions-see Q.4

6101795 Cont from Q.1 - Such problems raise my son's anxiety levels to the extent of making him ill. One man missed 21 visits from a domiciliary care agency because his usual carer was away. If someone is completely wheelchair bound, cannot speak up for themselves and has no family advocate, severe neglect will result, especially with less monitoring and assessment occurring. One person can be left alone for days. Q.11 - Increase Council Tax and Use reserves Q.12 Closing day centres might save money in the short term but will cost a great deal in the end as it will lead to increased health and personal needs on the part of service users. Most family carers of people with LD are elderly and might also be caring for a sick spouse and be sick themselves. Merton's strength (also a weakness I know) is that it is a small borough. Our people with LD gain support from each other - they meet each other on various occasions and they are familiar with the officers dealing with them. Linking with other authorities will diminish such benefits and save little money while introducing impersonal (and therefore less effective) services. Some already spend several hours a day on minibuses - this might increase. Making bigger staff reductions: not viable, for the reasons presented above. Outsource all in house services: this will not work if available organisations such as Mencap and Carers Support are losing their funding. Direct payments must be sufficient to buy in alternative services if they in fact exist. Negotiate fee reductions from providers: Profit making care organisations already cut corners and there is a high turnover of underpaid and untrained staff. They are often unable to meet their existing commitments and some are already closing down because of the new minimum wage. In house services (similar to the Supported Living Team) would provide a better service.

A more joint up approach, particularly with the NHS will save money as it reduces duplication

As it is, there are service users who attend mental health services in Merton by "Imagine", "Focus I to I", St Mark's church who do not pay for snacks, food or soft drinks and while others have to pay. This is unfair

Council sharing provisions could benefit all

Day Centres are sometimes the only social contact people have. Those that are not attended should close. Enough staff to fulfil the need of the folk attending. Outsource services if they are money saving and efficient.

Day centres are vital for adults with LD they get great joy in going to meet friends and join in activities for many adults with LD can only go to day centres they cannot go out in the community without support sinc a lot of I house services have been contracted out and this then accounts for many problems arising

Day Centres save money in the longer term. Strongly disagree with out sourcing and I am not an employee.

Do not agree with any of them although regular reviews of 'Value for money' should be made. More Government Funding needed.

Fees reductions sounds good, but in London staff face high living costs. Many carers are on zero hours contracts and have long journey times between clients. We do not want home support visits to be so rushed that those who rely on them suffer. Sharing services should definitely be investigated further. On slide 23 it says "we do not believe this will generate savings during 16/17. Should we not be looking at longer term strategies and, if savings are likely in 17/18 or further ahead, we should be working towards them.

I think you should consider staff reductions in an open minded way and not seek to avoid or limit redundancies as an objective in itself when there is no money to provide eg long term care for the elderly

If these options make most financial and service sense you should do them

In an ideal world there would be no segregation ie. no day centres! but this is not an ideal world so they should stay open

It is absolutely right not to close day centres...Look at Sutton. Direct payments just don't work for those with complex needs. Doing 'community activities' with a PA is all very well, but what community activities are there, for those with severe disabilities in Merton? eg those that need hoisting, are highly challenging in their behaviour etc. such clients also usually need 2:1 support from a specialist agency (which is far more costly than a day centre). Pushing Fee reductions with providers is not advisable, because the sector is already really squeezed. We are already giving providers more and more risk for less and less money.

More in house carer support instead of the long term expenses of using outside agencies and providers

No

Outsourcing could be an answer, however this would need to be tightly monitored so that there is no reduction in quality of service.

People with LD are the most vulnerable and cannot usually speak up for themselves. They need good quality day centres to keep them safe and happy. Carers need the little bit of time they get to get on with their own lives or do essential tasks. Close day centre = collapsed carers = extra NHS and council costs.

Please don't close Day Centres as where will people with Learning Disabilities go and what will they do, the carer needs a break from caring that's the only break.

Seek extra funding from Central Government

Share educational facilities with other boroughs

Some people are paid too much

Stop spending on war then we would have the money needed.
The day centres are absolutely essential and are a very cost effective way of providing support. Going to meet her friends is an essential part of my daughter's life and the regularity and quality of the provision is essential. Carers would become ill and exhausted without day centres (many carers are over 65, some over 75)
There are not enough alternatives, ie, you could outsource some (rather than all) in house services. Bring down the cost of Merton's in house transport. It is well known that the cost of this is prohibitive; I suspect the Unions have a stronghold here but I really don't care about that. It costs silly money for day centre transport and the council seems to scared to do anything about it.
There is only one centre for people with physical disabilities although there are at least two for people with LD (All Saints is in fact for both people with PD and LD) We fought incredibly hard to keep All Saints Centre open. We do not want to lose it. It's an invaluable service both for people who attend and their carers.
They haven't been well explained, and I think alternatives should include taking more from areas other than social care. You are making choices and prioritising flowers in parks over people's dignity.
They should only be considered if cost-effective and lead to a sustainable service.
Why are staff paid? There are no services! There is no support!
Why do your alternatives not include considering a local authority trading company or staff owned mutual to run the whole service? Conventional outsourcing would be viewed as a disaster for service users and carers. You cannot entrust management of care of such vulnerable residents to firms whose statutory Companies Act duty is to their shareholders and profit.
Why would you not include "Negotiate fee reductions from providers" Some of these outside agencies charge an absolute fortune for the poor quality service they provide while the owners of these companies live in a nice big house somewhere in the Surrey countryside! What a complete rip off and I cant believe you wouldn't be looking for cheaper options. These companies SHOULD NOT be able to dictate to the council the prices charged!!
Working with other councils makes sense. Sharing and pooling resources makes sense. Outsourcing to private for profit companies is BAD.
You should do what makes sense to get the best service from the resources available
Don't want to lose relationships with good staff
Encourage people to attend and make Day Centres more profitable to be open. Offer other Councils places and get payment. Get sport centres like Lloyds and Virgin to offer cheap membership or use of facilities free to people in their area. They have creches and make and create classes. Loads of fitness centres in the Borough.
In house day centre care will reduce costs as it can be managed efficiently. Providers can be less costed by being competitively priced as the big supermarkets do.
No
No matter what savings are made or cut it will affect the very vulnerable people in our community.
none

Other boroughs are going to become bigger boroughs sharing services. It cuts costs and share resources.

Q.11 - get rid of some of the "suits" in council Q.12 - Some people would need extra support to manage personal budgets so would need staff back up which could negate some of the savings

Some care packages are too expensive. They need to be reviewed and find other less expensive services for the residents.

They shouldn't close day centres or get rid of the staff.

Other savings ideas Part 7

Response

- Wheely bins don't provide. Save this money tell people to buy their own. - Increase council tax - Cut down on staffing in Civic suite

(1) Reform the procedures which are ridiculously bureaucratic and time-wasting and seem to be (badly) designed to "avoid liability" rather than to provide good care. People should stop duplicating each others work and focus on what they are supposed to be doing. (2) Try to make social care more collaborative and user friendly and more willing to accept compromise. For example in allocating carers, instead of doing it by checklist ("if you can't walk that means six carers a day") try to understand a person's choices and disabilities and consider what is being done and how that can be supplemented (3) Stop being so high-handed and try to work better with unpaid carers

Alcohol and substance abuse is self-inflicted, this is where cuts should be deepest.

Although it'll contribute very little to the overall Council's money, put up Council Tax. Do we need so many management posts? Can they be shared? Are all the staff in day centres vital?

As above

council tax rises

COUNCIL TAX! Everyone else accepts an annual increase. If people were informed about who suffers as a result of the low council tax in this borough I am sure the vast majority would happily pay more

cut back on unnecessary receptions, parties, and or expenses for councillors mayors etc Firmly with news campaigns, popular voter support insist that government provides more funding for these issues instead of accepting cuts from central government try being honest to your population on whats being cut by central instead of accepting party politics

Efficient compliant staff only

Have GOOD admin support not cheap. Make more use of volunteers in the services you do keep, e.g. the lunch clubs and faith organisations.

Have you considered: Collective buying to cut down procurement costs? Cutting the pay of senior officers/councillors allowances? Reducing expenditure on consultants and agency staff? Selling services to other boroughs? Working out why Merton's Inhouse Transport is so expensive? However it seems in the short term much more sensible to raise the permitted 2% levy and use a small fraction of Merton's reserves, ie increase council income rather than make these cuts.

Higher Management salaries and packages should be closely scrutinised.

I'm racking my brains... As previously mentioned, pushing some of the responsibility back on to carers is important- though this needs to be done in a fair and sensitive way. A tiny increase in the council tax would help, and the benefits of this need to be publicised to residents. Benefit fraud and mis-use of appointeeships is also a real issue- eg DLA money that doesn't go to the client, but goes in to the family pot, or carers still claiming DLA care component when the relative is in residential care. I know this is a central government issue, but it would mean there is more fairness and support can be better targeted. Local authorities need more powers to access information on people's benefits and finances. We need more powers generally to ensure people 'evidence' their needs. At present we just take it on trust and what the clients/ carers say. A lot of our clients needs are complex and very clear, but sadly there is also a lot of potential for lying/ exaggerating need. I don't think we want to go down the road of checking everyone's health conditions with their GPs/ other organisations- as that would require consent, be very bureaucratic and GPs are stretched enough as it is. But we need to be more probing in assessments, and if there is any doubt about the genuineness of someone needs, seek further information. At present we often work on a 'who shouts loudest gets what they want' approach- which is wrong, but what else can we do when we base most of our information on what the clients/ carers tell us? I also think monitoring of Direct payments needs to be much more robust, as there is so much potential for misuse.

Increase rates to continue and improve level of service

Make much better use of technology

More Government grants!

None

Not savings but raise council tax by the 2% the Chancellor is offering.

Outsourcing the catering facilities within the day centres would save money and meals could be provided by existing provider of meals on wheels services

Raise council tax slightly.

remove the layers of management that are not needed: a flat management structure, outsource all internal services, reduce monitoring, stop wasting money on tendering and negotiate direct with providers

Sack everyone and start to actually employ people with intelligence - empathy even! Is incompetency a requirement, to be a member of staff? Because that is what it looks like!

Sack the council.

Scrap the Wheelie-bin pilot. Huge waste of money. Turn off some street lights to save money, between 1am to dawn.

Sell off valuables, as has been discussed in Coventry council (apparently they are sitting on millions of pounds of artwork etc). The government has now allowed these to be sold. what does Merton have? Get rid of rubbish staff; use performance reviews and get rid of those who do not make the grade. Install a dot matrix system outside on civic offices (at the top) and let people buy messages, eg happy birthday etc (a bit silly I know, but who knows?!

Share physical space with other agencies

So many vulnerable people depend on your vital services. In some cases they are a lifeline. Make cuts in other departments.

Staff mutual

The Council/Cabinet must consider increasing Council Tax as Merton simply needs more money in the pot to comply with its legal duties. The mantra "we have not increased council tax and under no circumstances will" is so unhelpful. If we as residents want to keep services, we must be prepared to pay more for it.

The root of the problem is the ridiculous amount of savings that are forced on us by central Government. However the Comprehensive Spending Review did offer the possibility of a 2% precept. We should calculate how much of the cuts could be avoided by applying the 2% precept to Council tax. We should be consulting residents to see if they would be in favour of this.

The time has come to bite the bullet and raise council tax by 2%. These cuts are so devastating and the same family is being hit by 3 or 4 of them (and government cuts). Also consider using some of the reserves.

There have been several instances of racism, violence, bullying, abusive telephone calls, women abuse and gangster porn on mobile phones at these places. - "personalisation budgets" - Employ only qualified staff - As mentioned, only one properly unified administered mental health services drop in, will do in Merton - Ensure properly assessed clients. Risk factors, proper genuine names, addresses and Doctor, and Merton residents only.

These are drastic times. Merton Council should RAISE THE COUNCIL TAX and USE ITS RESERVES - which are kept for emergencies - and there can be no greater emergency than now. Please think creatively e.g. by funding your departing experts in social care to start up alternative self funding social enterprises or charities that will seek to regain some of the ground that we have lost. ...6101795 continued from Q.15... - Reviews have resulted in certain recommendations which are never acted upon eg. promised transport not materialising so that an elderly carer has to drive her son, despite her arthritis. - The loss of the LD Outreach service to those in supported living, leading to increased isolation and loss of social opportunities and new experiences. If you cannot initiate such things for yourself you lose confidence and get depressed. The loss of courses and tutors familiar to them and the opportunity to socialise with a diversity of people resulting from the closure of Whatley Avenue. If you don't get many replies to this survey it's because carers are already too tired and worn down or have no time to do so and most of the people they look after would find it completely inaccessible. Family carers deal daily with unnecessary mistakes and misunderstandings. These problems will increase if the expertise and time of existing staff is lost. The Council wants carers to do more but a great many are already stretched to their limit.

To save money on consultation fees with all the meetings I have been to it always goes for consultation then meetings. About previous meetings and maybe a small rise in council tax would help

Transport costs are large. Sometimes cuts just aren't possible without a negative impact. say no, before deaths occur.

Wandle Housing don't have any food bins. Not enough facilities for waste by the council.

Work better with the NHS

Work more in partnership with the NHS and the VCS. Ensure all your contracts are fit for purpose. Maximise self funding.

You must raise council tax by 2%. Services will be of extremely low quality or totally destroyed soon unless you do this. Think about using the reserves

Your alternatives should also include salary reductions for senior MBC staff; use of the Government's 2% social care levy; and taking a very small % from reserves that are high compared with many other councils.

Be more efficient when reviewing a client/customer for those needs - when its ongoing - to cut down the phone calls and not to be going around the world - just get the review completed.

Make more parking around Crown House. Max 30mins - 1 hour pay and display

Pay and Display parking limited hours as some roads are permit holders and can't be used at all. Some roads near stations could be pay and display down one side instead of yellow lines.

Reduce number of managers and stop using so called consultants, often costing far more than regular staff

Other comments about changes since 2011 Part 8 Response

No comment

out sourcing home care with very short visits is a false economy leaving both staff and clients unsatisfied.

The Council effectively doubled care charges for people having two carers at a time. Where patients are being compelled to pay for two carers, the council should look carefully at whether the duplication is really necessary and be prepared to allow other choices.

1. Shorter days at day centres because of need to cut transport costs, despite pledge to introduce option of longer days when needed. 2. Loss of Mencap Carers Advisor post-leading to long wait for assessment, poor quality assessments, lack of specialist advice/help etc. 3. Noticeably larger groups at day centres with wide range of needs -very hard for staff to engage with them all. 4. Many more cancelled activities due to lack of staff in centres.

As a carer within Merton I can say that the service provided was minimal and hard to access

Day centres have now stopped being a means to an end and have really become just an end in themselves. This is no criticism to staff; they are just doing a very good job in difficult circumstances. Adults with learning disabilities are a group that has significant health issues and also gain an enormous amount from being active and engaged. I'm not sure if there have been more incidents but my son hit someone when there were no staff around. You cannot measure effectiveness by thinking it's ok to have people sitting around on computers etc. My son has a lot of energy to get rid of and now brings it home to me. How is that good. I asked if my son could use some of his Personal Budget to try a fitness trainer in the day centre; I was given a flat 'no'. I have also just moved house (to escape the bedroom tax) so life is stressful enough. I'm on antidepressants and want to come off of them; can't see that happening in the next few months

Day services are so cut back that clients no longer have constructive daily activities

Delay in appointments in many clinics/hospitals/GPs. Lack of services provided, not helpful occupational health when needed.

Do not have personal need or involvement at the moment but may always need in the future.

For me personally, I have not experienced any change, but the threat of cuts hangs over me like the Sword of Damocles, this has done nothing to improve my mental health.

I believe that people are being seen at a later stage of need, it is taking longer to assess them and also there appears to be a far greater deterioration in circumstances and personal needs before this is acted upon by Adult Services. All in all there appears to be a crisis with low morale with this service.

I have no support.

I think you have cut everything you can reasonably cut. Any more will start to negatively affect people's lives.

It is getting harder and harder every year to access services.

Less people are able to access reduced services causing further suffering to those already at the poor already at the bottom of life's ladder the most vulnerable and those most unable to cope causing unnecessary suffering, deaths and further illness, For example preventing OT's from being able to supply necessary aids ie. chairs, wheelchairs etc etc to keep families and the elderly together instead of having to go to care homes, hospitals or to engage in social activities i.e church, cinemas, sports or day centres etc etc that is taken for granted by those of good health or those with more wealth

Mainly very poor care services

Mental Health Services, i.e drop ins, day centres, are still out of date, poor quality staff, poor quality helpers, not enough transparency. Clients are still the same, have not improved and still on benefits.

Merton has been a wonderful borough in which to bring up a child with learning disabilities. Services and officers have been excellent in the past but things have already changed drastically: - Less staff at day centres has meant more passive activities e.g. relaxation, music or sensory session, video time - which for the less able means sitting around all day. People with LD go home with excess energy levels, which is hard for elderly carers to deal with. - The LD nursing team has lost its most highly trained personnel and the team is much smaller. Just one example of the loss of irreplaceable assets and financial investment. - The cuts in transport availability means that people tend to arrive at day centres later and leave earlier. Many spend a lot of time just sitting in a minibus. Family carers' time to themselves or to work lessens. - Support workers change all the time, so that one person in supported living for example can have up to ten people interacting with them in the course of one week - people who have not had time to read the relevant notes e.e dealing with a person with specific communication problems. This can lead to support workers making serious mistakes eg. ordering 2 sets of medicines, one of which had replaced the other, and attempting to give both, not knowing a particular service user is deaf and acting upon his inappropriate responses, taking someone for a hospital appointment but not knowing why they are there, referring unnecessarily someone to a consultant because they have misunderstood the service user. The latter examples occurred to one person and would not have done so had his notes been read and if he had had one person only dealing with him. An agency carer bought someone with a specific diet plan a giant family pizza. Different people can contradict each other which increases anxiety levels in the service user. ...6101795 continued on Q.13 answer

My husband is 88. He has had strokes, is doubly incontinent and suffers with dementia and COPD. I am his full time unpaid carer. I am not young either. I depend totally on Crossroads for a few hours' respite. My doctor says that I have a 25% chance of a heart attack within the next few years. Who will look after him then? Better give me a few hours off - it will cut down on your costs in the long run. So please don't scrap the vital services offered by Crossroads Merton!

No chance of seeing a social worker. Requests for improvements in care packages either ignored (passed from one person to another and then forgotten) or turned down. Having to fight extremely hard to get a suitable package. People in supported living will have a lack of continuity in support.

Overall council services seem to have got better but I don't use adults services so I don't know. They may have got better or worse with or without savings

Regarding Merton Transport - I am taken to the day centre by my husband who's now retired. However, on one of the days, he's extremely busy so I need to be dropped up early. Having the staff escorting the people who attend day centres, means that two staff members are less in the am therefore less activities. The buses who leave an hour earlier at 2:30pm means less time at the centre.

See section 1. Meals on wheels. Everyone in a "tare"?

Service may have got worse or better due to other reasons apart from the savings. They may be better managed - or conversely less well managed.

Services are worse because there are fewer staff; lower morale; less funding for support and activities - yet despite all this your care staff do a fantastic job against all the odds while constantly having to do more with less. Our adult son gets less of the support he needs because you've cut his care package; and as his carers we have to try to fill the gap, while already overstretched, stressed and tired.

Services have effected my so and daughter significantly their activities have been reduced because of a cut in staffing their transport has changed staffing for that has had to change they don't do as much as they used to, they can only go out in the community if there is staff to take them if they are off sick then activities don't happen.

speaking as a provider for Merton we have made a large deficit for several years. we have been unable to invest in new cost saving processes to improve customer satisfaction (which is high)

The quality of care seems to be declining.

The quality of the mental health services offered by Imagine have not suffered as a result of prior savings. In fact, new services, like advocacy, are now offered, which in some cases, are lifelines for us.

There are less staff at day centres and less activities. It is extremely hard even to speak to a social worker. Reviews of care packages are not taking place or only taking place with a determination to cut services and cost. No improvements in care packages are taking place. Everything we need is threatened - quality care, crossroads, even Mencap services (voluntary sector to have 50% cut) Clients entering Adult Social Care are receiving minimal services.

THERE ARE NO SERVICES!

There is less choice for the clients and now overcrowding in the Day Centres

This may not be due to the savings... good staff may have gone

Through reassessment of all recipients of the home delivered meals - numbers have decreased by around 50% from around 75,000 per year in 2011 to circa 36,000 now. This re-assessment has meant that now only the most frail and needy residents are in receipt of the service This has resulted in delivery drivers now having key code access to 50% of the Service Users - and having to provide more intervention with plating up of meals - providing a drink with meal etc. if requested A large number of the service users are lonely - in many instances they advise that the delivery driver is the only person they see on a daily basis On average one Service User per month is found on the floor after falling by the delivery driver resulting in a hospital admission each month Without the daily check these people would be left undiscovered for long periods which could result in their deaths! We have carried out some focus groups around the meals service and identified the following outcomes from clients receiving a regular nutritious meal Human contact - knowing someone will see them and check on them Improved happiness Improved health and wellbeing Feeling safer Feeling more secure Improved independence Increased ability to stay in own homes Peace of mind for NOK

Waiting times are getting longer and longer, it's harder to get responses from the different departments, staff are stressed out and therefore the quality of services is poorer.

As a carer for a user of services, I feel a lack of support for mental wellbeing through groups, exercise etc. has made users suffer.

CARERS NEED RESPITE COVER ESPECIALLY CROSSROADS OTHERWISE I WOULD EXPLODE

Equipment is not serviced sometimes. Hard to get agencies to do Direct Payments if they drop out. Quality of agencies. At the moment i'm lucky I have a good one.

Services got worse when they shut down Chapel Orchard in Merton and the womens drop in in about 2004. So I can not comment on the day centres or mental health services that are provided now. Talking to mental health services clearly it's got worse. With freedom passes stopped in 2013 this has affected me. Talking to mental health services, clearly a lot of services have been reduced.

When you see respite care cut and then expect you to use the cheapest respite it is really degrading to have to stay in one of these homes. They are Council run and are not up to a very good standard for a customer.

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Adult Social Care (ASC) Consultation on *Cuts to Services 2016-17

The Voice of those affected



* The local authority use the word 'savings' not 'cuts' - throughout the focus groups those who attended see this as cuts to their services and therefore it is more appropriate term to represent what they see it as being.



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Background

Context

Between 23 October until 7 December 2015 Merton Council ran a consultation exercise about how, and from where, they aim to achieve the 2016/17 proposed cuts of £5.06 million to be implemented in 2016-17. This is within the context of an 8 year programme of efficiencies and cuts to services.

The programme of consultation

- Email feedback at ASCconsultation@merton.gov.uk
- Online survey of views <http://www.merton.gov.uk/health-social-care/adult-social-care/adult-social-care-consultation.htm>
- Writing to all ASC customers and carers to notify them of the consultation and details of how to get involved
- Paper versions (incl. easy read versions) of the consultation documents and survey available in Wimbledon, Mitcham and Morden Libraries, Vestry Hall, Merton Civic Centre and Merton Day Centres
- Hold two public meetings at Vestry Hall
- Meet with voluntary organisations
- Two staff consultation meetings
- Hold small meetings or “focus groups” run by Healthwatch and hosted by voluntary sector partners

Objectives for focus groups

- To get an in-depth picture of the potential impact of proposed cuts to services from the perspective of service users
- To gain an understanding of how the impact of cuts could potentially be reduced
- Focus groups are expected to complement and add depth to the findings from other consultation methods
- Support service users to get their voices heard
- Support decision makers to make decisions by understanding the full potential impact they could have

Executive Summary

Six focus groups were run and we spoke with a total of 72 people who attended them from the following users groups:

- Learning Disabilities
- Mental Health Service Users
- Physical Disabilities
- Sensory Impairments
- Family Carers
- Older People

- Very powerful feelings were voiced about the cuts
- People don't feel they can influence the decision-making process
- Existing Services are seen as important, but already of reduced quality
- Prevention is critical, but made impossible by cuts
- The proposed alternative provision is an illusion
- The cuts will affect every aspect of people's lives
- People will see their wellbeing reduced
- People's physical health will worsen
- Families will be put under immense strain
- Social connections will be severed
- Disabled and older people will be made vulnerable
- The ultimate consequence for some is that life is no longer worth living
- A number of alternatives were suggested, including raising Council Tax

Recommendations:

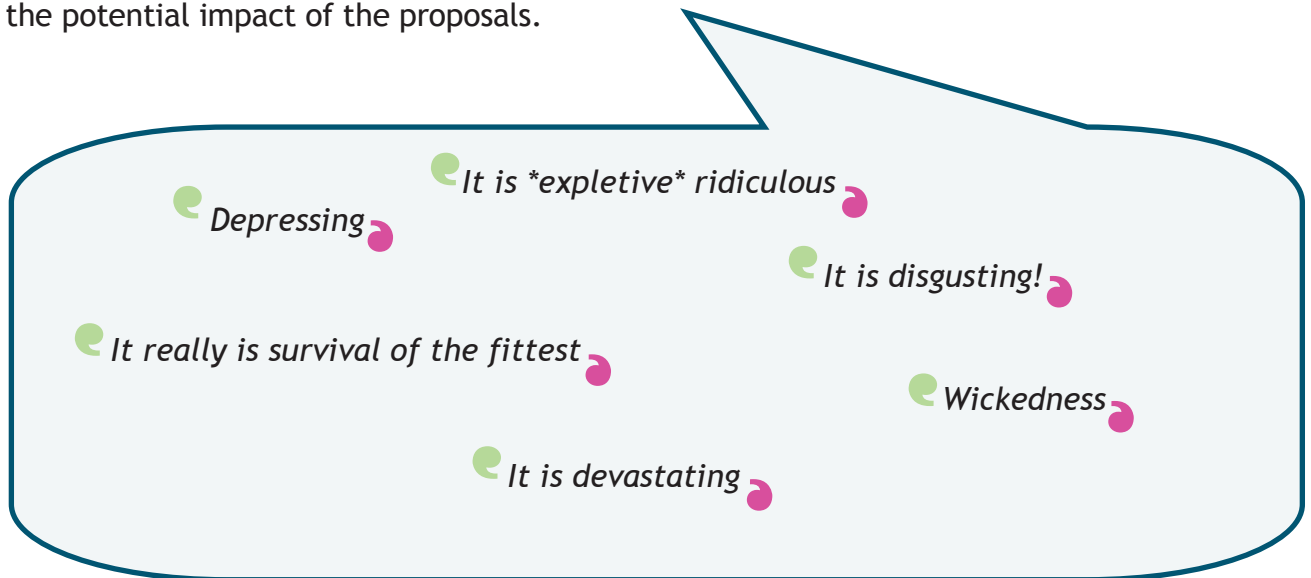
- * To urgently review and reduce the scale of cuts proposed for ASC
- * To facilitate connections between decision-makers and affected residents
- * To commission an independent report into understanding the impact of cuts



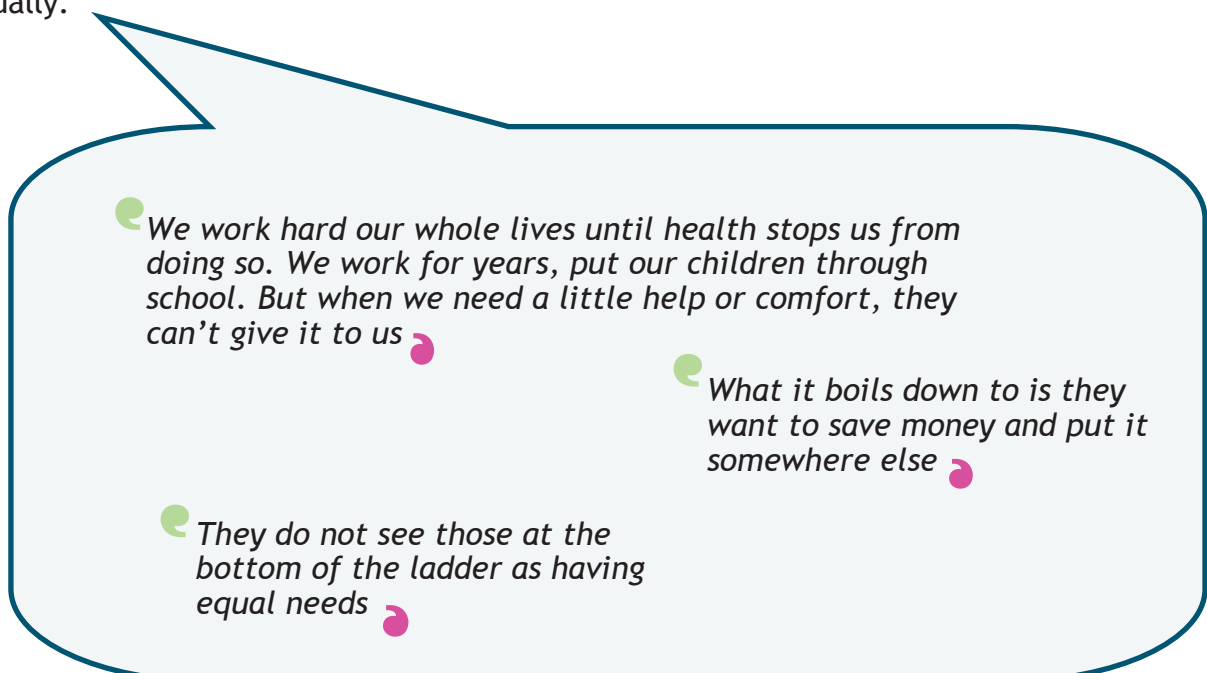
Section one: Responses to the Adult Social Care Cuts

Very powerful feelings voiced about the cuts

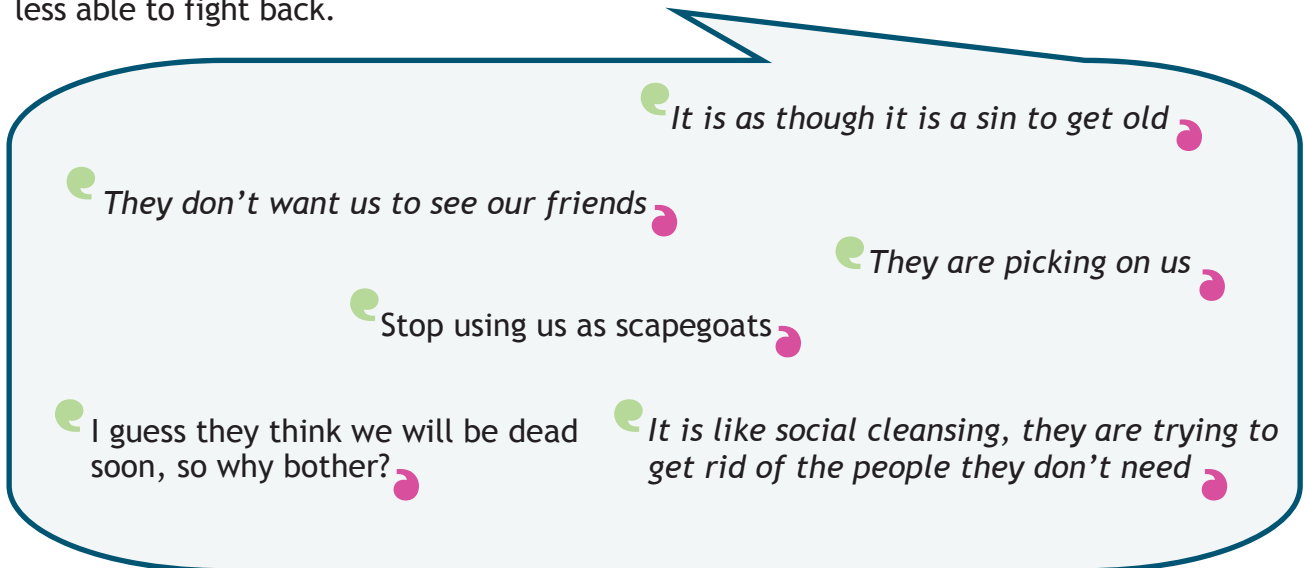
People who attended the focus groups voiced very powerful feelings about the proposed cuts to ACS services and used extremely strong language to express their anger and anxiety about the potential impact of the proposals.



One of the key feelings voiced was a sense of betrayal and abandonment by Merton Council. People talked of being left behind, being left on the scrapheap, and not being treated equally.



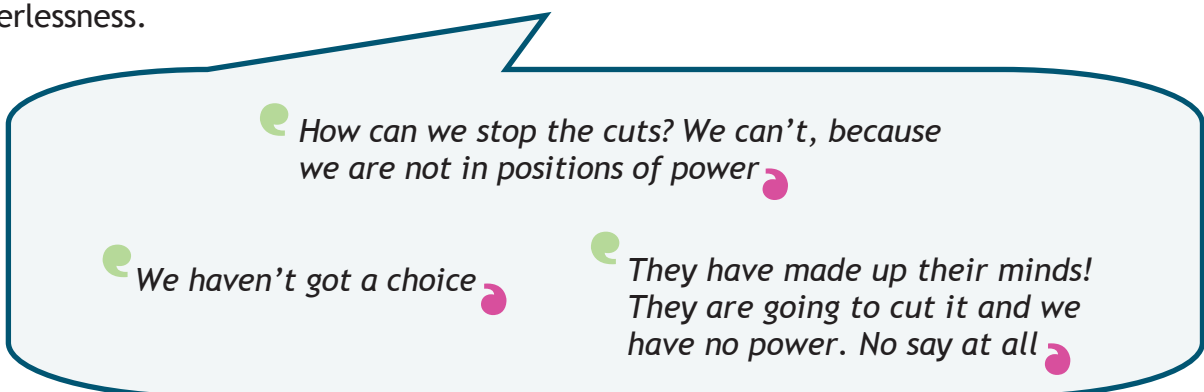
For some people, the sense of betrayal resulted in a feeling of being specifically targeted by the Council for cuts to services, because they felt they were seen as more vulnerable and less able to fight back.



For some people we spoke to, the prospect of further cuts to services was so worrying and their were people crying in nearly every single focus group which was run.

People don't feel they can influence the decision-making process

In every focus group, people expressed concerns that their views were going to go unheard. Although people participated willingly and shared their views openly despite a real sense of powerlessness.



Although the facilitators explained that focus groups were being run specifically so that people's views could be heard and shared with decision-makers (Councillors), people felt that they had never been able to influence decisions in the past, and they didn't believe that they would be able to prevent cuts to services now. They expressed the view that all the cuts in front of them had already been decided and were set in stone.



Existing services are important, but already of reduced quality

People talked at length about the value of existing services and the positive impact they have on their lives and their ability to live independently and with dignity. These services exist because people need them.

I can only care well with the respite I receive at the moment. I won't be able to manage without it

However, disabled and older people using these services also pointed out that provision of services had already worsened over recent years.

I was placed in a care home. It feels like a prison. I pay £600 per week to live somewhere I hate and I don't use any of the services

We are not getting the service that we got in the past already

Day centre levels are already at a minimum just to ensure safety and quality levels are met. Outings have been cancelled due to lack of staff. It is desperate and sad to see

The Council have become less and less supportive, they are withdrawing help and taking things back to Victorian times

I had to beg social services to take notice of me. What chance is there going to be for people that don't have a voice like I did?

I've had a horrendous year. I haven't heard from my social worker in six months

People found it hard to see how services delivered by the Council could continue to operate safely with the level of cuts proposed. For some people, there was a suspicion that some services were deliberately underfunded and run down over time so that they could be cut completely in later years.

To say the service was run down is an understatement

This sense of existing services already being stretched beyond their capacity, fed into the sense of hopelessness and despair expressed by many of the focus group attendees.

Prevention is critical, but made impossible by cuts

Disabled and older people in the focus groups talked very eloquently about the need for ASC support to prevent crisis and to prevent the need for more costly intervention later on. They highlighted the likely knock-on effect of the proposed cuts to ASC services on other areas such as the NHS and Mental Health services.

Hospitals will be filled with people if there is no support. A lot of people will end up in hospital

No places in hospitals, they will be crowded and people will start hearing voices again and be paranoid and bad things can happen when people are out of care too soon

It will have a knock-on effect on other services like the NHS. We will be queuing for doctors

People talked about reaching a tipping point very soon, after which services would be pared down to such an extent that they would no longer be functional at all. They highlighted the fact that once services had been run down, it was almost impossible and very expensive to build them back up again.

All it takes is one thing to go wrong. One person to die of malnutrition or not be safeguarded quick enough and bam!

There is a saying: penny-wise, but pound-foolish

Merton is a low spending authority. Any more cuts will push them over the edge

Cuts now will lead to greater expenses in the future

There will be ill and disabled people on the streets and no room in hospitals



The proposed alternative provision is an illusion

The people at the focus groups were very clear that the alternative provision suggested for cuts to services in the Business Plan, was wholly unsuitable. The primary alternatives discussed were:

- Family
- The community
- Volunteers
- Support Packages
- The Voluntary Sector

Disabled and older people told us that their families are struggling too, the community is a myth, volunteers are hard to get, support packages are being cut too, and so is the voluntary sector.

Support from the community? Younger people are at work and can barely cook for themselves. Why are they going to cook for us?

It is ridiculous that volunteers are expected to take on the work; they are an extra, not a substitute for services

I don't think there are communities anymore

They are cutting funding to the voluntary sector and still expecting the sector to pick up more of the preventative work

I don't see how they can cut the voluntary sector when everything else they are cutting relies on the voluntary sector

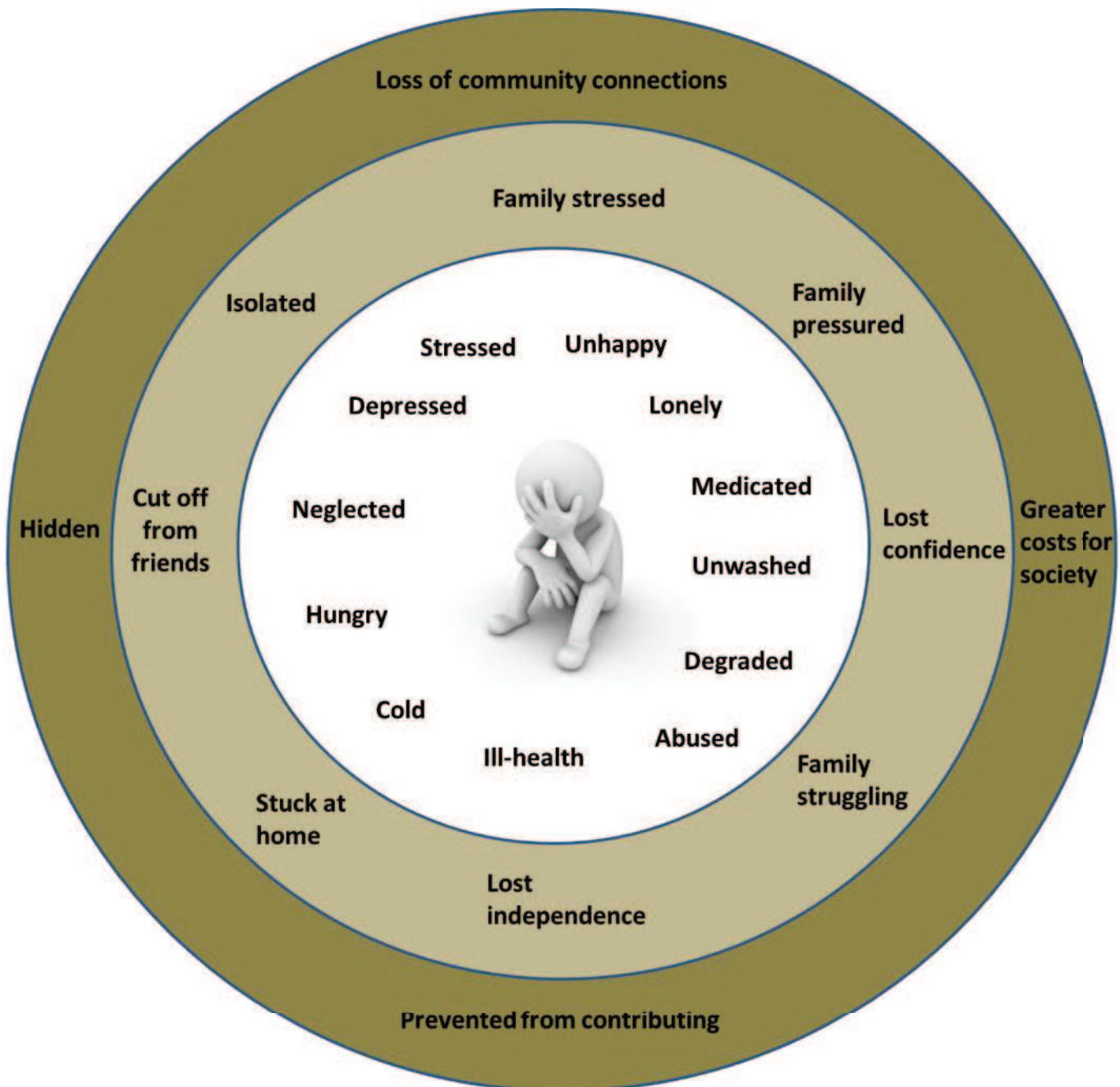
People felt that the impact of the proposed cuts to ASC had not been properly understood by decision-makers, and they felt that decision-makers did not have a real life understanding of disabled and older people's lives, and the challenges they and their families are facing.

They are treating people no better than animals in Longleat. Someone just comes in to clean you, feed you, lock you up and then on to the next person

Section Two: The impact of the cuts

The cuts will affect every aspect of people's lives

People highlighted how the cuts will have a deeply negative impact on every aspect of their lives from their wellbeing and mental health, their physical health, their family and social connections, and with wider consequences for the community in Merton.





People will see their wellbeing reduced

People told us how they were already being isolated due to reduced service provision, and how these cuts would isolate them even further. They explained that not only would they be cut off from society, they would be more stressed and anxious, as well as bored and lonely. They expected to experience an increase in mental health problems, and to have to use mental health services more. However, people were worried that they wouldn't be able to access mental health support at all in the next few years.

We will worry a lot and the worry will make us ill

The cuts will be a headache. It will make me anxious and worried

I have had to up my dose of anti-depressants

Mental health knocks on to physical health. We will reach breaking point fairly soon. They are building an incredibly huge long term crisis

I am struggling now. I can't be in a worse place than I am already

People's physical health will worsen

Many of the people in the groups talked about having to neglect their physical needs whether due to reduced incomes, or reduced support. People are already seeing reduced incomes due to Welfare Reform, and they expect this to worsen. In particular, if ASC support is cut, people will potentially be making heat or eat type decisions as they may need to pay for their own care, or pay more for services that they need. Reduced ASC support was also expected to lead to greater physical neglect.

I will start practising to eat less from now on

I can't just go out and buy I new dress, I have to wear the same old clothes all the time

I am careful putting on my heating already

I will just have to go without

People will stop looking after themselves

Families will be put under immense strain

I was discharged from hospital and the doctors said a carer had to be with me at all times, but no one came to check on me in the care home. My granddaughter had to take me to appointments because they said the carer was busy. But we had to talk about medical issues, and I did not feel comfortable in front of my granddaughter

People were really clear that their families were going to be put under huge pressure, and that some will not be able to cope. Both for family carers, and for disabled and older people talking about their families, the feeling was that they were already not coping, and that they were going to reach crisis point really soon.

Mum has no help to do the things she needs to do

As a younger person getting older and with ageing parents, I am disgusted and frightened for the future

It will be difficult for mums and dads too

Carers will become more stressed and it will impact on the person that they are caring for. They will suffer

Families already struggle themselves. It is awful, my daughter struggles and is going through depression. How can she care for me too?

Social connections will be severed

People expected to be less able to keep up social connections following the cuts. Whether this was from a family carer no longer able to access respite, or a disabled or older person unable to get enough support to get into the community, people expected to be more isolated as a result.

Human contact is important

I will never get out of the house. I won't be able to go to meetings or go shopping or get a coffee with people

I will miss out on talking to people

I will have nothing to do, I will be cut off from society



Disabled and older people will be made vulnerable

People talked about being made vulnerable by the cuts. This is driven by the mental and physical impacts on people's wellbeing, and by the financial impact. They felt they would be at greater risk of abuse and simultaneously less likely to be protected from abuse. They felt they risked being made homeless. They also felt that they were being made vulnerable at an accelerating rate.

Stop making us more vulnerable to exploitation

People will sit at home in their own urine while looking out the window watching the world go by

People are going to be starving - no money and they can't feed themselves

Prepare for people to turn into zombies. They will be full of anxiety and depression. Money will be reduced and they will lose the people who helped them in need. People will fall through the cracks, and the cracks will get bigger

I pay two carers to live in. I am in a three bedroom house. If I can't have my carers, my house will be under-occupied and I will face the Bedroom Tax. I will lose my home

We'll have to get the begging bowls out

I am going to have to pawn my watch to pay my bills. I like my watch

A man on my estate was dead for 7 weeks and he was only found because of the smell. He had mental health issues. The lack of care leads to death

The ultimate consequence for some is that life is no longer worth living

People were very open and honest with the facilitators about the stresses and strains they were already facing, and the impact of the additional cuts being discussed. Some people felt they would keep struggling on, although this was getting harder and harder. However, for some people, the cuts proposed felt very much like the final straw. A number of people expressed extreme anxiety and helplessness about the cuts. For some, they felt that life would be so intolerable, that it would no longer be worth living, and they blamed Merton Council for that.

*This is another way of killing us.
We are also human*

*I won't be here [if cuts happen].
Maybe not suicide, but in a bad
place*

I want to ask for a one-way ticket to Switzerland

I am 92 years old. I find everyday living very hard

I will end up in my flat like a hermit, self-harming again

*Even with medication, I won't be able to handle it, I will
go up the walls, there will be nothing to interest me. Life
will not be worth living*



Section Three: Alternative to ASC cuts suggested

People made it clear that they found the cuts proposed unacceptable, and suggested a number of alternatives to facilitators. These ideas included reducing spending in other areas such as environment and senior salaries. There was also a lot of enthusiasm for the Council to raise money, e.g. through Council Tax. Finally, a number of people mentioned the high cost of Merton's transport contract.

For the people we spoke to, they felt cuts to Adult Social Care were a matter of priority, rather than necessity.

- It is a question of their priorities*
- Aren't we more important than wheelie bins?*
- I would rather not spend money on bins*
- I would rather close all of the libraries*
- Sort out your spending on transport*
- Use your reserves*
- Council staff at the higher end of the spectrum are well paid and I wonder whether they have lost any of their salaries - this would alleviate some of the pressure*
- Put up Council Tax, Do it!*
- I can afford an extra pound a week on my council tax*
- Merton are very proud they have frozen Council tax for 3 years. Why should they be proud of cutting services?*

Section Four: Conclusion and Recommendations

The expected impact and consequences of the cuts proposed are extremely significant. People felt that the negative impact on their lives would have a direct knock-on effect on other services, and would be a false economy overall as more people would fall into serious crisis.

Based on feedback from participants in the focus groups, the following recommendations are made:

To urgently review and reduce the scale of cuts proposed for ASC

- The cumulative impact of the proposals is seen as so devastating that we strongly recommend the scale of the cuts allocated to ASC is reviewed and reduced as an urgent priority

Please, just think a little more *Don't cut! It will cost more money in the end*

To facilitate connections between decision-makers and affected residents

- People made it very clear that they wanted decision-makers to come and spend more time with them, and to understand their day-to-day lives better.

We recommend you:

- ⇒ Consider connection programmes such as a day in your life or mentoring programmes (with decision-makers as mentors)
- ⇒ Consider actively inviting carers, disabled and older people to contribute to Council processes such as Scrutiny

Put yourselves in our shoes. Anyone can become disabled and everyone gets old. Think before you cut

I wish they would spend one day with me

Reading a document and experiencing our lives is vastly different

To commission an independent report into understanding the impact of cuts

- The issues discussed in focus groups were just the tip of the iceberg, with clear concerns about existing services already, and the impact of national cuts through Welfare Reform affects on people's resilience. We recommend a more detailed, independent report into the impact of cuts on Disabled people, Family carers, and Older people is undertaken.



Appendix One:

The Methodology

Why focus groups?

Focus groups were chosen as an approach in order to complement other consultation methods. It was important that the focus groups concentrated on hearing from service users about how the proposed cuts might affect them. The focus groups were not an opportunity to meet Councillors or officers, as that would be possible through public meetings.

Because the cuts proposed may affect different groups in different ways, it was decided to group the focus groups based on people's experience of disability, although it was also recognised that many people have multiple identities.

Groups were deliberately kept smaller than public meetings would normally be, to ensure that the facilitators could hear from as many attendees as possible.

Who We Spoke With

Six focus groups were run with a total of 72 people from the following users groups:

- Learning Disabilities
- Mental Health Service Users
- Physical Disabilities
- Sensory Impairments
- Family Carers
- Older People

Focus Group Session Outline

- Warm up and welcome
- Initial Responses to the cuts proposed
- Potential Impact of the cuts proposed
- Suggestions for alternatives
- Sum up
- Thank and Close

Safeguarding and Ethics

A number of people expressed very high anxiety around the proposals, partly driven by the feeling that they would not be listened to. It was not the place of facilitators to offer reassurance, although, they did let participants know that the aim of running focus groups was to ensure that their views were heard.

Where people cried in groups or talked about the possibility of suicide, facilitators gave people the space and time to express themselves. They also raised any concerns after the sessions with the hosting organisation.

Appendix Two:

Abbreviations

ASC = Adult Social Care

MVSC = Merton Voluntary Service Council

NHS = National Health Service



Appendix Three:

About Healthwatch Merton

Healthwatch is the consumer champion for health and social care in England. Here to give children, young people and adults a powerful voice - making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

By making sure the views and experiences of all people who use services are taken into account, we can help make services better now and in the future. Healthwatch actively seeks views from all sections of the community, especially from those who sometimes struggle to be heard and not just from those who shout the loudest. We also encourage health and social care providers, regulators and planners to hear directly from people themselves.

What does Healthwatch Merton do?

Healthwatch Merton works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping shape them for tomorrow. It's all about voices being able to influence the delivery and design of local services, not just for people who need to use them now, but anyone who might need to in future.

Healthwatch Merton will play a role nationally through Healthwatch England and at a local level as one of the 148 community focused local Healthwatch. Together we form the Healthwatch network, working closely to ensure consumers' views are represented nationally and locally.

Merton Council awarded the Healthwatch Merton contract to MVSC because of their excellent local knowledge. MVSC is based in the borough and already engage on a daily basis with the many diverse communities in Merton. Their experience and knowledge about health and social care services working within Merton is also another strong quality.

Appendix Four:

Acknowledgements

We would like to thank all of the people who attended and shared their thoughts and views with us at the focus groups.

We would also like to the following organisations for their support with supporting and hosting the focus groups:

Age UK Merton

Carers Support Merton

Focus-4-1

Merton Centre for Independent Living

Merton Vision

MVSC

Speak Out Group



Adult Social Care (ASC) Consultation on *Cuts to Services 2016-17

The Voice of those affected

by Healthwatch Merton and Associates

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APPENDIX 5 : COPIES OF NOTES OF ASC SAVINGS CONSULTATION MEETINGS:

- **Part 1: Public Meeting 30th November 2015 in Main Hall, Vestry Hall, Mitcham**
- **Part 2: Public Meeting 2nd December 2015 in the Training Hall, Vestry Hall, Mitcham**
- **Part 3: Voluntary Sector Meeting 26th November 2015 in Main Hall, Chaucer Centre**
- **Part 4: Staff Meeting 24th November 2015 in Council Chamber**
- **Part 5: Staff Meeting 26th November 2015 in Council Chamber**

Part 1: Public Meeting 30th November 2015 in Main Hall, Vestry Hall, Mitcham

11am-1 pm meeting attended by 41 people. Simon Williams, Director of Community and Housing gave a shortened presentation (at the request of attendees) and then answered all questions (other comments were provided by Dan Short, Interim Head of Redesign and Andy Ottaway-Searle, Head of Provider Services).

Key Themes:

- 4 people commented about the impact on carers of the proposed decommissioning of South Thames Crossroads Carers Support
- 4 people commented about the impact on customers of the proposed decommissioning of the Meals on Wheels Contract
- 3 people commented about the impact of cutting staff in Adult Social Care
- 3 people commented about the impact on customers of decommissioning Imagine Independence Day Support
- 2 people commented about the decision making process and whether all savings would be discussed by Cabinet.

Questions and Answer Session

Q.1: I would like to state that Merton ASC are making cuts and not savings. Another person re-iterated that this terminology was not accessible, as it made it seem that the money would be used for something else, which it is not.

A.1: This is the phraseology that the Council uses.

Q.2: You are cutting £5 million, but this will end up as £10-£15 million. When you close services and make staff redundant it can actually cost a lot more in redundancy and replacing services that are lost. Also, services like Imagine really help when you don't know where to go for help, when they close, what will happen?

A.2: This is a reasonable challenge and we agree that we have to ensure that the alternatives don't cost more. Regarding the replacement service for Imagine, we would still have some staff involved, and we are currently in discussions with Imagine and others about scope for different models of support. We have had to make a series of least worst options and have to look at the least worst decisions.

Q.3: Assessment and Commissioning - What is involved-can we afford to make cuts here?

A.3: In Assessment and Commissioning staffing -if someone needs support, they will be assessed and helped to draw up a support plan, then we make this happen via our brokerage team. At the moment, only around 20% of staff time is spent with customers-we want this to be higher. It currently takes longer to record an assessment, than doing it. What most customers want is solutions and emotional support for some. Commissioning work with providers and the market to find suitable options-if we lose our capacity to do this we will not be able to engage with the market which would be a significant problem for us.

Q.4: There are more proposed cuts in Mental Health services. In London, Merton contributes the least to MH and there is pressure on the MH Trust not to keep people in hospital. If housing is reduced for MH, what alternative accommodation is there?

A.4: We have already commissioned a piece of work on housing related support. The work highlighted the need for more general move on accommodation, and support not tied to particular accommodation or tenures. Family Mosaic has decided to close.

Q.5: How much the 2% levy raise? Why are Merton not using their reserves? They are currently at £115 million, twice the national average.

A.5: I will be talking to members and officers about the 2% levy and asking what they intend to do, pointing out the risks we face both financial and service related. Regarding reserves-the actual cash balances are £14 million (other reserves are tied up for specific purposes or in long investments), and this amount is seen as a minimum. Caroline Holland, Director of Corporate Services is better placed to answer this more fully. **Answer from Dan Short:** These savings present 2 big risks - ASC mainly spends on staff or support. We need to pursue a way of working to ensure that we are enabling people to be as independent as they possibly can. If we reduce staff too much, we won't have the staff to support this approach and productivity is critical. The demand pressures for ASC are significant (ageing population and young people with increasingly high needs). ASC has managed to keep spending constant over the past 4-5 years, but there is increasing pressure on providers who have so far managed to absorb the growth. With more money coming out of the budget, this is more risky as we won't be able to balance the budget.

Q.6: With less staff, there is less ability to complete assessments-how can you comply with the Care Act?

A.6: We are having to make staff reductions and are clear on our duties with the Care Act. We are getting a new social care information system and will be applying flexible working principles, which provide an opportunity for greater productivity.

Q.7: On slide 23, you say that savings proposed are being considered by Cabinet. However the business plan and equality analysis doesn't have all of the savings proposals in it. How will Cabinet be able to consider all of the savings?

A.7: Cabinet looks in detail at new savings in each budget round, and refers them to scrutiny to consider. However when setting a budget all savings are taken into account, both those in the current budget round and those agreed in previous budget rounds.

Q.8: There is nothing much mentioned about Carers. When time is cut to customers, the carers have to pick up the pieces and try and keep a full time job. We have 4 hours, we have to pay for more support out of own pocket when this is not enough-what quality of live does that give carers-carers are at point of collapse.

Q.9: Lots of Carers can't be here because of their caring role. Most carers spend over 50 hours a week carers (this is a 29% increase over the past year according to the census). As a service, South Thames Crossroads (STC) provides more than just a sitting service-they deliver personal care in a personalised way. STC have surveyed 54 out of 72 of their clients. After savings, if you divide £24,000 by 72 customers, then divide by 52 weeks, this equates to £6.40 a week. How can people manage on this amount each week?

A.8 +9: We don't want carers to collapse-we have a statutory duty to support carers. We are happy to have a conversation with STC. We don't take for granted and we value what carers

do, but we will ask carers if they can manage with less. We don't recognise the hourly rate claimed in the question.

Q.10: Meals on Wheels (MOW)-people depend on this-are you going to let people starve?

A.10: No, it is not our intention to let people starve. MOW was invented at a time when fewer people had access to microwaves and freezers, and when the general retail market was not providing an affordable choice of frozen meals. Now there are a lot more options available to people to enable them to have a meal. We are already talking to the voluntary sector to provide support; those that need support with preparing and eating a hot meal to meet their needs will be provided with this.

Q.11. We are really concerned about the quality of care-one place where you do have quality is STC-where you have consistency and regularity. It will be horrifying if this is decommissioned as it puts more strain on carers. Also, if we lose less qualified staff in the day centres, and take away the ability to monitor care effectively, quality will be affected-why are you cutting the quality of lives of carers?

A.11: Crossroads is a valued service. We are talking about the least worst options and we don't enter into this lightly. We have had to look at all possible ways of finding savings. We do not intend to cut support for carers completely and we want to explore options. We are going to have a conversation with STC. We want people to carry on being supported and people want choice and flexibility.

Regarding Quality monitoring, we want to make sure we have quality services and more imaginative options. We do sample checks with providers and we would like to use different ways of monitoring quality. For example, developing a system with homecare providers where we get real time feedback.

Answer from Andy Ottaway-Searle: The type of staff in day centres hasn't changed. We have already reduced front line staff. Next year, the staff savings will come from therapists who are based at the JMC, the hands on staff will remain at this stage. We have managed to reduce transport costs and staff have been good and responded well to changes. The service will not be growing any more-we don't want to make savings but we have less funds each year.

Q.12: You don't have any idea of the impact of taking away MOW. I'm worried my father won't survive. You have sent letters about MOW, but the writing is too small to read. Microwave meals are rubbish and hot meals are an essential part of his life.

Q.13: MOW is an essential service. If they can't operate a microwave, this puts more pressure on the carer which has an impact. How much does it cost to put MOW in place and how much will a carer cost? I know how quickly people downward spiral when people are malnourished. How will people know if the service is cut to make sure there is no gap.

A.12 and 13: We know that there are people who cannot safely prepare meals for themselves but would need support every day. We will work with them and the voluntary sector to see what ideas they have.

Q.14: I have needed Imagine as I regularly hit burn out as my children have special needs-how are you going to help families who can't get help with housing and care?

Q.15: Imagine has been a lifeline and I couldn't manage without it. A lot of people are going to suffer. People are here today for different reasons-if there is any way that you can save these services, I think you should.

A.14 and 15: This is an understandable challenge. We understand the need for support and that people need somewhere to go for listening and advice-we are trying to see if we can do this with less money.

Q.16: Without the help from STC, what am I going to do? I can't leave him by himself. Why do you have to assess everyone again, it is not easy doing this 24/7 for 10 years.

A.16: None of us wanted to make these decisions, but I take responsibility for making the least worst decisions in a calm and logical way. This doesn't mean that I don't feel anxious about these decisions.

Q.17: I approve of all of the comments made here today and the stories are really moving, but where are the politicians? It's not just ASC savings that we will be affected by, but other savings across the Council and nationally. The Councillors should be presented with the cumulative impact.

A.17: I will pass this on to Councillors.

Q.18-Regarding MOW, if you assess people needs, how much will this assessment cost?

A.18-I judge that it won't cost much as we already know these customers. I do not expect that all customers will need a face to face assessment, but we will do this on a risk based approach.

Q.19: Can you confirm whether the in-house benefits service will be remaining? You could put a strong emphasis on maximising income and benefits. There is a wealth of support out there, which may soften the blow.

A.19-We're keen to keep this service to support people to make claims.

Q.20-I'm worried it's easy to look at specific services, but there are significant overall cuts to services for people with a learning disability. There is also a massive cut to the voluntary sector. For example, all Mencap services are preventative; if the voluntary sector has their funding cut by ½, will there be any organisations left?

A. 20-We have to look at the cumulative effect of all savings-I have made it clear that we have to look at the total impact.

Q.21-Care agencies don't fulfil their promises. They don't turn up on time, or at all when it snows which has a knock effect and sometimes miss day centre transport. What happens if people don't have family support?

A.21-It is very challenging to run a homecare service. For example one change due to a new customer will have a knock on effect for a whole round. We need to align reasonable expectations of quality and consistency with what is actually possible. We will go out to market next year to re-commission home care, and will be taking these issues into consideration.

Q.22-Regarding the decision making process-are all the ASC savings on the table or just the new?

A.22- . The budget is set year by year, but we need to plan in advance some 4-5 years ahead. This means that for any given year, some savings will be newly proposed and others will have been agreed in previous budget rounds. Although the latter are not re-examined in detail every year, when the budget is set all savings for the given year are open for consideration.

Part 2: Public Meeting 2nd December 2015 in the Training Hall, Vestry Hall, Mitcham

6.30pm-8.30pm meeting attended by 31 people. Dan Short, Interim Head of Redesign gave a short presentation (Simon Williams, Director of Community and Housing sent his apologies as he was unwell). Dan and Rahat Ahmed-Man, Head of Assessment and Commissioning answered all questions.

Key Themes:

- 6 people commented about the impact on people lives regarding the proposed decommissioning of the Meals on Wheels Contract
- 6 people commented on other ways to make savings, including selling assets, stopping My Merton, stopping Wheelie Bin expenditure, reducing waste, being more innovative
- 5 people commented about the impact on customers of decommissioning Imagine Independence Day Support and replacing with peer support
- 4 people commented on a lack of clarity/detail in the document to support ways in which the savings would be made and what they would be replaced with.
- 2 People commented on the lack of housing support for people with Mental Health Issues
- 2 people commented about whether the Council intends to raise income tax by 2%.

Questions and Answer Session

Q.1: With the ceasing of the Family Mosaic Contract at Waldemar Road, there are a number of carers concerned. This resource was given to Merton from Wandsworth, who then gave it to Family Mosaic. Now Family Mosaic will cease as a service, what will happen to the 2 properties?

Also, the MH Trust closed Norfolk Lodge and there is a lack of social housing. Currently the Trust is discharging people with MH Issues who come out of hospital in a Premier Inn Hotel. What are the plans for future resources?

A.1: Family Mosaic chose to cease services. Family Mosaic owns the 2 properties.

Q.2: How did Family Mosaic come to own these properties? What is the history of these properties, as they are probably worth around £5 million, this could have been used to make savings?

A.2: We will find out the history and provide you with further clarification.

Q.3: Do you have to make £4.2million in savings because you have lost money, or are you using these savings for something else?

A.3: This is to balance the books. The savings that Adult Social Care (ASC) has to make are exactly proportion to its budget. Children's services have slightly less savings, and environmental and corporate services have to make slightly more.

Q.4: What income will the 2% levy on income tax bring? Could this go to consultation?

A.4: It is around £1.5 million. However, there is no presumption that councillors would agree to this. Simon Williams, Director of Community and Housing will be taking this forward.

Q.5: Prevention is an important area-what preventative measures are you developing in conjunction with the NHS and CCGs?

A.5: We have a reablement service which supports people when they come out of hospital and our Public Health Colleagues work to promote healthier lifestyles. There is a big programme nationally and locally to integrate services and systems to enable a preventative approach. We have had a integration programme with Merton CCG for a few years.

Q.6: Merton Council has assets; can't you use these to keep services open? Services serve a purpose, and cutting them makes people even more vulnerable. You need to tell the Government to do something as services are important and invaluable and you have a duty of care. You should be making money and generating income. For example you could stop printing My Merton, turn some of the lights off at night (especially in the Civic). The Council needs to be more mindful of resources.

A.6: We note this comment.

Q.7: You're meant to create a better quality of life for people. Regarding cancelling the meals on Wheels (MOW) service; many of the customers are old and confused and deaf or blind. They don't have the internet to order food. By having MOW they have a better quality of life, they feel safe and it is a vital service. Merton plan to spend £7 million on wheelie bins-if you charged for these, you could save lives. It's important that people have a sustained service where they develop relationships.

A.7: There are better, more cost effective ways of providing meals.

Q.8: Could school kitchens be asked to provide meals and get volunteers to deliver.

A.8: This sounds like a good idea. We will be exploring other options with the voluntary sector.

Q.9: Why couldn't people pay a bit more for meals? Lots of the people that have MOW don't have cooking facilities. People thrive in their own homes and MOW is a way of keeping people independent in their homes. For some, the person who delivers their meal is the only person they see.

Q.10: If you took MOW away, will you make sure that something else is in place before MOW stops? Will you come on a round?

A.9 and A.10: We intend to provide alternatives to MOW. RAM acknowledged this request.

Q.11: You have referred to voluntary/peer support in your document, but there doesn't seem to have been any investigation into solutions. When I read the document it doesn't say the answers, or that you have looked into this.

A.11: We note this comment. We have been looking at Peer support.

Q.12: Will you ensure that whatever meals service is provided that customers will receive halal, pureed or other specific dietary requirements?

A.12: This will be part of the assessment.

Q.13: When will the Council Vote on the 2% increase?

A.13: There is no guarantee that this will happen. However, the message will be given that if this saving is spread across the whole community then this would protect some services.

Q.14: Mental Health has been the Cinderella of Health Services. Are we relying on others to pick up the slack and relying on peer led services for the most vulnerable?

Q.15: It states in the document that you propose to replace day support with peer led support. This service currently supports 165 people and is a very specialised service. If you deduct £210,000 from the contract, it doesn't leave much for other services such as trained advocacy services 7 days a week.

Q.16: Which Mental Health service users were consulted? Focus 4 1 is a very good peer led service. However lots of people can't take advantage of this as a peer led service is far too limited. MH advocacy is fraught with problems and dangers-promoting a peer led service to improve, rather than to cut will require a lot of justification.

A.14, A.15 and A.16: We note the comments. When the contract ends, we want to go to the Market Place and will invite tenders for a specified service in line with procurement regulation and processes.

Q.17: How are the deaf community being communicated with? There should be equality for deaf people, particularly regarding social care and housing needs. Merton should have a combined approach to supporting deaf people. How is it right that people have to choose a property without even seeing inside it?

A.17: We acknowledge this and will pass on comments to the Head of Housing Needs in Merton.

Q.18: How and when was the £847,000 agreed? How was the demographic information worked out?

A.18: Phase 2 of the Ageing Well Programme has already been launched. Information was gathered from POPPI (Projecting Older People Population Information) and PANSI (Projecting Adults Needs and Service Information) websites.

Q.19: You have talked about promoting independence. How can you expect people who are 103 years old who live in their own home who are blind to be more independent when all they are asking for is a hot meal?

A.19: Promoting independence is an individual thing. Where someone has no potential to be more independent we have to tailor the support accordingly. Where people do have potential to, where possible, regain skills, we need to support them to do this. For MOW customers, they will be reviewed on an individual basis. Their needs will be met but in other ways.

Q.20: It is difficult in the consultation document to understand what the impact is as the savings are not against the original budget. Also, the hospital discharge process for Mental Health customers and for someone who has broken their leg. The document is meaningless as there is not enough information in the document to understand what the savings mean.

A.20: It is difficult to highlight how much of a specific budget is being saved, but we have included the % against the overall budget in the key areas-staffing, support packages and contracts. We welcome the feedback on the document.

Q.21: Regarding Independent Living Fund-I have been informed that one person has been told that Merton has agreed to delay the assessment and any cuts to support packages until next July? Is this the same for all ILF customers and what are the timescales for assessments?

A.21: We will check this and get back to you.

Q.22: I have heard that carers will be paid to go into a customer's home to reheat a meal. How much does this cost, compared to the MOW service-surely MOW must be cheaper. This is not a saving, just moving money from one place to another. You need to see people doing the job, what if a volunteer lets you down?

A.22: This is a risk. The decommissioning of MOW is a proposal and open to consultation.

Q.23: There is no detail in the document of any innovation. Surely the Council plans to do things better-there is no evidence of this in the document. Surely we should be consulting on a better approach?

A.23: We welcome this feedback. We believe that we are setting out how we are seeking to do things better.

Q.24: There is a ludicrous amount of waste in the Council. How much has it cost to put an iPad outside every meeting room in the Civic?

A.24: No idea how much this cost.

Q.25: You know why you have put iPads up, and how much they will save in staff time, but you haven't communicated this effectively.

A.25: Noted.

Q.26: Has the substitution for MH services with peer led support been discussed with the MH Trust?

A.26: We will not just rely on peer led support-we want to go to tender from we have learnt what works and what doesn't and want to have better quality support. Imagine are aware of this.

Q.27: Does Adult Social Care have a strategic plan?

Q.27: We are currently refreshing our Target Operating Model. This is the strategic plan.

Part 3: Voluntary Sector Meeting 26th November 2015 in Main Hall, Chaucer Centre

11am-1 pm meeting attended by the following 19 organisations:

Carers Support Merton, Merton Seniors Forum, South Thames Crossroads, Anchor Trust, South West London and St. Georges Mental Health Trust, Imagine Independence, Focus-4-1, Merton Council, F.I.S.H, Merton Mencap, Wimbledon Guild, Healthwatch, MVSC, Merton Community Team, Merton Centre for Independent Living, YMCA, Age UK, AEGM, Merton Community Transport and Councillors Joan Henry, Brenda Fraser and Suzanne Grocott.

Key themes (in table discussions) included:

What do you see as the potential impacts of the savings on service users?

- Contradiction between prioritising prevention and reducing VCS funding
- Not using partnership/collaboration enough.
- VSC needs to align itself better and collaborate to access other funding streams

What is the potential impact of the proposed savings voluntary and community organisations and their services?

- Risk of people slipping through the net/isolation/deaths of service users/homelessness

Given the current and future savings plans, what solution would VCF organisations propose in order to continue or improve their service for Merton Residents?

- Explore options where voluntary services activities could bridge the gap and be directly commissioned by customers and funded via personal budgets(PBs).
- Look at schools providing meals and volunteers transporting them.
- The Ageing Well Programme should be increasing and not reducing as in the Voluntary sector you get a lot more for your money.

Questions and Answer Session

Q. (Vanessa, Focus 4 1) Page 16 states that you are proposing to de-commission Imagine Services- which voluntary groups are you working with? Also, have you been in contact with service users about the impact of closures/cuts on service users?

A. (Simon Williams, Director of Community and Housing): There are a number of groups that provide such services and we will look to re-commission a service in the near future, a letter has been sent, so service users should hear from ASC soon.

Q. Lyla (MCIL): Need clarification regarding scope of consultation, when you look at business plan it doesn't refer to £4.203 million but £1.6 million.

A: The budget is set year by year, but we need to plan in advance some 4-5 years ahead. This means that for any given year, some savings will be newly proposed and others will have been agreed in previous budget rounds. Although the latter are not re-examined in detail every year, when the budget is set all savings for the given year are open for consideration.

Q. Stephan (South Thames Crossroads): Will the Council consider increasing Council tax by 2% to allow for pressures in ASC?

A: We were hoping that there would be some help for ASC following the national spending review, the response has been to leave it to councils to decide. The Council has not had a view on this as yet about we will have a conversation about this. When we ask residents of Merton, their biggest concern is Council Tax , so councillors will have to make a judgement on this.

Q. Councillor Suzanne Grocott: Are the savings a culmination of 4 years? Councillors don't normally get to revisit decisions. How much is achievable?

A: It is the legal duty of Councillors to agree budget setting 1 year at a time. However, in order to plan strategically and make the process more manageable, it is better to plan across 4 years. It becomes a problem if we do not acknowledge the cumulative impact. In reference to deliverability of proposed savings, most savings have been rated at high deliverability risk. For example, with a customer support packages, we cannot pre-determine a personal budget. The savings proposal is based on a combination of 1000s of decisions every year.

Q. Roy (Merton Community Transport): When talking through alternatives, one of the ways could be Merton Transport

A: The Council is looking at the best way to commission and provide transport. ASC have signified a wish to move to a different model of transport, which is more flexible (for example use own staff, community transport options). The problem is that the in-house will still have overheads and what stage can we take overheads out. There is also a reliance on Merton Transport for Schools and Refuse collection.

Q. Fiona (Imagine): What would new commissioned services look like in Mental Health?

A. We would still need to have some staff (we are not proposing to take out all the funding) . We would look to develop a model where people with MH issues support others. These can be called recovery colleges/club houses etc. We wish to explore these options and would be interested to hear your ideas and we'll consider it. The savings proposed are the least worst decisions we have to make. Our thoughts are, let's start again with a different level of service.

Q. Maurice Groves: Merton was flagged in 2009 as the best council for reablement. What are your plans for reablement? How much of the savings from OP services is reablement?

A. We are realising the benefits of the reablement service as most customers need less support once they have had a period of reablement. We have already taken a significant amount of savings from reablement last year. The £732,000 OP savings will come from reviewing customers' packages. Often we put support packages in to support someone when they have just got out of hospital, or are in crisis. We know that for some customers, after 3 months, they don't need as much support and therefore it is the right thing to do. Each year we will evaluate this approach.

Feedback from Table Discussions:

Detailed below is a record of the comments that each of the tables made during table discussion. The underlined points were fed back to all the audience.

Table 1: What do you see as the potential impacts of the savings on service users?

- Contradiction between prioritising prevention and reducing VCS funding
- LBM doesn't use all that VSC has to offer-sometimes seen as a threat.
- Not using partnership/collaboration enough.
- Better interaction between front line staff and VSC needed.
- VSC able to be more creative
- VSC brought into too late to influence choices
- MH-changes won't help needs more than a physical safe space. Need help with work, benefits etc. to lead independent lives-PROMOTES INDEPENDENCE.
- If prevention programme is right, it reduces pressure on statutory services-VSC could have helped if involved earlier-help come up with creative solutions.
- Focus on higher level of need for prevention will increase long term costs-VSC needs to provide evidence of what works.
- VSC needs to align itself better and collaborate to access other funding streams
- Need to recognise cost of support/training for volunteers.

Table 2: What is the potential impact of the proposed savings voluntary and community organisations and their services? (Only one comment highlighted on notes, which was fed back to main group)

- Some may not exist in the future
- Will lose some volunteers
- ASC savings is but one factor, e.g. 'Knock on effect'
- Risk of people slipping through the net/isolation/deaths of service users/homelessness
- Front line services will see more demand
- Numbers will increase as overstretched services
- Will be a need for more outreach
- Cuts could affect ability/quality of services
- Wellbeing of staff will be at risk due to increased pressure
- Organisations will need capacity to find alternative resources
- Community Cohesion at risk as individual 'cogs' removed/lost from voluntary/community sector
- Safeguarding Issues more likely
- Reduced prevention investment/spend will lead to more people in acute settings
- Reduced communication between voluntary organisations
- People will be more isolated as a result
- Reaching 'tipping point' after years of increased expectations of the voluntary sector,
- Issue with what independent means and promoting it
- How viable are the alternatives-and why are they not implemented now-need to explain-what is the evidence?
- Need to provide quality alternatives to existing services-need a market to give choice.

Table 3: Given the current and future savings plans, what solution would VCF organisations propose in order to continue or improve their service for Merton Residents?

- Recruit more volunteers(if the organisation still exists)
- Explore options where voluntary services activities could bridge the gap and be directly commissioned by customers and funded via personal budgets(PBs).
- Voluntary sector is usually free at access, will need to review this.
- Voluntary sector to market themselves better and become more business like-if they don't, they won't be there.
- Will voluntary sector need to compete against each other to encourage competitiveness and highlight to customers what you get for your money?
- Meals on Wheels-
 - Give money directly to the customer to organise for themselves, then it is a service that they want.
 - Social interaction is valued-its more than just the food
 - Look at schools providing meals and volunteers transporting them.
 - Need to maintain the wellbeing of the person as well as their health
 - Get people to join MASCOT if person needs checking on.
- Need to re-brand some activities. For example, 'lunchclub' is not used, but some were more activity clubs, where you happened to have a meal. This could also be something that people could buy via a PB.
- Activities on offer have to be stimulating
- Will be having a community navigator working between health and the voluntary sector (person to be based at the Nelson). They can signpost to clubs, activities and support. If this works, this could be expanded.
- Older people generally don't have enough money to pay to go to activities. Those that do can mix and match with some ASC funded services and some that are not, such as MASCOT.
- By the time people qualify for services, they have very high needs and most would not benefit from day opportunities. If we invest more in prevention, people will be assisted earlier and kept out of high costing placements.
- Organisations need to be able to respond quickly to the needs of people. For example MertonVision knows immediately the person needs support and can respond. More referrals should come directly to the voluntary sector to support before needs increase.
- Need to always signpost to the voluntary sector when assessing someone's needs so they can promote the customers independence. Some customers would prefer this, as they don't want support from ASC.
- Larger voluntary sector organisations could act as umbrella organisations for a cohort of smaller organisations so they can access funding and deliver appropriate services.
- The Ageing Well Programme should be increasing and not reducing as in the Voluntary sector you get a lot more for your money.

Part 4: Staff Meeting 24th November 2015 in Council Chamber

11.00 a.m. to 12.30 p.m. meeting attended by 40 staff

Main feedback:

Staff noted strongly that to date flexible working is restricted to hot desking i.e. still a need for mobile technology and until that is in place efficiency improvements will be limited

Several staff expressed concern about whether the emphasis on using social capital more would work as they doubted many more volunteers would be found. The ensuing debate:

- Started by focusing on all the other pressures etc. that people face and practical barriers e.g. DBS checks, to barriers,
- Noted that only 20% of LBM residents volunteer at present, and
- Suggested publicising success stories about volunteers to encourage more participation.

Staff noted that the responsive nature of workloads e.g. responding to complaints investigating safeguarding etc. makes it hard to consistently do planned work designed to promote independence i.e. this limits some of our aspirations and needs a management response to ring fence some resources for planned work to progress independence

One member of staff highlighted pressures arising from the hospital discharges process/practices that if addressed would reduce waste e.g. they gave examples where:

- People were discharged before ASC was in place at home i.e. this leaves people in risky situations and often they are re-admitted as a result, and
- People were lined up for discharge and an ASC package was put in place but the discharge was then cancelled without communication so the package was not cancelled and time/cost was wasted.

Part 5: Staff Meeting 26th November 2015 in Council Chamber

2.30 to 4.00 p.m. meeting attended by 43 staff

Main feedback:

One staff member asked if the increased cost of challenge e.g. complaints and Judicial Reviews has been factored into calculations. **SW said** we have already experienced this and seen increased barrister costs and we have no reason to believe these will not continue at a high level.

One staff member asked if staff savings (35 to 39 staff) can actually be delivered in time to achieve the savings and without serious risk to service quality. **SW said** actual process improvements can be delivered, and the MOSAIC system was being implemented to help make workload feasible with lower staffing levels, but he could not yet honestly predict in detail the actual impact on services

One staff member noted that the new Children's and Families act was not mentioned much in the consultation and wondered if its impact on workloads was being taken into account? **SW said** we could have been clearer about this but that he felt the main impact was on information and advice as many people with children's services will not be eligible for ASC support.

One staff member asked if we were considering income generation option **SW said** we were and that Andy Ottaway Searle was leading a Redesign project about this and there was a review of financial assessment and debt minimisation processes planned as well.

One staff member asked if Merton will take advantage of option to levy a 2% levy on Council Tax to fund extra ASC **SW said** we would certainly look at this and make the case but ultimately this was a decision for the Council's politician's to make

One staff member asked for the staff restructuring timeline **SW said** he expected:

- The business case to be ready in 2 weeks
- Staff side would consider it for a week
- Distribution to staff would therefore be in 3 weeks
- 30 days consultation would therefore start around 21st December and because it straddles Xmas we will probably allow more than 30 days.

APPENDIX 6 : COPIES OF
FULL OPEN LETTER/E-MAIL RESPONSES RECEIVED FROM ORGANISATIONS

Organisation	Summary of main feedback given:
Sodexo	Sodexo - The current Meals on Wheels (MOW) Provider - wrote to oppose proposals to decommission the MOW contract. It cited a wide variety of reasons incl. increased risks for vulnerable people, lost cost savings in the wider health and social care system and flawed assumptions that underpin the proposal. Members can see the full Sodexo letter in Appendix 6 Part 1
Merton MENCAP Carers (MMC)	MMC Carers all look after a family member with a learning disability. They wrote to say they were " <i>horrified at what the council seems to be planning to do next year</i> " and suggest that other options should be considered instead, namely Merton should use the: <ul style="list-style-type: none"> • Option to raise a levy equivalent to 2% of council tax in order to finance the increasing demands on adult social • Reserves that it has built up to a historically very high level of £115m to avoid having to make such "<i>draconian cuts</i>". Members can see the full MMC letter in Appendix 6 Part 2
Merton MENCAP Carers (MMC)	At the heart of its MMC's feedback is the cumulative impact of service reductions in the last 3 years on carers. They say this is " <i>degrading and very insensitive</i> " and " <i>will backfire in the long term</i> " and lead to higher costs. To evidence this they provide seven case studies by people affected by the cumulative impact ASC cuts in recent years. Each case study describes the negative impact of the reductions on people with learning disabilities and their carer's. Members can see the full case studies in Appendix 6 Part 3
Merton and Sutton Rethink	Rethink wrote to oppose the proposal to decommission the service currently provided by IMAGINE Independence. its main reasons were: <ul style="list-style-type: none"> • There has been no consultation with the Merton MH Forum, • The proposed peer led day opportunities service does not cover the wide range of services provided by IMAGINE • Peer support groups although important cannot take the place of professional MH staff in all cases, and • No details given about how the new peer support service will work. Members can see the full Rethink letter in Appendix 6 Part 4
Centre for Independent Living (CIL) Open letter	The Open letter praised the Council for running a comprehensive consultation process but, drew attention to the difference in the savings presented in the business plan, on which Councillors base their decisions (£1.67m) and the consultation process that details the full scale of cuts in 2016-17 as £5.06m, and Insisted that the consultation process ensures that the business plan reviewed by councillors includes every planned 2016-17 cut to services. Members can see the full CIL Open letter in Appendix 6 Part 5
Centre for Independent Living (CIL) Overall response	The CIL overall response began with an assessment of the overall approach to savings noting that Merton Council is already a low spending council that does not have the scope to cut Adult Social Care further and still meeting its statutory duties. It went on to explain the CIL's opposition to each of the main groups of savings proposed. Members can see the full CIL Overall Response in Appendix

	6 Part 6
South Thames Crossroads (STC)	<p>STC is the current provider of carers respite in the carers own home. It wrote to oppose the proposed decommissioning of adult respite care support as:</p> <ul style="list-style-type: none"> • Cutting respite care may mean many carers will be unable to continue, and will turn to the Council for support, • Merton Carers caring at home saves the Council money: an estimated saving of £1,585,000, and • It does not believe the Council will realise the level of savings they estimate as the actual contract value, £318k, is just £24k greater than the £294k savings projected. <p>South Thames Crossroads also surveyed their service users and asked them “what feedback would you like to give Merton Adult Social services”.</p> <p>Members can see the full STC letter and the summary of survey responses in Appendix 6 Part 7</p>
Healthwatch Operational Committee (HOC)	<p>HOC has a duty to bring the voice/influence of local people to the provision of local health and social care services. Its overall assessment is that:</p> <ul style="list-style-type: none"> • There is a serious risk of people being less able to support themselves in their own home and instead needing residential care”, and • The Council’s policy of increased reliance on volunteers, family, neighbours and voluntary organisations will not be viable and sustainable in the long-term without an appropriate level of support and funding from the Council. <p>Members can see the full HOC letter in Appendix 6 Part 8</p>

Note: We also received a detailed response from SPEAR Homlessness to Independence, but it was making future proposals rather than giving feedback on the specific 2016-17 proposals.

Part 1: SODEXO

From: Plewa, Jarek [<mailto:Jarek.Plewa@sodexo.com>] **Sent:** 24 November 2015 14:42
To: ASCconsultation **Subject:** Meals on Wheels consultation
As part of their consultation process I would like the Council to take note of the following as part of its consultation on its delivered meals service

1. I have through David Slark – Adult Social services procurement and contract compliance Manager offered to the Council officers who are involved in the consultation process the opportunity to accompany our delivery drivers so that they can better understand the frailty and needs of our Service Users and the benefits in addition to the provision of a hot meal at lunchtime that Sodexo provide before making a decision on the future of the service
2. At the time of sending this e-mail – the Meals on Wheels Service Users had not been written to by the Council advising them of the consultation process. The Council advised on Friday 21st November that they would be writing to Service users week commencing 23rd November – and given the first public meeting is on 30th November does not in my view allow sufficient time for Service Users to be involved. We have provided the names and addresses of a number of Service Users who have not been contacted – after advising the Council that Service Users had found out from the local press and being requested by the council to do so
3. This has in our view caused alarm and distress to many of our Service Users who are obviously very concerned having read of the proposed changes in the local press rather than being informed by the Council on a timely basis
4. I have detailed below some of the benefits of a hot delivered meal service, which supports Merton Councils own declared aims of both
 - Promoting the welfare of vulnerable adults
 - And improving public health and wellbeing by ensuring that people receive the support they need to maintain their independence
5. At least once per month the Sodexo delivery staff have to call an ambulance to assist with a Service User who has either fallen or has been discovered very unwell needing urgent medical assistance

As part of our meal delivery process our drivers carry out a “daily safe and well check” where:

- Driver asks Service User how they are feeling and if anything is worrying them
- Looks to see if they look unwell or if they notice any deterioration in Service User or they seem more confused than normal
- Checks whether the environmental state of their accommodation is adequate and asks if Service User is warm enough reporting back any issues or concerns
- Where required opens the meal container and plates the main meal and ensures that Service User has a drink and cutlery available and sits them down with their lunch

From this visit Sodexo provide daily feedback to Social Services and/or next of Kin highlighting any concerns

Sodexo also alert Social Services of any “no answers” should a Service User fail to answer door, after carrying out a range of checks detailed below:

- a) The driver contacts our office to telephone Service User (in case they can't hear door or have fallen asleep)
- b) They then check through windows & letterbox (have in the past discovered Service Users who have fallen and are on the floor)
- c) Office contacts next of kin to see if they know where the Service User is (could have a Doctors or Hospital appointment and failed to advise us)
- d) Finally we will advise Social Services

- e) We have between 1 and 2 (on average) no answers that we have to report every day – with around 1 per month resulting in a hospital admission

With the increasing frailty and dementia issues faced by Service Users due to stricter referral criteria - our Service impacts positively on the Councils reputation by early notification of potential issues

Sodexo does whenever possible ensure that the same delivery person visits the same Service Users each day which

- Builds a friendly relationship with Service Users
- Hold keys or have key codes to access properties of Service Users with poor mobility or visual impairment

Which delivers the obvious benefits of:

- Keeping Service Users out of hospital and having fewer visits to Doctors surgeries
- Stopping “bed blocking” in the NHS – The Kings Fund reports that around 1 in 4 people over the age of 75 in hospital beds have no medical need to be in hospital – older people frequently report lack of support on discharge from hospital. – Older people often with complex needs, including long-term conditions and frailty, are at particularly high risk of readmission without adequate home support
- Gives a daily person contact – stops instances of SU being left on the floor – or worse deceased and undiscovered with the associated bad press
- Reduces instances of malnutrition – which is a major cause and consequence of poor health and older people are particularly vulnerable in a report produced by the Malnutrition Task Force – where it is estimated that in the UK around 1 million people over the age of 65 are malnourished or at risk of malnutrition
- Sodexo meals are all nutritionally analysed and produced specifically for the health care sector to ensure that adults do not get meals which include too much sugar – fats or salt
- Alleviates loneliness – in many instances our delivery staff are the only daily personal contact that Service Users have

From focus groups carried out by Sodexo we have been advised that Service Users from having both a daily nutritious meal delivered, along with the human contact of knowing that someone will see and check up on them everyday report that they felt safer and more secure with improved independence and ability to stay in their own homes as well as improved health and happiness

Within its consultation documentation the Council have advised that uptake of the meals service had been reducing over the last few years due to alternatives being available – including supermarket shopping delivery which we would reject – We have been advised by the Council that through budget cuts that they have introduced a stricter referral criteria for access to the Service (Meal numbers now around 50% of volume in 2012) - All Service Users have in the last few years been visited and reassessed by the Adult Care team with many removed from the service as not now eligible for the service and able to provide from themselves

Within the alternative options that the Council have detailed that Service Users are able to order shopping including ready meals on-line – from a survey of the current circa 120 Service Users carried out by Sodexo only 2% (3) of them have access to the internet!

Supermarket ready meals tend to be unhealthy in that they are generally high in salt sugar and fats which are unsuitable for many of our Service Users who are diabetic

Additionally this is not a free service – each Service Users pays a £3.43 contribution to their meal cost (this has not risen in the last 3 or 4 years!) – We believe that Service users and or their next of kin would pay more for the peace of mind knowing that a hot meal was being delivered and that someone was checking on them. An increase in the cost of the Service

User contribution would reduce the level of subsidy the Council provides (each £0.10 increase would reduce the subsidy by circa £4K)

Sodexo employ 14 staff on its Merton meal delivery contract – all of whom are Merton Council Tax payers and who are likely to be unemployed should the Council decide to scrap the service!

Finally I would reiterate our offer for Council Officers to accompany our delivery drivers on their delivery rounds so that they are able to meet with some of our Service Users and see their level of need and be thus better able to make informed decisions on the value of this service

Jarek Plewa

Home Service Business Director

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jarek.plewa@sodexo.com

Sodexo. World Leader in Quality of Life Services - www.sodexo.com

Join the fight against hunger: www.stophunger.org.uk

Part 2: Merton MENCAP Adults First Carers Org (3 December 2015)

We're getting in touch with you to make sure you know about the cuts that are being proposed in adult social care, and to enlist your help in trying to prevent them happening.

We're all people who look after a family member with a learning disability in Merton – between the Carers Partnership Group and Adults First we represent a substantial proportion of family carers of adults with a learning disability in the borough. And we are horrified at what the council seems to be planning to do next year.

Whilst we understand the national context and the restrictions placed on the council, we think there are other options that you should be considering – asking people who have already seen the services they rely on cut substantially about which one of the remaining ones they'd miss the least is degrading and very insensitive.

Merton has already made enormous cuts in services over the last three years, and is proposing this year to...

Cut peoples' support packages still further – by up to 10% - yet as people with a learning disability and their carers grow older, support needs increase rather than go down.

End the Crossroads contract which provides carers with up to 3 hours respite in their home each week provided by trained, experienced staff who build up a relationship with their clients over many years.

Make yet more cuts in direct provision staff – these are people working in day centres, supported living and residential homes. Staffing is at a minimal level already in day centres, with much larger groups and considerably reduced capacity to take people out to community activities.

Make substantial cuts in staffing in assessment and commissioning – this will mean less people available to carry out assessments and reviews, fulfil safeguarding obligations, monitor services. Will Merton be able to carry out its obligations under the Care Act in future?

Cut funding to the voluntary sector by 50% - with a massive impact on their ability to plug the ever increasing gaps in council provision.

So many of these cuts will backfire in the long term – Merton seems to have forgotten its prevention agenda, as inevitably reducing the services provided for both adults with a learning disability and the families who look after them will lead to greater numbers requiring much more expensive residential care of one sort or another in the medium term. Slashing the budget of the many excellent voluntary sector groups will similarly remove yet another safety net from local provision, as they are frequently working to prevent people needing to use statutory services.

Merton Mencap. Registered Office Address: The Wilson Hospital, Cranmer Road, Mitcham, Surrey CR4 4TP Company Limited by Guarantee Registered Charity Number 1113444. Company Registration Number 5692213 (England)

What we fear many councillors and officers don't understand is just what all these cuts mean to the families concerned – unless you have personal experience of what it's like to be a lifelong carer, looking after someone who often needs help with just about every aspect of his or her life day in day out, it is hard to realise what, say, losing a day at a day centre or having less respite will actually mean. So we have asked our members to briefly describe what some of these cuts could mean to them – we ask you to read these short notes, as we think they may persuade you that these cuts need to be thought about again.

The Chancellor's autumn statement allows you to raise a levy equivalent to 2% of council tax in order to finance the increasing demands on adult social care – the £1.6m this would raise could significantly reduce the need to make some of these cuts. If Merton Council doesn't decide to do this family carers in this borough will never forgive them.

Similarly, having built up reserves to a historically very high level of £115m, representing over twice the national average as a percentage of net revenue expenditure, using just a very small proportion, could avoid having to make such draconian cuts in basic services.

Please read the case studies below, and think what these cuts would mean to lifelong family carers like us – and we urge you to fight to get these proposals reconsidered.

Thank you,

Adults First (a project of Merton Mencap)

Carers Partnership Group

Tel: 020 8687 4644 (Adults First Facilitator)

Email: adults.first@swlondonmencap.nhs.uk

Website: www.mertonmencap.org.uk

Merton Mencap. Registered Office Address: The Wilson Hospital, Cranmer Road, Mitcham, Surrey CR4 4TP Company Limited by Guarantee Registered Charity Number 1113444. Company Registration Number 5692213 (England)

Part 3: Merton's Forum for Carers of Adults with a Learning Disability

HOW WE HAVE BEEN, OR WILL BE AFFECTED BY CUTS TO LOCAL SERVICES

CARER ONE:

I feel I'm being hit from all sides. I had to move from my home of 23 years because of the 'bedroom tax', have the worry of further welfare reform and have to fill the gap of cuts to day centre funding - there is little time left for enjoyment and I currently take antidepressant medication. How can I be expected to bear even more? I currently use Crossroads to help me work (they meet my son at home from the day centre). It's respite in the true meaning; I can switch off and get on with things - the trust is there. Direct payments for PA's may help some but not me (my son has PA's and its EXTRA work for me, not a rest!) Good care doesn't come cheap. Going to work is a lifeline and I fear I will have to give it up, or give my son up to council care, as I know my health would decline without this outlet. Cuts to day services = increased stress to me - it's not rocket science. If my son loses day centre time, I dread the thought of our lives ending up as bus rides, visiting cafes, because what else is there to do that isn't costly? This would be unhealthy for both of us - we both need our space; I'd rather work f/t and place him.

CARER TWO:

The large cuts in the number of staff in day centre's has meant that whenever someone is away - on leave, off sick or on a training course - there just aren't enough people to go round. Each member of staff has to look after much larger groups of people with very varied needs, and what it's beginning to feel like at times is somewhere to sit around all day rather than a place with interesting activities going on. And of course trips out often have to be cancelled. My son comes home very low and angry when he's been cooped up all day in the centre and I then feel guilty about him being there, so stress all round. But I desperately need the five hours he's there to get on with all the other things I have to do and simply couldn't cope if he was home any more of the time. He can't be left in the house alone and needs help with just about everything - and with all his health problems this is getting to be very hard work for someone in their 60s. I need to try to keep fit and healthy so I can keep on looking after him, and to do that I need.

CARER THREE:

My son goes out with the Outreach team – it is his only source of a social life or for deviating from his daily routine. In particular they take him to the gym which is really important because of his physical problems. After Christmas he will no longer have access to the service because he is it has been decided to exclude those in supported living. Key workers have said they cannot take him to the gym, although I'm hoping this might change. Instead of one support worker as in the past he now has several, some of whom I believe are agency staff. This can lead to mistakes when people don't know him and haven't read his notes e.g. when someone got a prescription which included both his new tablets and the ones they had replaced. A lot of time is wasted sorting out such problems.

CARER FOUR:

Making cuts will put a strain on carers many of whom are elderly with health problems, it is suggested that an alternative to crossroads is a direct payment to purchase our own carers who will organise the wages for these? Who would organise domiciliary care? I think the general feeling among carers is the most vulnerable are being targeted and if there are too many cuts there will be more requests for residential which is surely more expensive than care packages currently in place from frustrated and concerned elderly carer with health problems.

CARER FIVE:

When transport cuts were made, my son was spending a longer time on the bus before getting to the day centre.

CARER SIX:

Family Carers are very hard working people who deserve and need the support they receive. My daughter is now 30 and I am 71. My wife is slightly younger and we care for my daughter in our family home. We have a downstairs wet room with disabled grab rails each side of the toilet and a stair lift so my daughter can use her bedroom and a commode at night. She stays downstairs all day and because of the severe learning difficulties she needs constant supervision, encouragement and help. Because of the learning disabilities she cannot do everyday tasks that even a six year old can do, but in addition she cannot walk at all and cannot even stand up unless she is supporting herself on both arms. This also means she cannot use the toilet without help since her hands and arms are being used to support her and so someone must be there to do everything else that is needed;- undressing, cleaning and dressing . Because of the learning difficulties her speech is limited (although she does understand a lot), and she would find it very difficult or impossible to communicate with strangers, e.g. in an emergency. Even adults she knows find it difficult to understand her. As her parents we have to listen very, very, carefully and often take a long time to work out what she is trying to communicate. She cannot be left alone or go out alone **Caring is physically demanding, stressful and very time consuming, and we need every bit of help we get just to keep us going and continuing in our caring role. We are on duty virtually 24 hours a day.**

My daughter has a Crossroads carer come in for 3 hours a week, and this gives my daughter a chance to chat to a different adult, which she does enjoy, and this gives my wife and I a short break. The Carers from crossroads have been first rate since they are qualified, sensitive, responsible and caring. They do personal care, (a delicate task) and each one we have had has been pleasant, consistent and come for several years. My daughter has become friends with each one.

We need the quality, and reliability that Crossroads provides. For someone with learning difficulties, particularly if they also need personal care, it is absolutely essential that there is consistency and regularity in care. The client and the family carers need people they can trust, and an organisation they can rely on, for quality and dependability of care. Crossroads is an organisation which we trust. It will be horrifying if Crossroads is no longer going to be commissioned. Crossroads carers really work hard to keep their clients happy and this quality and reliability is almost certainly to be lost if changes are made. **Taking on a new cheaper provider can only result in a loss of quality and reliability, which will be a real blow to fragile, vulnerable people and put more strain on their carers.** My daughter currently has 3 days at a Merton day centre for the learning disabled (JMC), which including transport time is approximately 6¼ hours a day. My daughter loves the day centre. My wife and I desperately need the help we get and my daughter needs the variety that the day centre and Crossroads brings. **We all need the day centre with no cut in hours or quality of staff. Without the “ time off “ that the day centre and Crossroads give us our lives would be intolerable, we would be extremely**

stressed and have more rapidly worsening health with subsequent costs to the council or NHS .

CARER SEVEN:

Because there are fewer and fewer staff at my son's day centre, most of his 'activities' mean he is just sitting around all day doing nothing. He has complex needs and can do little for himself. By the time he gets home he is bursting with energy and my husband and I have to cope – which is hard because we are tired and elderly.

Part 4: Rethink Feedback

MENTAL HEALTH DAY SUPPORT

p.14 ASC Consultation Document.

“Decommission the service currently provided by IMAGINE Independence .Replace with a cost effective peer led day opportunities for people living with mental illness”

I attended the meeting on Wednesday 2nd December chaired by Dan Short. Rahat Ahmed-Man, Deputy Director of Social Services was there to answer questions. She is now responsible for commissioning MH services for Merton. We now no longer have a separate Commissioner since Karthiga Svenson transferred to Childrens ‘Services..

Before attending the meeting I contacted Laurie Isindoni ,the manager of IMAGINE to ask what services IMAGINE currently provides. I will circulate these to all on the email list above.

Rahat confirmed that all the services IMAGINE provides will be decommissioned & a new provider will be appointed.

She said there had been consultations with users - I confirm -

THERE HAS BEEN NO CONSULTATION WITH THE MERTON MENTAL HEALTH FORUM.

The new service proposed by Rahat “peer led day opportunities “does not cover the wide range of services provided by IMAGINE to 165 users [current no.] trained advocates, for housing, benefits, evictions etc. support to access community services, art, FE ,employment retention, drop ins every day of the week including week ends in every part of the borough. It also provides peer support groups.

The new service has to be in place by the 1st April 2016. There has to be an open ,competitive tender[Nolan Principles should apply across the board to anyone delivering public services-transparency & accountability]IMAGINE’s current service costs £210,000.£84,000 is to be deducted from that so will the rest of the £210,000 go to peer led day opportunities?

One service user present said he had been part of a peer led advocacy service & that it did not work. Often users had their own agendas ,did not understand other peoples ‘needs & were some times away because of their illness. Peer support groups are very important as people help each other but peer support cannot take the place of professional MH staff.

No details were given to the meeting about how new peer support service will work.

Patients receiving secondary MH services are discharged to the GPs after approximately 12 weeks. Is the only service they will receive a peer led day service? They may have all kinds of problems for which they need professional help.

Have these plans been approved by the MH Trust & the CCG?

Is it not possible to share the money for the new service between the new peer led support group & IMAGINE? It is risky for patients to be referred to a completely new service .

Who is going to provide this new service ? Is it focus -4-1 or has the local authority another service in mind? All MH users & carers would like to see the tender with details of the services to be provided.

SUPPORTED HOUSING FOR MENTALLY ILL PEOPLE

We asked that the Alder Advice Report on housing for MI people commissioned in 2014 be published. Rahat did not reply. We also asked for a report on the closure of Family Mosaic in Waldemar Rd SW19 to be made public. No reply.

Laura Johnson,

Joint Vol.Org Merton & Sutton Rethink Mental Illness

Part 5: Centre for Independent Living (CIL): Open letter to Merton Council

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

I am writing to you on behalf of Merton Centre for Independent Living to express our deep concern over flaws to the 2016-17 budget setting process which is currently taking place.

While the Adult Social Care team should be congratulated for running a comprehensive consultation process, which is vastly improved compared to last year, we are extremely concerned to note that there appears to be no mechanism by which councillors can act on this consultation.

Currently the business plan, on which councillors base their decisions, only contains £1.67 million of Adult Social Care cuts for deliberation and decision-making. In contrast, the full scale of cuts is £5.06 million.

We, our members, and the wider voluntary sector and public have participated in this consultation process in good faith. Unless councillors can act on the results of the consultation, then the entire process is not only null and void, but arguably an exercise conducted in bad faith, by you, the council.

We are now in a position where if, on the basis of the consultation, councillors wish to turn down a specific cut to services, how can that take place if it is not included in the business plan in front of them? For example, the following cuts are not in the business plan:

- CH04
- CH05
- CH21
- CH22
- CH24
- CH25
- CH26
- CH27
- CH28
- CH29
- CH30
- CH31
- CH32
- CH33
- CH34
- CH58
- CH59
- CH62

We have raised this concern on numerous occasions already, and have not received a satisfactory response. In our view, genuine consultation is a process which decision-makers can act on. Unless every single cut to services planned for 2016-17 is included in the business plan, this will not be a genuine consultation process.

We insist that Merton council carries out this consultation process properly and that the business plan under review by councillors includes every single cut to services planned for

next year.

Furthermore, we will be expecting to see each individual cut given thoughtful and robust consideration by councillors in terms of the impact of this cut individually, and bearing in mind the combined and cumulative impact of what is proposed.

Kind regards

On behalf of

**Roy Benjamin,
Chair, Merton Centre for Independent Living**

Part 6: CIL - Overall response

We have already written to Merton Council (1) and spoken at Scrutiny (2) meetings to express our concerns over the impact of the cuts (3) proposed, and the process by which these cuts are being decided. In addition, we are submitting this formal consultation response.

Merton Council is already a low spending council, and you do not have the scope to cut Adult Social Care further while still meeting your statutory duties. In fact, Council Business Plans, both in this round and last year, acknowledge that statutory duties may not be met as a result of these cuts.

We also feel that Merton Council's approach to "ratios" is entirely inappropriate, as a pound cut from Adult Social Care (ASC) has a far greater impact on people's dignity, independence and wellbeing, than a pound cut from other departments. In fact, we struggle to understand how it can be claimed by the Council that last year we were told a cut of £9mn was a 1:1 ratio for ASC, and this year we are told a cut of £14mn over the same time frame is still a ratio of 1:1.

Given the volume of previously agreed cuts which have already been deemed unachievable(4) it is entirely clear to us that the scale of the proposed cuts to ASC is unreasonable. The result of an unachievable task is that when cuts can't be met, even less palatable and more damaging cuts get rushed through instead.

Ultimately, the impact of reduced services is that disabled and older people will be made vulnerable, the very opposite of the "promoting independence" agenda. We will be isolated, trapped at home, stressed, (see Merton CIL Adult Social Care Consultation Response 07/12/2015) and barred from contributing to society. In response to the proposals, our members talked about having to take medication to cope with the changes, and their feelings of hopelessness as a result of continued cuts to services. Some spoke of giving up on life completely.

We made many of these same points in response to last year's consultation process(6) and it is deeply frustrating to be repeating the same feedback from members and local disabled and older people, with no apparent impact on decision-making. The cuts proposed represent a false economy and a huge departure from the prevention agenda.

When Councillors tell local people that they have to make cuts to services, what is actually being said is that other things are considered more important than disabled and older people. The Council are making choices about where and how to allocate savings targets, where you spend money, and how you raise money. Our lives matter too.

The Response to Specific Cuts

Staff Cuts:

As we expressed last year, Merton CIL's members are concerned by the reduction in staff at day centres and their proposed replacement with volunteers, which hasn't worked(7). Cuts which have already taken place have resulted in fewer external activities, larger groups, and a less secure setting without enough staff. Further cuts will inevitably result in a worsening situation.

In addition, we have considerable concerns over further cuts to the assessment and commissioning team, which the Council acknowledges will result in reduced capacity to carry out assessments and reviews, give social work support, undertake safeguarding activities, fulfil DOLs responsibilities and undertake financial assessments, monitor quality and performance. Our members further point out that cuts have already started to bite and they already face challenges accessing services.

Decommissioned Services:

Our members have told us how important the existing services are, and the damage cutting these services will have on their lives. (See Merton CIL Adult Social Care Consultation Response 07/12/2015)

Cuts to respite (Crossroads) will not only create additional stresses and strains for carers, it will also worsen the lives of disabled people who rely on their carers to support them. For some people, a few hours respite is the only chance they get to break from caring duties, and without this service, our members talk of complete breakdown.

Meals on Wheels cuts assume that the current service users are able get food delivered from the supermarket, or get community support. Our members tell us that the community won't deliver dinner, and many older people can't use the internet or afford the minimum delivery charge(8). The ultimate result will be older people at risk of malnutrition. Our members have been very confused by what is actually proposed around cuts to Imagine which has been communicated very unclearly. They have talked about the valuable support being delivered and concerns about the lack of clear alternatives for this service.

Cuts to Support Packages:

Merton CIL considers it to be unacceptable to target support packages for cuts, as these packages reflect people's assessed need. In addition, we have seen no evidence of additional training for staff around assessments, which was promised in mitigation to the cuts last year.

Cuts proposed range from 5% to 15% but we have been reassured that in reassessments, people whose needs have increased will receive more support. This necessarily means that other people will lose out to an even greater extent.

Our members have expressed extreme anxiety around the proposed cuts to support packages and feel that the proposals are illogical because support packages are being proposed as the alternative to cuts in other areas.

Cuts to the voluntary sector:

Halving support to the voluntary sector makes little sense when the majority of cuts described above expect the voluntary sector to bridge the gap. Our members described this situation as "*ridiculous*".

1 Open letter sent 07/12/2015

2 Healthier Communities and Older People Scrutiny Panel 22/10/2015, Sustainable Communities Scrutiny Panel 11/11/2015, Overview and Scrutiny 24/11/2015

3 At our event "My Voice Matters" 03/12/2015 members requested that we always refer to so-called savings, as "cuts"

4 "Deleted savings" in Business Plan

5 Focus group with Merton CIL members 26/11/2015

6 <http://www.mertoncil.org.uk/about-us/consultations/>

7 <http://democracy.merton.gov.uk/documents/s10039/Volunteers%20report.pdf>

Part 7: South Thames Crossroads Response To Merton Council

CONSULTATION ON CHANGES TO ADULT SOCIAL CARE

SUMMARY

- We do not support the proposed decommissioning of adult respite care support;
- Carers look after vulnerable family and friends and keep those people out of the formal care system;
- By cutting respite care, we know many carers will be unable to continue, and will turn to the Council for support;
- Merton Carers caring at home saves the Council money: an estimated saving of 1,585,000, based on the ADAASS report*;
- With the number of adult Carers in Merton set to increase (8% increase over last ten years**), this saving will only increase;
- We also do not believe the Council will realise the level of savings they estimate as the actual contract value, £317,730, is greater than the savings suggested by the Council of £294,000.

INTRODUCTION

South Thames Crossroads has been supporting carers in Merton for 30 years, providing them with the respite they need to continue looking after their vulnerable family and friends in their own homes and delaying or preventing them from going into residential or nursing care homes.

This not only saves the Council money by helping to look after people outside of the formal care system, but also delivers better outcomes by keeping people with othersthey know and trust, reducing the stress of severe illness.

Carers are incredibly dedicated, many provide care for over 50 hours a week and ask nothing in return. The value to the Merton Council is £58,147,960 per annum*** However, caring for vulnerable people is incredibly demanding, both physically and psychologically. Many carers tell us that the service we provide “is the only break away from home that they get” and that without the few hours of respite they could not continue to do the work they do, and would be forced to turn to the Council for help.

CONSIDERATION

We do not support the proposed decommissioning of respite care support. Our telephone survey of 72 Merton respite care clients shows that most think the service is “needed” or “essential” and that they are “unable to leave their homes” without this “vital” service. We believe that decommissioning this service will mean that carers will not be able to cope with the stress of caring. Carers are more likely to break down physically or mentally and require residential, nursing and secondary care. This will cost the Council more and not achieve the cost savings it needs.

Carers look after vulnerable family and friends to keep those people out of the formal care system. There are 16,326 carers in Merton as recorded at the 2011 census. According to ADASS Economic Case for Local Investment in Carer Support (2015) carers bring “savings to other bodies such as the NHS and increased economic contribution from carers.”

The Council will not be able to leverage all that free support from carers unless they are given a respite service.

By cutting respite care, we know many carers will be unable to continue, and will turn to the Council for support. The Care Act statutory guidance says that local authorities should “recognise the contribution carers make in helping to maintain the carer’s health and wellbeing of the person they care for, enabling them to stay independent in their own homes for longer.” Cutting respite care will not achieve the independence the Council is seeking from carers. It will cost the Council more.

Carers caring at home saves the Council money (an estimated saving of £1,585,000 based on the ADAASS report*). This report says that “for every £1 invested in carers, there is a potential equivalent reduction in local authority cost of £5.90 (£4.90 net reduction), therefore illustrating the importance of carers and their role in supporting social care.” Cutting the respite service will result in a net increase in service cost to the Council and the NHS.

With the number of adult Carers in Merton set to increase (8% increase over last ten years), this saving will only increase.** The 2011 Census shows that the number of Merton carers has been increasing over the last ten years and is likely to increase in line with population demographic changes. Cutting respite service to carers will not affect the future savings the Council needs.

We also do not believe the Council will realise the level of savings they estimate as the actual contract value, £317,730, is greater than the savings suggested by the Council of £294,000. The difference between contract value and Council savings would suggest that the carers can be serviced for £23,730 per annum which is £6.40 personal budget per client per week. This shows that the decommission strategy will fail to achieve the savings objectives it is designed to achieve. Clearly the Council has its sums wrong. It will cost the Council more.

CONCLUSION

It is clear that Merton Council needs to realise efficiencies in order to continue to function with less Government funding. However, decommissioning respite care support is not the right way to go about it.

The savings such a cut will deliver have been overstated even in year one, and the subsequent increase in demand on formal adult social respite care in Merton will go on to cost more in every subsequent year, possibly as much as £408,930.

We hope Merton Council will reverse this decision.

Stefan Kuchar (CEO) and Dr Peter Roseveare (Chair)

Part 8: HEALTHWATCH OPERATIONAL COMMITTEE

30th November 2015

Caroline Cooper-Marbiah
Cabinet Member for Adult Social Care and Health
Merton Council
Civic Centre
London Road
Morden
SM4 5DX

Dear Councillor Cooper-Marbiah,

Adult Social Care Consultation on Proposed Savings 2016-17

We thank the Council for inviting comments on the Adult Social Care (ASC) savings proposals for 2016/17.

The **Healthwatch Merton Operational Committee** on 9th November formally discussed these proposed savings and their likely impact on service users.

As you know Healthwatch Merton fulfils a unique and statutory role in Merton, where we have a duty to bring the voice and influence of local people to the provision of local health and social care services. We strive therefore to ensure that Merton residents and service users are fully informed and appropriately consulted on any proposed changes and developments to those services.

Since we were established in 2013 we have built a strong network of individuals and organisations within our diverse local communities who we believe could help the Council reshape its provision of Adult Social Services and assist in maintaining cost-effective front-line delivery to our more vulnerable service users.

Our comments on the Council's specific savings proposals for 2016/17 are set out on the attached table. As a statutorily funded service we feel this is a more appropriate method for communicating our views to you than completing the Council's public consultation survey document. Healthwatch Merton - The Vestry Hall, London Road Mitcham, Surrey CR4 3UD
Tel: 020 8685 2282 - Email: info@healthwatchmerton.co.uk - www.healthwatchmerton.co.uk

Our more general thoughts and suggestions, as a critical friend, are set out below:

1. We fully appreciate the difficult challenge the Council faces when looking for savings to balance the 2016/17 Budget and recognise that ASC must bear its share given that it represents more than a third of the General Fund Budget.

We think it is essential when considering service savings that the views of vulnerable service users are canvassed at an early stage to inform the local impact assessments and that sufficient time is allowed for alternative savings options to be considered which still achieve the quantum required by the Council. For 2017/18 and 2018/19 we ask the Council to organise an early dialogue between the Council, Healthwatch Merton and NHS providers as well as the voluntary organisations engaged in providing social care services in the Borough.

We believe this will create a space for an honest exchange of views on the savings options and ways of ameliorating those same savings – well in advance of proposals going out to the public. It will also assist the development of integrated care within the Borough area. In practice this engagement should commence early in the new Financial Year, well before the ‘savings’ committee cycle has started.

2. We recognise that at this late stage in the Budget cycle the current consultation exercise is unlikely to result in material changes to the proposed savings for 2016/17. The Cabinet has already allocated savings targets to the different council departments and, in order to meet the Council’s timetable, all specific departmental savings proposals supporting each departmental target are likely to have been agreed in principle. Therefore the true scope for taking account of the views from the public is extremely limited, and any changes would be restricted to increasing and/or decreasing the amounts attached to the various options, in equal measure to maintain the quantum of the required savings. Healthwatch Merton - The Vestry Hall, London Road Mitcham, Surrey CR4 3UD Tel: 020 8685 2282 - Email: info@healthwatchmerton.co.uk - www.healthwatchmerton.co.uk

3. Within ASC many of the savings proposed are expected to affect a specific area or service. However, they are also likely to have a ripple effect on other adult care services highlighted in the document. When considering the proposals ‘in the round’ there is a serious risk of people being less able to support themselves in their own home and instead being forced to seek residential care, which can be expensive and is locally in short supply. We are also of the view that the Council’s policy of increased reliance on volunteers, family, neighbours and voluntary organisations will not be viable and sustainable in the long term without an appropriate level of support and funding from the Council. This policy also assumes the existence of a level of appropriately skilled and experienced voluntary resource that in practice may not be available.

Added to this is the problem that many ASC service users will also be affected by national changes in the welfare and benefits regime and by savings made by other departments in the Council or by the local Health Providers. The cumulative impact will be significant.

4. We note that the option of levying a 2% increase in Council Tax, the maximum increase allowed without a local referendum, to reduce the level of required savings across the Council, has yet to be decided by the Cabinet.

We note also that, in recognition of the punitive cuts to ASC which are likely to be forced on Councils by Revenue Support Grant reductions, the Autumn Statement created a social care precept which will allow Councils with social care responsibilities to raise council tax in their area by up to 2%, this additional revenue to be spent exclusively on social care.

There is therefore a welcome recognition developing both locally and nationally that the level of service cuts needed to balance local Council Budgets cannot be achieved without unacceptably penalising the most vulnerable people in our society. Healthwatch Merton - The Vestry Hall, London Road Mitcham, Surrey CR4 3UD Tel: 020 8685 2282 - Email: info@healthwatchmerton.co.uk - www.healthwatchmerton.co.uk

We would hope therefore that the Council, having assessed the cumulative impact of several years of savings on services to local older and disabled people, will levy the allowed 2% social care precept in 2016/17.

We trust these comments are useful in the finalisation of the Council's proposed savings on Adult Social Services for 2016/17.

On behalf of the Merton Healthwatch Operational Committee.

Yours sincerely

Brian Dillon

Chair of Healthwatch Merton

cc. Councillor Stephen Alambritis, Leader of Merton Council

HWM Response	£Saving
A. 2016/17 Savings not in the consultation process	
<i>Benefits of New Prevention Programme</i>	£500,000
<i>Directorate Staff Savings - 0.46 FTE now funded by Public Health</i>	£21,000
<i>Directorate Staff Savings – 1 FTE post now funded by Public Health</i>	£30,000
<i>NHS Income – Extra NHS funding for extra costs of Hospital Discharges (150K on care/support packages and 50K on staff)</i>	£200,000
<p>CH62 <i>Supported Accommodation Mental Health currently provided by Family Mosaic.</i> <i>Comment</i> We are not aware that the proposal to decommission the supported mental health accommodation at Waldemar Road (CH62) has had the benefit of any form of consultation. We have not had sight of an impact assessment carried out either by the Council, or by Family Mosaic. Whilst this particular provision may well have been unsatisfactory, we are very concerned at the overall reduction in local residential provision for people with mental health needs. Our understanding from the various meetings we have had with mental health service users and their carers is that local availability is very limited. Given that the withdrawal by Family Mosaic, and in turn, the associated saving of £106,000 from the ASC budget for 2016/17 appears not to have been subjected to any public scrutiny we would ask that the rationale for this decision is made explicit.</p>	£106,000
Total Agreed Savings for 2016/17	£857,000

B. Proposed savings for 2016/17	
<p>CH04, CH20, CH58 and CH22 <i>Assessment and Commissioning costs – Management reductions & moving some customers to self-management</i> <i>Assessment and Commissioning teams – Staff Savings from 34- 39 FTE posts deleted out of a total of 190</i></p> <p><i>Comment</i> The specific savings set out in the document include some detail about impact. However, we think it is not sufficient to gauge the true impact of the proposals on any one individual or client groups. For example the staffing reductions in Assessment and Commissioning teams (30-35 staff) suggest “a reduction in the ability to carry out assessments and reviews, social work support, safeguarding, DOLS and financial assessments”.</p> <p>The document does not provide us with current activity levels, response times and the anticipated changes in those response times if these savings were to be implemented. We ask that this information is made available so that comments can be informed by the true impact of the proposals.</p>	<p>£100,000 £1,367,000</p>
<p>CH21 <i>Direct Provision (Residential, Supported Living) – 2 management posts and 11 FTE posts deleted out of 144.37</i> <i>Comment</i></p> <p>We are concerned that these savings could seriously impact on the physical and mental well-being of service users through loss of socialization both at home and in day centres. This impact is likely to create more problems and expensive solutions in the medium-term.</p>	<p>£374,000</p>
<p>Sub-Total</p>	<p>£1,841,000</p>

<p>H 60 <i>Carers Support Services – to be replaced by a domiciliary care service and a carers support service from the voluntary sector</i></p> <p><i>Comment</i> The current respite service provided by Crossroads is free to carers. Our understanding is that those receiving domiciliary care make a contribution to the service which is means tested. It is not clear from the document whether the proposal means that carers will in future have to contribute financially to their respite care. If the proposal does indeed include charging we would wish to understand what proportion of the savings relate to this anticipated income. We would also welcome information about the consultation that will take place with carers about the financial impact of this decision (if any) on current and future carers together with further detail about the proposed carers support service from the voluntary</p>	<p>£294,000</p>
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sector, how it will be funded and the standards that will be set for this service.	
<p>CH61 <i>Meals on Wheels – to be decommissioned and replaced by support from community, neighbourhood and voluntary support infrastructure</i></p> <p><i>Comment</i> Meals on wheels is a service which reaches some of the most vulnerable people living in the community. It is a critical lifeline for many. Can the council advise whether the anticipated replacement service provided by ‘community, neighbourhood and voluntary support’ services is already in place and how this will be expanded or co-ordinated? It will be essential that the replacement services are only provided by individuals and organizations who have the necessary food hygiene and handling training as well as the nutritional knowledge required to meet the particular medical and cultural needs of the service users. How will the Council ensure this requirement is satisfied?</p>	£153,000
<p>CH 63 <i>Mental Health Day Support – decommission the current service. Replace by peer led day opportunities</i></p> <p><i>Comment</i> We would like clarification about the nature and full impact of this proposal. In particular we need to understand the expectations on ‘peers’, the support that will be available to them and the anticipated outcomes of this new type of service both for current service users and for peers.</p>	£84,000
Sub-Total	£531,000

<p><i>Promoting Independence – efficiencies from hospital discharge process and enabling customers to regain and maintain independence</i></p> <p><i>Comment</i> Given the cutbacks in other areas for caring at home this is unlikely to be a realistic target.</p>	£100,000
<p>CH29 <i>Older People – Managing Crisis. Activities designed to reduce admission to residential care. Looking to families to support people at home for longer</i></p> <p><i>Comment</i> The impact of this proposal will fall upon family carers who will be asked to take on more of the caring role and to support people at home for longer periods. One factor that contributes to a breakdown in the ability of family carers to 'carry on' is a lack of support and the availability of respite care. The combination of this saving, with the proposal to recommission respite care and a possible financial contribution suggests significant additional pressure on families and/or carers which carries a severe risk of undermining their ability to care.</p>	£125,000
<p><i>Substance Misuse Placements – actively manage throughput to residential placements</i></p> <p><i>Comment</i> This is a saving which has no materiality to the required quantum of savings and yet could adversely affect this vulnerable group of people.</p>	£6,000
<p>CH 27 <i>Mental Health – Review of support packages</i></p> <p><i>Comment</i> We are aware that, over time, the Council has been forced to focus its services on those people for whom it has a statutory responsibility and with services which are largely mandatory. Whilst we would endorse the proposal to continue to review all support packages on a systematic basis in principle, we are also concerned about the level of savings associated with this activity for 2016/17. The benchmarking information provided in the savings document advises that Merton is already spending below average of the England average for older people and other care groups. The scope for the suggested level of savings seems therefore extremely limited and if implemented is likely to take the care and support provided to vulnerable people in the borough even further below what might be regarded as a 'benchmark' level of spending. Our concern is that this is likely to lead to a further shift of the balance of care towards family, carers and communities regardless of their availability, skills or willingness to care.</p>	£76,000
<p>CH30 - Older People – Review of support packages <i>Comment</i> See CH 27</p>	£732,000
<p>CH31 - Physical Disabilities – Review of support packages <i>Comment</i> See CH27</p>	£242,000
<p>CH33 - Learning Disabilities – Review of support packages <i>Comment</i> See CH27</p>	£550,000
<p>Sub-Total</p>	£1,831,000

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Appendix 7: Open Responses received via email and letter

Comment

I note that you are consulting about proposed financial cuts to social care and I am concerned that this consultation has not been publicised more widely. Apart from those currently in receipt of services any changes are clearly going to impact on anyone who might need to rely on those services in the future and those around them.

In the meantime, I have replied to the survey separately but felt I should write to express my very deep concerns about the way Social Services operate financially and culturally. This is based on my own family's experience over the last 11 years since my elderly mother was left paralysed down her left-hand side after a stroke. While there are undoubtedly some kind and well-meaning people working within Social Services, our experience has been largely negative and I feel strongly that public money is being wasted and misdirected unconscionably:

1. Day-to-Day Waste and "Efficiency Savings"

First an example which I think exemplifies the problem of waste.

Earlier this year, within three weeks of a visit from a nurse attached to my mother's GP surgery, we had visits from the GP, a social worker, a bloods nurse, a District Nurse, a physiotherapist followed by various visits from a different physiotherapist and an OT accompanied by a second OT for some reason, as well as people who came to deliver equipment, and people who came separately to remove old equipment (because no one put removal on the order form). The "physiotherapy" was too little much too late - six basic exercises on a pro-forma sheet ("point your toe" etc). In addition to our usual commitments and a hospital visit, the sheer density caused us problems and things would have been even worse if we had not restricted the visits as much as possible. There was an awful lot of talking but the whole process which left me tearful and debilitated only achieved one concrete result - a replacement commode which we could have bought if we thought it important enough.

The nature of the visits did not help. They were mostly longer than they should have been and largely duplicative. The most extreme example was the OT who came at the suggestion of the physiotherapist specifically to discuss a pole to help my mother stand up. It turned out that no such pole existed but she arrived without knowing what she had come for (with a second OT without notice) coinciding with my mother's carer who could not therefore do her work. The OT began by asking me what work we were having done in the kitchen (!) She then recommended that I move round all the furniture in my mother's room so that (after 11 years of using exactly the same muscles) my mother could get out of bed on the other side (and if it did not work I could move everything back again) and finished up by peering down

the commode to see if the carer had emptied it (which she had not because I had had to ask her not to finish her work). Since she was there we did ask her for the replacement commode and she ordered two bars (which were not really any use in the event). She did not arrange for the old commode to be removed so we had to do that separately but she did try to come back to look at what had been delivered.

We have got used to this sort of thing and this is not a personal complaint. The problem is with the procedure the OT was following. Social Services should consider the following (all of which are taken as read in any private business):

(a) Before visiting a patient, consider whether it is necessary to visit and/or whether it might help to telephone, write or email first or instead. We could have dealt with the OT in two minutes over the phone. The physiotherapist could have sent the pro-forma exercises by email.

(b) Do not have two people attending at the same time unless absolutely necessary. Apart from the cost it is oppressive for the patient. Where two people are attending tell the patient in advance, ask for access and explain why two people are necessary

(c) Focus meetings and try to use time cost effectively. Even if a phone call does not avoid a visit it may mean you can use time better eg by bringing a possible aid with you or at least a picture

(d) Remember what you were given access to do and do it as well as possible. Do not pry unnecessarily. It is rude. Do not try to duplicate everyone else's job (a huge problem in social care – "duty of care" etc)

(e) Try to have some kind of continuity. If you cannot send the same individuals who know the background, try to have a clear written record of the important facts eg a patient's disability and choices and make sure anyone attending has read and understood it.

(f) Remember that the patient/carers has probably had other visits and that you are taking up their time. If you are "throwing out thoughts" ask the patient/carers if they want to listen to them. Do not use them as a captive audience.

(g) Remember that carers are not your lackeys and are usually under pressure. Treat them with respect. Their time and effort is not at your disposal.

(h) Try not to be rude, patronising or high-handed. It sets peoples backs up and wastes time. Be open and honest about what you are doing and why.

(i) Only prescribe drugs or provide equipment where it is reasonable to do so, not to avoid accusations of "neglect". Try to arrange removal at the same time as delivery etc

2. Institutional and Cultural Problems

It feels as if no one is monitoring the way money is used and clearly there is a need for better management and direction. I have mentioned the lack of continuity and I found it exasperating that I had to explain the same basic facts every time anyone came – my mother’s disability, how it affected her, her choices, how many carers she had etc. – but this was particularly difficult to understand when everyone seemed to be writing reports all the time and having discussions about us. It felt as though everyone was occupied with peripheral things - how many pets my mother had, or whether I was “difficult” – rather than tedious but important basic record keeping.

I think this is partly a management issue but it also seems to reflect a self-serving culture in which there is too much emphasis on the employees’ status and self regard so that the emphasis is skewed towards what they personally think is important rather than what is objectively important and the choices the patients have made. This kind of thing needs to be reviewed at a more senior level.

On the receiving end it also feels as if compliance with “procedures” has become an end in itself rather than a means to help provide good care. Whether or not you help or support people in fact depends upon whether those people find your actions helpful or supportive yet no one assesses the impact of what they are doing. I do not think anyone could consider the actions I have described above as likely to help or support anyone but that is not the point of them. They simply represent a procedural, one size fits all, checklist driven approach to avoiding liability for misunderstood “neglect”. The approach needs to be reformed to save money and to provide a better and more responsive service.

I think Care Packages should be looked at more individually and built around what a patient /carer want s and needs and the risks they as adults are willing to take. My mother did not need two carers at once but she was told she had to have them. She did not want to be put to bed like a child between 4pm and 6pm nor have two people inexplicably visit between 11am and 1pm to give her lunch when she was living with my father, all of this at huge expense. A more collaborative, common sense approach would save money, provide better care and vastly improve the image of Social Services and the general community.

Hi I am replying on behalf of Mr X

- 1) I find that the care managers some of them do not know what their staff are doing.
- 2)Have been told lies about what time the carer would turn up, they say 5 mins away but after an hour they turn up.
- 3) Last week no one showed up, it was down to me to contact the care team to ask where the carer was. They then had to call out an emergency carer as they didn't know where the carer was.

4) we requested for 1 hour in the morning and 1/2 hour in the evening - STILL they get that wrong and charge us more. - so have to re-check it which causes delay in payment to Merton council.

5) Think that the management need to be shaken up.

Regards

Mr X

Re: Mrs X

I have recently been contacted by Mrs X's son regarding his concern that the Council is considering ending their contract for meals on wheels.

Mrs X is ninety-five years of age and is partially paralysed and is also nearly blind, she lives alone at the above property and does not receive any help with shopping or personal care. Mr Hopkins is concerned that his mother will be unable to prepare meals on her own and that her wellbeing will suffer should the meals on wheels service be withdrawn.

I understand that the consultation on the future of this service ends today, and that Mr X would like to register both his and his mother's objections to the withdrawal of this service. Mr X would also like to enquire as to what alternative facilities are in place for residents who currently use the meals on wheels service.

I would be grateful for your comments as to this matter.

I am writing on behalf of my father in law X with regards to the above proposed savings. He is a gentleman of almost 101 years who like us is extremely concerned about the impact these proposed changes will have on him and many other elderly and vulnerable people.

I wonder how many of the 'current 177 customers' who have worked all their lives, paid their taxes, never claimed benefits, fought for their country, as did my father in law, will be seriously affected by these proposed changes. There is a very true saying that people in power who make important decisions know the price of everything but value nothing, and if these proposed changes go ahead I dread to think of the consequences for these '177 customers.

For many people the meals on wheels service is a lifeline and can often be the only human contact they have on a daily basis. From my point of view knowing that someone is going to my father in laws house each day is a great comfort and a wonderful insurance, as I know from past experience that if they get no answer they will be straight on the phone to me to see if there is a problem.

Before Merton Council provided meals on wheels on a Sunday my husband and I were members of Merton Lions and as part of our volunteering would deliver meals

to the elderly, and on several occasions we had to call for an ambulance because the person we were delivering the meal to was on the floor, or worse.

I have no faith in the so called 'community group and neighbourhood support' idea which has been suggested to provide meals on wheels, as if this is anything like the 'care in the community' for mental health I feel it is set to fail before the first meal is even cooked.

I appreciate that Merton Council has to save money, but feel that the risks to so many elderly and vulnerable people to save £153,000 is very short sighted, as I can see many people finishing up in the hospital at a cost to the national health because they have been denied the daily contact that the present meals on wheels service provides. I really hope that the people who have to decide the final outcome of this will look to their conscience and think about the '177 customers' concerned.

This email is to support the continuation of Meals on Wheels for elderly and vulnerable residents of Merton.

My mother in law lives in Mitcham (under Merton council) she has dementia - she desperately wants to continue living in her own house - which with the various services available she is at the present time is able to stay at home. She has carers in the morning and evening and completely relies on Meals on Wheels for her midday 'HOT' meal as she is unable to cook/prepare any meals for herself. (The carers give her breakfast in the morning and a sandwich in the evening along with here essential care).

The suggestion that 'supermarket delivery' is completely nonsensical in the case of my mother in law as she is unable to use any cooker/microwave and in fact it would be extremely dangerous.

We appreciate the care and responsibility that the people who deliver the meals show as they are able to let the family know of any concerns with her - as they have done for us on several occasions.

We appreciate that they not only deliver a hot meal but also are able to check on her safety and well being midday, whilst the family are working.

It is of great value to the family to know that she is getting a hot meal once a day and are obviously extremely concerned about protecting this valuable service to the elderly and vulnerable (which my mother-in-law) is certainly in both those categories.

As the proposal is to 'decommission the home meals delivery service in Merton'. We would like to support the continuation of the delivery of hot meals as this is a worthy, vital and necessary service to the elderly and vulnerable.

As the elderly and vulnerable will be put at more risk to there health and welfare if this service stops.(among this group would be my mother-in law).

Regards

X

Dear Sirs

MERTON CARER RESPITE SERVICE

I have read the Easy Read Version of the Merton Council Adult Social Care project entitled "Consultation on proposed Adult Social Care savings for 2016/2017" documentation.

We are mindful of the resources constraints on the Council.

My spouse and I are very happy with the ongoing respite service we receive from Cross Roads Care for our above named daughter who is 32 years old. Our daughter is disabled and unable to find her own solutions.

Furthermore, my spouse is already taking care of our daughter outside her carers time allocation and does need sometime for respite.

We have no contact with communities.

In principle we have no objection to alternatives provided the quality of the existing service we are receiving is not materially impacted.

Yours faithfully

X

Father of X

To whom it may concern

I have been advised that the service 'Imagine' may be affected by proposed spending cuts and I just wanted to provide feedback for the consultation process. Myself and my colleagues have made numerous referrals to the service for our patients experiencing anxiety and depression and they have reported the service has been invaluable to them in terms of providing advocacy and practical support.

It would be a great loss to the local borough if the service was not able to continue

Kind Regards

X

To all Merton councillors and both MPs

A reply to the consultation on Adult Social Care

Q2 Is the reduction in funding too much. Yes

People with disabilities and their carers are already being seriously affected by various Government cuts and decreases in benefits. Locally there have already been serious cuts to daycentre staff with far fewer activities and a shorter day. Cuts will mean less staff, less well qualified staff and also mean that the learning disabled are no longer being well cared for. In an emergency they would be at risk. People with severe learning disabilities are among the most vulnerable in our society. They need and deserve a high quality of care which will be lost. There is now no hope of improvements in services and basically good services are being gradually downgraded. Carers will become sick and exhausted.

Q3 Comments on staffing cuts. I strongly disagree with these

It is already almost impossible to speak to a social worker and definitely impossible to speak to the same one twice. The lack of personal knowledge of the client then causes extra work in repeating information and means suitable advice or action is not available causing worry and distress. Lack of help when my daughter left Orchard Hill college meant that her work placement which she had been doing fell through. Cuts to behind the scenes staff will mean difficulties in commissioning suitable services and even worse mean that there will be insufficient checks on performance. It is well documented that those with serious learning disabilities are the most likely people in our society to be mistreated or not suitable cared for. Merton will not have sufficient staff to ensure their safety.

Q6. Crossroads Carers, Meals on wheels, Mental Health Day Support

Crossroads Care is an excellent essential service giving carers a real break knowing that the person they care for is in the safe hands of a well qualified experienced and reliable carer. Any substitute will be less reliable. Domiciliary care is unreliable too short and inconsistent. The voluntary bodies are having a 50% funding cut so they cannot be suitable. We need Crossroads

Mental health sufferers need support and some people really need to see a friendly face and have a meal prepared for them.

Q8 Savings from support packages. These are too severe

My daughter needs 24 hour care, support and supervision. I am over 70, and my wife a little younger. Of the 168 hours in the week we have 24 hours assistance from JMC Day centre, Crossroads and a Mencap Club leaving us with 124 hours of caring each week for year after year after year. Her care is physically and mentally exhausting and we need the help we get just to keep going. To cut our care package would be cruel and a kick in the teeth for very hard working elderly council taxpayers. Properly financed packages can preserve the health and sanity of carers and help them keep on caring saving the NHS and council extra costs

Q10 Other priorities These will not help in the short term

Q12 alternative savings close day centres- share services with other councils/NHS - bigger staffing cuts - Outsource all in house services - Fee reductions from providers

You are correct to ignore these possibilities. The day centres for adults with severe learning difficulties provide an essential service to the client and to the family carer. My daughter loves meeting her friends and always comes home happy. As elderly parents we are already fully stretched and need the day centre

Q13 other ways to make savings? USE OTHER SOURCES OF MONEY INSTEAD The council should raise council tax by 2% This would save some services and prevent the loss of experienced staff The use of reserves should be seriously considered

Q15 changes to services since 2011 It is currently extremely difficult to consult a social worker and impossible to see the same one twice. This is worse than previously. It means clients do not get the help or advice they need. Annual reviews of care packages are not taking place. WE ARE ACTUALLY DREADING ANY REVIEW. Although we need and deserve the help we get it is obvious that reviews are being carried out solely with a view to cutting costs and not with the intention of meeting needs. My daughter cannot walk but can cycle on a special trike, but it takes two people to get her on and off the trike safely. I asked for two hours help weekly or even only fortnightly so I could keep my daughter cycling, but without my wife's help so she could have a break. We were refused. We also had to have help from Mencap to get Social Services approval for my daughter to attend a Saturday morning club once a fortnight for three hours. We had to argue for over three weeks to get her the personal help she needed. There are now less activities at the daycentre and the length of time the day centre is open is at least an hour less each day because staff are busy on transporting clients at the start and close of each day. We have constant worries about further cuts with loss of quality and safety and length of provision.

Dear Sir

I write in response to your letter to my parents regarding the proposed changes to the future provision of the carer support service.

My 85 year old mother is the primary carer of my 88 year old father who is in the advanced stages of Alzheimers, and is still living at home. The majority of Dad's care, together with all ancillary help (e.g. domestic help, transport) is either funded privately or provided by family members on an on-going basis. The only local authority funded support received are the 2.5hrs per week respite that Mum receives which is provided by South Thames Crossroads (STC) Carer Support Service.

Neither my mother, or other family members agree with the proposal to decommission South Thames Crossroads and replace the carer support with either a

domiciliary care service/direct payment offer and a voluntary carers support service. Most importantly continuity of care and support is extremely important to both my parents, who have to build strong, trusting relationships with all carers. Mum has always been satisfied with the service provided by STC, and the likely forthcoming changes to these arrangements to meet the required budget savings has increased Mum's already high stress levels as she continues to endeavor to care for Dad at home. Assuming that the replacement services are means tested, my parents will no longer be eligible to receive any Council funded support, even though they only have a modest amount of savings.

The consultation document states that one of your key aims is to promote independence requiring customers to use their own skills and assets to find solutions in their own lives, and that family members should support their own family members (slide 21). Our situation is a very strong example of this policy, however all the family feels that with the ever increasing amounts that are paid in taxation - either locally or nationally - individuals must be able to feel that they are receiving some benefit - however small - for their outlay.

My mother is also concerned that she will be given adequate notice to find alternative service providers, if necessary, as she cannot care for Dad without continuous on-going support.

Regards

Mrs K T X

Since my mother (X) has become housebound, this service has become invaluable. I live some distance away in East Sussex, so I am unable to visit my mother on a daily basis.

She lives on her own - and is happy to do so, but she wasn't eating well at all until we discovered this service - and the change in her since she started eating a hot meal every day - has been remarkable.

Sometimes, apart from speaking with me on the phone, having the visit once a day is the only contact that she has with the outside world and another human being. Needless to say, losing this service would be devastating for her.

At age 88, she has difficulty moving around and even standing up for longer than a minute at two at best, so she has neither the capability - not it has to be said - the inclination to cook for herself.

She has come to look forward to - and rely on - these meals 6 days a week, and indeed when her oven broke down a year or two ago, it was disconnected because she wasn't using it - and it had become dangerous.

In conclusion, we would ask you to reconsider decommissioning this vital service to my mother - and to many other vulnerable elderly people in Morden.

Yours sincerely.

X

Having read the proposals for these cuts I feel that the people being targeted for these are among the most vulnerable in the borough and the cuts will have far reaching consequences for carers, more will be required of carers many of whom including myself are in their seventies and have several health problems

it is vital for us to have "me time" to enable us to recharge our batteries.

I don't think councillors have any idea of what impact caring has on us, if they spent time in a household with any of these people they would be really surprised

as to what is involved and just how much "wear and tear" falls on carers

Crossroads has been providing an efficient service for many years, continuity of care is imperative for some people if the service is put out to an agency there could well be problems with providing this

Direct payments for respite caring will involve expense in administering it for carers so will savings really be made? and if so will they really be worthwhile for all the upheaval that will result.

Hopefully a compromise will be made

from

A concerned carer

I understand that Merton Council are considering stopping 'Meals on Wheels'. This causes great concern to my wife and I.

My mother in law, X, uses this service. She is 95 and has dementia. She has lived in a warden assisted flat since the death of her husband over twenty years ago. The warden is in attendance for half a day, five days a week. My mother in law has two daughters but each lives over 100 miles away from the flat.

We visit my mother in law about once a week and provide her with all her needs including food and drink. Previously she would go into Wimbledon and do her own shopping and then cooking but she became unable to make the journey. Included in her food that we provided would be ready made meals which all she needed to do was put in the oven to heat up. After a while we discovered that she was not doing any cooking and was therefore not eating a hot meal. We approached the council and she was provided with 'Meals on Wheels' - the difference in her health was immediate. She put on some weight and her general health improved and has not

had a problem since that time. In fact a few months ago she fell over and hit her head and if it had not been for the 'meals on wheels' delivery person not being able to get into her flat and raising an alarm, she would not have been discovered for some while with the consequential circumstances which we do not wish to contemplate.

We understand that one of the alternatives being considered is supermarket delivery but in our case this is impractical as has previously been explained.

We have considered moving her to a care home and have discussed this with her, however she is adamant that she is very happy where she is and does not wish to move. We believe that she would not be able to cope if she moved and it would not be long before she departed this world.

We accept that this is only one case but we believe that there are similar situations.

We believe that it is the duty for the community to look after the old as they reach the end of their lives and make their lives as easy as possible and to have an acceptable life style. The current proposals do not provide this!

We hope that these thoughts will be included in your considerations.

X

I was alarmed to hear that Merton Council are to decommission Crossroads Care as part of the proposed savings to Adult Social Care. The fact that the first service users heard about this proposal was by reading it in the local Guardian Newspaper is even more disturbing.

We have been fortunate to have received a respite service from Crossroads for the past few years. Our daughter X is autistic and the three hours we receive on a Friday evening is as vital to her as it is to us. The respite support they provide is reliable, with fully trained workers who offer a level of consistency which is so important. Our daughter has formed wonderful bonds with the support workers they have provided us with. We are able to enjoy our respite(the only break we get) in the knowledge that our daughter is safe and is enjoying whatever activities they do together. I cannot bear to tell her about these proposals as she will go into meltdown.

It is rare in these current times to find such an organisation as Crossroads and I hope that a resolution can be made to continue it's work with Merton clients. The proposals to replace support needs from the voluntary sector will not be able to provide the same level of dedication and expertise.

I appreciate Merton council's dilemma and know that these changes are met with a heavy heart. I consider myself lucky to be a lifetime Merton resident but please rethink or renegotiate a new arrangement with Crossroads because this service is invaluable to the 72 customers currently served.

Yours sincerely

X

Once again the consultation is confined to a pre-determined slicing of the cake. I would prefer that the £3million proposed to be spent on wheely bins be diverted to the asc budget. I would also be prepared to pay an increase in council tax to ensure that paid carers are employed in sufficient numbers and adequately trained to provide a quality service. I would therefore request you up the council tax by the 2% allowed by the government.

Regards X.

Sodexo have been delivering meals to the elderly and vulnerable residents of merton for the last 14 years,they are extremely efficient kind and caring. To loose this service would be devastating for my sister Mrs X who looks forward to the meals as they are excellent. The staff are kind and polite and I myself feel at ease knowing that the staff of Sodexo looking after my sister whom myself have met on many occasions. I hope this service continues for many years not only for my sister but for the very vulnerable, as this is a lifeline for these clients. Mr X

Dear Sirs,

Reference: Mrs X - suffered a stroke X, diagnosed Vascular Dementia X

I can only speak about my experience with Sodexo Merton Area, they have been delivering hot meals to my elderly mother for some years now. They have been able to alert me to an accident my mother had and if there were any problems. They are such a great group of caring people.

When they first started, my widowed Mother 'looked' after herself, not very successfully, but with the help of Sodexo Hot Meals she had that extra bit of independence. My Mother is now 90 and although she now has carers looking in three times a day she looks forward to her hot meal at lunch time. If anything happened to me, her daughter, I don't know what would happen, if the meals were stopped.

There must be a lot of people who don't have help like my Mother and depend on that hot meal at lunch time. My Mother has lived in her own home for nearly 60 years and this service has contributed to her being able to live there. This house on St Helier Avenue is where she lived with my Dad until he died and bought up her family. It is where she wants to remain until the end.

This service is a lifeline for many people of her estate, perhaps it saves people from going into care homes until they really need to. Please don't take away this valuable resource for the elderly. If my Mum could, she would say the same.

Thank you.

X

On behalf of Mrs X

Dear Mr. Williams,

My mother receives this valuable service. PLEASE DO NOT GET RID OF IT. Sodexo are great and very reliable. The council should not expect other voluntary groups and neighbours to pick up the pieces and costs.

Yours sincerely,

X

Hello,

I understand that you are consulting on advocacy services. I am writing in to let you know how helpful it has been to my clients:

1. LH- female- 50 years old- unfairly dismissed from work. Imagine helped her with not just paper work but actually sitting down with her and explaining the law, her rights etc. They then also accompanied her to all her meetings and spoke on her behalf when she felt too distressed to do so. They also helped do risk management alongside when she became suicidal at one point due to all her problems.
2. CK- male-30 years old- struggling to go to work due to his depression. Imagine team went to his work place and conducted in depth mediation meetings to support him to have an altered role for a while till he was able to feel better to get back to his full time duties.
3. MP-male- 59 years old- Tamil-speaking man, facing harassment at work and not able to voice his concerns adequately. Imagine team again went into the work place with him and enabled a smooth resolution of the issues.

These are just a sample of the many clients I and my colleagues at IAPT have sent to Imagine. They have always responded positively and promptly. Laurie the manager has always come across as someone who is clearly passionate about the work she does.

I do hope this service will be allowed to continue. Please do feel free to contact me for any further clarification.

Kind regards,

X

Please please do not stop this service.

My uncle had a fall last Christmas when he came out of hospital meals on wheels were set up for him.

This is such a important service as he lives on his own he is 85 it means he gets a hot meal without having to go to the shops which he can't not do now on his own and he does not have to worry about preparing a meal with all the grief just for himself.

Someone is going in as well everyday to check on him when he had his fall he could of died but now we know someone pops in everyday with the help of the key safe he feels a lot safer.

Please do not let our old people suffer because of cutbacks they need this Service.

I beg you !!!!!

Thank you for listening

X

I urge you not to remove this vital service. I live at quite some distance (a days journey) from my older brother who receives your meals on wheels service. I know that he receives a hot meal every day and has some human contact. I know that it is a safe and reliable service and if there were any issues of concern I would be contacted.

I am fearful that without the meals on wheels service his physical and mental health will deteriorate. It is very shortsighted to suggest that this service is removed and it would result in more hospitalisations and interventions by social services.

Please please do not take this service away.

Kind regards

X

A family carer's plea. Reconsider the ASC cuts

My daughter is now 30 and I am 71. My wife is slightly younger and we care for my daughter in our family home. Because of severe learning disabilities she cannot do everyday tasks that even a six year old can do, but in addition she cannot walk at all and cannot even stand up unless she is supporting herself on both arms. This also means she cannot use the toilet without help.

She currently has 3 days at a Merton' daycentre for the learning disabled (JMC), which including transport time is approximately 6 1/4 hours a day. My daughter loves the day centre.

My daughter also has a Crossroads carer come in for 3 hours a week, and this gives my daughter chance to chat to a different adult, which she does enjoy, and this gives my wife and I a short break. The carers from crossroad have been first rate they are qualified, sensitive, responsible and caring. They do personal care, (a delicate task) and each one we have had has been pleasant, consistent and come for several years. My daughter has become friends with each one.

My wife and I desperately need the help we get and my daughter needs the variety that the daycentre and Crossroads brings. All 3 of us need the daycentre with no cut in hours or in quality of staff. We need Crossroad Care too, with the quality, and reliability that this organisation provides.

For someone with learning disabilities, particularly if they also need personal care it is absolutely essential that there is consistency and regularity in care.

The client and the family carers need people they can trust, and an organisation they can rely on, for quality and dependability of care. Crossroads is an organisation which we trust. It will be horrifying if Crossroads is no longer going to be commissioned. Crossroads carers really work hard to keep their clients happy and the quality and reliability is almost certainly to be lost if changes are made. Taking on a new cheaper provider can only result in a loss of quality and reliability, which will be a real blow to fragile, vulnerable people and put more strain on their carers.

NOT ONLY DO WE FACE A LOWER STANDARD OF HOME CARE BUT WE ARE ALREADY SUFFERING FROM CUTS TO DAYCENTRE STAFFING AND NOW FACE EVEN MORE SEVERE CUTS TO DAYCENTRES.

It is appalling that the quality and number of day centre staff and the length of time allowed to people like my daughter is also under threat.

Quite severe cuts have already been made and these STAFFING CUTS HAVE ALREADY AFFECTED THE VARIETY OF ACTIVITIES THAT STAFF CAN OFFER. Further planned cuts can only make this worse. Redundancies for well qualified staff and lower qualified replacements (or no replacements,) will mean a disastrous loss of quality and reliability at the day centres. The length of time allowed at the day centre is also under threat because of the planned cuts to the services offered to individuals in their care plans.

MENCAP FUNDING IS TO BE CUT. My daughter uses a Mencap Saturday Morning Club and this too is threatened in two ways by possible cuts in my daughter's care plan also because Mencap's funding from the council will be cut possibly by 50% and they will have to cut some services.

EVERY TYPE OF SERVICE WE GET, WHICH HELP MAKES MY DAUGHTER'S LIFE HAPPY AND GIVES US A BIT OF RELIEF FROM THE STRAIN AND STRESS OF CARING IS SERIOUSLY UNDER THREAT. My wife and I save the council thousands of pounds by the caring we do.

The services we get help us to continue caring and these services should not be downgraded in standards of quality or safety. Nor should the hours we receive be cut.

SOME FAMILY CARERS ARE IN WORSE SITUATIONS THAN I AM, THEY MAY BE STRUGGLING ALONE, OR CARE FOR SOMEONE WITH BEHAVIOURAL DIFFICULTIES OR ILLNESS IN ADDITION TO THEIR DISABILITY. COUNCILLORS SHOULD THINK AGAIN ABOUT THESE CUTS AND DO NOT MAKE OUR OR OTHERS SITUATIONS WORSE.

From X

I am a member of on the Steering Committee of ADULTS FIRST a local group of adults with learning disabilities and they are very concerned about the cuts this year. To save time I have written in a personal capacity but many others share my views.

Please deliver to Councillor.

Dear Siobhan,

I received your letter today regarding the decommission of the above service. My views are as you say that this service is a lifeline for the vast amount of the recipients, one being my brother whom lives in Merton, He is specifically reliant on this service for his daily dinner as he is disabled with MS and unable to cook or make a hot meal for himself. I live a fair way from him also am getting on in years and cannot get to him that often so this service is a very important part of his life, without it it will make life very difficult for him. As you say as well it gives people the safeguard of having some contact with the outside world especially like my brother whom is housebound and living on their own. We have been so happy with the service which has been so well run, I feel it would be criminal to decommission such an essential service that so many people have become to be part of their everyday lives. To take this away will leave so many vulnerable. So personally I feel very strongly against decommission of this service and rather angry that the council could even think of doing such a thing. The people that rely on this sort of service have enough problems in their lives without having to worry about having their essential services taken away from them.

Yours Sincerely

Mrs. M. X

As the sole carer of my husband, who has Alzheimers and Parkinsons, I would not be able to cope without the excellent Crossroads Care service. To know that I can rely on the same caring young man every week to look after my husband for three hours makes all the difference to my life. It means I can go shopping, get my hair cut, go to the dentist etc. Please do not cut the funds for Merton Carers and Cross Roads Care.

X

Dear Sirs,

I would just like to express my concern of the suggestion that the meals on wheels service might be under threat of being discontinued.

This service is an absolute lifeline for my elderly parents who are unable to get out and about for shopping or cook a meal. My mother has Alzheimer's & my father is 96 years of age & with no relatives living nearby this service is their only way of getting a hot meal.

The discontinuing of this service would have a damaging effect on their health and wellbeing.

Also for other elderly people within the area who rely on this service.

Yours faithfully,

X

To Whom it May Concern.

I understand that Merton are considering making cuts in the Meals on Wheels service and I must say that am appalled. This service used by the elderly, is a life line. How can an elderly person with no access to the internet order ready meals!!! Added to that there is now a minimum order value of £40.00 for deliveries and a monthly charge will this reflect in a rise in their pensions which are measly to say the least.

My friend's mother weighed 4 stone this time last year and was hospitalised, because she was not taking care of herself as she had her sick husband to look after. Meals on Wheels were arranged after her release from hospital and she started on the road to recovery, sadly her husband died a short time afterwards. Meals on Wheels was a life line - a caring face at the door once a day and a good hot meal. She now weighs 8 stone.

This service is so much more than just food, why can't this council see that. Surely there are other things that could be cut back. The council have spent millions on Mitcham Town Centre for what I can only see are extra benches for the alcoholics to lay on at night.

All I can see this achieving is to put extra strain on our NHS, with falls and possibly deaths from falls, bodies not being found for days because nobody is aware of an elderly person needing assistance. Some elderly people will not have the option to live independently with a good nutritious diet many will be in the same position as my friend mother.

Come on Merton Council our elderly deserve better treatment than this and as a resident of Mitcham all my life I couldn't be more discussed in this council for even contemplating such an action.

X

Equality Analysis



What are the proposals being assessed?	Proposed budget savings CH54, CH58 and CH59 – staff reductions
Which Department/ Division has the responsibility for this?	Community and Housing, Adult Social Care

Stage 1: Overview	
Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	<p>To deliver required savings and to mitigate the impact through changed processes and structures.</p> <p>The aim and desired outcome of the proposal is to achieve the proposed budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. The Adult Social Care Target Operating Model (TOM) is committed to service transformation, through efficient processes, through promoting the independence of individuals and reducing reliance on council funded services, and through utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions.</p> <p>However, there could be reduced / delayed services and it may lead to increased waiting times for service users, reduced capacity to monitor quality within provider services, and reduced capacity to undertake assessments and reviews which would have a direct implication on the ability to effectively promote independence. The Adult Social Care TOM commitment to flexible and mobile working and to improve assessment and care management processes should enable any risks to be partly mitigated.</p>
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Staff, service users, carers, partners and providers will, or may, be affected.

4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	HR input will be required.
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Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Staffing structure – 338.97 full time equivalent staff budgeted for 2016/17 – this includes all adult social care staff, including residential homes and day centres.

Current service users - at the end of 2014/15 there were 4,095 service users receiving long term support with other service users receiving temporary support. Service users include older people, people with physical disabilities, learning disabilities and mental health issues. We consider trends from data about our service users. For example trend data shows that we have continued to meet our statutory responsibilities whilst slightly reducing both overall numbers of service users and the overall level of support packages being received, through following a promoting independence approach.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Two staff consultation events were held with 83 staff attending. Feedback was also received from service users in response to the consultation, with 129 responses to the questionnaire.

National context –benchmarking data, National Audit Office ‘Adult Social Care in England: Overview’, Barker Commission ‘The Future of Health and Social Care in England’ (initiated by the Kings Fund) and Local Government Association ‘Adult Social Care Efficiency Programme’. Best practice research and reports with ADASS and other national and government groups. Benchmarking data shows that overall Merton spends less per head on adult social care than the average for its comparator groups, and has a more targeted service on fewer people than average. Further information is available in Appendix 1 of the consultation report referred to above.

Operational level – process review of Assessment and Hospital teams undertaken and high level costed customer journey mapping undertaken in 2015, showing potential for efficiencies. The ASC TOM takes account of the potential increase in service demand, with an emphasis on strengthening preventative services including initial contact / triaging of service users, signposting and referring service users to other agencies. Performance data for our commissioned and in-house services including contract monitoring reports and demographic data. The functionality of Mosaic (replacement social care IT system) and the expected benefits of the flexible working programme. The Joint Strategic Needs Assessment (www.merton.gov.uk/health-social-care/publichealth/jsna) and the Local Account (www.merton.gov.uk/health-social-care/adult-social-care/asc-plans-performance/asc-performance).

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓	✓		The consultation has identified that staff and service users have concerns and anxieties about the proposal – see the consultation report for full details. There is a potential impact on staff some of whom are from designated equality groups. There is potentially a negative impact on the health and wellbeing of service users and carers if the alternatives put in place do not fully meet assessed eligible needs.
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓	✓		As above.
Religion/ belief		✓		✓	N/A
Sex (Gender)		✓	✓		More women will be affected by the proposed savings.
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As per the Age category.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the	Some staff will be made redundant. Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a
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Equality Analysis	reduced level of service The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	<p>The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place.</p> <p>Clear communication will be undertaken with staff. The proposed staffing structure is currently out to consultation with staff. The Framework for Managing Organisational Change will be followed. This will ensure the fair treatment of staff. Compulsory redundancies will be mitigated via inviting staff to apply for voluntary severance and examining non-staffing cost reductions and the use of non-core staff e.g. agency staff, where appropriate. The service has not been filling posts on a substantive basis for many months in order to minimise redundancies for existing staff. Every effort will be made to redeploy displaced staff to suitable alternative positions in the council. Staff will receive individual HR support for this. Where required competitive interviews will be held as the method for implementing redundancy selection. Support for staff engaged in competitive interviews will be offered via job application and interview skills training via staff development. By June 2016.</p> <p>It is intended that the new proposed structure, combined with changed processes, will lead to greater efficiencies.</p> <p>The implementation of Mosaic, the replacement social care IT system, is designed to make data inputting easier and reduce inputting time, to enable continued efficiency savings. improving service delivery by reducing administration tasks, allowing staff to focus on service delivery. By April 2016.</p> <p>The flexible working programme will enable staff to work more productively and exploit technology to improve service delivery. Ongoing.</p> <p>Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
How will you know this is achieved? e.g. performance measure / target	Revised staffing structure and service delivery model. National performance indicators (ASCOF) and local performance monitoring. Examples are waiting times for assessment following first contact, how long assessments take to be completed, how often service users have their support plans reviewed, and activity levels of and within teams.
By when	June 2016
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle, Head of Direct Provision

Action added to divisional / team plan?	Included in the Adult Social care re-design programme
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Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

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Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

Please refer to the guidance for carrying out Equality Impact Assessments is available on the intranet for further information about these outcomes and what they mean for your proposal

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle, Head of Direct Provision	Date: 22.12.15
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Stage 5: Sign off by Director/ Head of Service

Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15
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Equality Analysis



What are the proposals being assessed?	Proposed budget saving CH60 – Decommission the South Thames Crossroads Caring for Carers contract
Which Department/ Division has the responsibility for this?	Community and Housing, Adult Social Care

Stage 1: Overview	
Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	The aim and desired outcome of the proposal is to achieve the required budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. It is intended to do this using an approach which promotes independence and reduces reliance on council funded services, utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions. This proposal supports the Adult Social Care commissioning and procurement plan and the Target Operating Model (TOM) commitment of service transformation, by decommissioning the South Thames Crossroads Caring for Carers contract and providing an alternative service through domiciliary care services, Direct payments and commissioned holistic carers and support from the voluntary sector.
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Service users and carers. The external provider South Thames Crossroads and its staff.
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	N/A

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Provide details of the information you have reviewed to determine the impact your proposal would have on the protected characteristics (equality groups).

Current service users - there are currently 72 service users, aged between 22 and 97 years of age. The ethnicity data shows 49% White British (35) and the rest of the service users from Asian British - Indian (3), Asian / British – Pakistani (8), Asian / British – other Asian (2), Black / British – African (2), Black / British – Caribbean (9), Black / British – other black (2), Mixed White / Asian (1), Mixed White / Black Caribbean (1), other ethnic group (3), White other (5), White Irish (1) backgrounds.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those people affected by all of the adult social care savings proposals. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Specific feedback was received from the current service provider of the contract, seven individual open responses via email and letter from service users and also through targeted focus groups.

National context – the National Carers Strategy of 2008 sets out the national vision for recognising and valuing carers with support tailored to meet individuals' needs. National policy has focused on increasing choice for all adult social care users, including carers. The current Merton service is a one size fits all policy with very limited degrees of choice. The current service delivery model is not mandatory, however the council has a duty to offer support to eligible carers and to work towards achieving the national vision. The 2011 census revealed that there were approximately 5.8 million people providing unpaid care in England and Wales - just over one tenth of the population (ONS 2013).

Operational level – the carers assessments for the current service users, the estimated number of carers in Merton (approximately 17,000, with nearly 600 known young carers), the cost of the service, monitoring reports from South Thames Crossroads (quarterly with details of support provided by customer group (older people, mental health and all other adults), ethnicity, age and gender) and reviewing actual and potential alternative ways to support carers e.g. personal budgets and the holistic carers support service from the voluntary sector.

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓	✓		The consultation has identified that service users have concerns and anxieties about the proposal – see the consultation report for full details. There is a potentially negative impact if alternatives do not fully meet needs.
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓		✓	N/A
Religion/ belief		✓		✓	N/A
Sex (Gender)		✓		✓	N/A
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As above.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service. The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place. Clear communication will be undertaken and all proposed changes to carers support will be subject to a review / re-assessment process which is based on individual need and will be reviewed before the current contract ends. Where carers are assessed as requiring a service they will receive personalised support including personal;

	<p>budgets with which they can choose the service that best meets their needs. Carers will be supported with breaks where appropriate, with a domiciliary care service, direct payment or a holistic carers support service from the voluntary sector. The voluntary sector and community groups have been invited to apply for a grant under our Ageing Well programme. By March 2016.</p> <p>Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. On-going.</p> <p>Training for staff on outcome based support planning. By March 2016.</p> <p>Continued fair allocation of resources via resource panels. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
How will you know this is achieved? e.g. performance measure / target	Local performance monitoring of alternative service take-up and effectiveness. Implementation of Ageing Well programme.
By when	March 2017
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle
Action added to divisional / team plan?	Included in the Adult Social care re-design programme.

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

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Equality Analysis



What are the proposals being assessed?	Proposed budget saving CH61 – Decommission the Sodexo Meals on Wheels contract
Which Department/ Division has the responsibility for this?	Community and Housing, Adult Social Care

Stage 1: Overview	
Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	The aim and desired outcome is to achieve the proposed budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. It is intended to do this using an approach which promotes independence and reduces reliance on council funded services, utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions. This proposal supports the Adult Social Care commissioning and procurement plan and the Target Operating Model (TOM) commitment of service transformation, by providing an alternative service through embedding support within the community, neighbourhood and voluntary support infrastructure.
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Service users. Carers. External provider Sodexo and its staff.
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	N/A

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Provide details of the information you have reviewed to determine the impact your proposal would have on the protected characteristics (equality groups).

Current service users – for the meals on wheels service, current figures show there are 177 users, ranging in age from 50 – 103 years old. The ethnicity data shows 75% White British (132) and the rest of the service users from Asian British – Indian (5), Asian / British – other Asian (4), Black / British – African (3), Black / British – Caribbean (6), Black / British – other black (1), Chinese (1), other ethnic group (5), White other (8), White Irish (4) backgrounds and Declined to say or no data recorded (8).

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Specific feedback was received from the current service provider of the meals on wheels contract, 18 individual open responses via email and letter from, or on behalf of, meals on wheels service users and also through targeted focus groups.

National context – there is no statutory requirement for the council to provide a meal delivery service. Access to prepared meals is widely available through specialist providers, supermarkets and local shops and telephone and internet access has enabled telephone and on-line ordering enabling service users to access meals themselves or via their own support network. However, support will continue to be provided for those that need help to order prepared meals and those that need help in heating and eating a prepared meal. Many other councils have decommissioned the meals on wheels service.

Operational level – quarterly monitoring reports from Sodexo, with number of meals delivered and type of food e.g. kosher, halal etc. and includes details of any complaints (non delivery, quality of meal etc.).

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies Positive impact		Tick which applies Potential negative impact		Reason Briefly explain what positive or negative impact has been identified
	Yes	No	Yes	No	
	Age		✓	✓	
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓		✓	N/A
Religion/ belief		✓		✓	N/A
Sex (Gender)		✓		✓	N/A
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As above.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

This action plan should be completed after the analysis and should outline action(s) to be taken to mitigate the potential negative impact identified (expanding on information provided in Section 7 above).

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service. The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	<p>The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place.</p> <p>Clear communication will be undertaken and all current recipients of meals on wheels will be contacted to review their eligible needs and identify how their needs will be met under the new model of service provision, through a range of options including working with the voluntary sector and community groups, ensuring service users who need help to order prepared meals and those that need help in feeding themselves will continue to receive support. By July 2016.</p> <p>Alternative ways of accessing prepared meals or accessing telephone / online prepared meal delivery services will be publicised to service users. Merton Council has an established working relationship with the voluntary</p>

	sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. On-going. Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.
How will you know this is achieved? e.g. performance measure / target	Implementation of the Ageing Well programme. Local performance monitoring of alternative service take-up and effectiveness.
By when	July 2016
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle
Action added to divisional / team plan?	N/A

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

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Equality Analysis



What are the proposals being assessed?	Budget saving CH63 – Decommission the Imagine Independence service and re-commission peer led day opportunities for people with mental health
Which Department/ Division has the responsibility for this?	Community and Housing, Adult Social Care

Stage 1: Overview	
Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	The aim and desired outcome of the proposal is to achieve the required budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. It is intended to do this using an approach which promotes the independence of individuals and reduces reliance on council funded services, utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions. This proposal supports the Adult Social Care commissioning and procurement plan and the Target Operating Model (TOM) commitment of service transformation, by providing an alternative service through the voluntary sector.
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Service users. Carers. External provider Imagine and its staff.
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	N/A

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Current service users - there are currently approximately 165 service users, for advocacy, employment support, peer support and social inclusion. The service users are vulnerable adults aged 18+, many with mental health issues.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Specific feedback was received from the current service provider of the contract, three individual open responses via email and letter from service users and also through targeted focus groups.

National context – research in to the best way of delivering Peer led support.

Operational level – new research and evidence in the Adult Mental Health Needs Assessment as part of the Joint Strategic Needs Assessment (www.merton.gov.uk/health-social-care/publichealth/jsna) and quarterly monitoring reports from Imagine Independence, detailing a summary of services received e.g. advocacy and number of active and new service users and those that have left the service, details of which organisations referred the service user and service users ethnicity, gender and age.

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Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies		Tick which applies		Reason Briefly explain what positive or negative impact has been identified
	Positive impact		Potential negative impact		
	Yes	No	Yes	No	
Age		✓		✓	N/A
Disability		✓	✓		The consultation has identified that service users have concerns and anxieties about the proposal – see the consultation report for full details. There is potentially a negative impact on the health and wellbeing of service users and carers if the alternatives put in place do not fully meet

					assessed eligible needs.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓		✓	N/A
Religion/ belief		✓		✓	N/A
Sex (Gender)		✓		✓	N/A
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As above.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service. The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	<p>The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place.</p> <p>Work is on-going to finalise the research in to best practice on peer led support and developing the pilot programmes, due to be implemented with effect from April 2016. On-going.</p> <p>Clear communication will be undertaken and all current service users will be contacted to review their needs and identify how their needs will be met under the new model of service provision through a range of options, including working with the voluntary sector and community groups. By March 2016.</p> <p>Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, ASC will work with the wider voluntary sector to find opportunities for a more generic offer e.g. advocacy, information and advice. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. On-going.</p> <p>ASC will continue to work closely with the Housing Needs team to ensure the range of accommodation for people with mental health needs should be addressed building on recommendations from the review in 2015. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
How will you know this is achieved? e.g.	New service commissioned. Local performance monitoring of alternative service take-up.

performance measure / target	
By when	March 2016
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle
Action added to divisional / team plan?	Included in the Adult Social care re-design programme

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

Equality Analysis – previous agreed ASC savings for 2016/17



Appendix to EAs for proposed and replacement ASC savings for 2016/17

<p>What are the proposals being assessed?</p>	<p>Previously proposed budget savings for 2016/17 that were agreed by Full Council</p> <p>Agreed by Full Council March 2013</p> <p>CH02 – promoting independence £100,000</p> <p>CH04 – reduce management costs and reduction in staffing costs Access and Assessments £100,000</p> <p>CH05 – realise benefits of new prevention programme in terms of reduced demand for statutory services £500,000</p> <p>Agreed by Full Council March 2015</p> <p>December 2014</p> <p>CH20 – staffing reductions in Assessments and Commissioning teams £511,000</p> <p>CH21 – direct provision employee staff savings £274,000</p> <p>CH22 – commissioning employees staff savings £156,000</p> <p>CH23 – directorate staff savings £21,000</p> <p>CH24 – learning disabilities review £100,000</p> <p>CH25 – learning disabilities review £400,000</p> <p>CH26 – learning disabilities review £50,000</p> <p>CH27 – mental health review £76,000</p> <p>CH28 – older people review £387,000</p> <p>CH29 – older people – managing crisis £125,000</p> <p>CH30 – older people review £345,000</p> <p>CH31 – physical disabilities review £134,000</p> <p>CH32 – physical disabilities review £48,000</p> <p>CH33 – physical disabilities review £60,000</p> <p>CH34 – substance misuse placements £6,000</p>
<p>Which Department/ Division has the responsibility for this?</p>	<p>Community and Housing, Adult Social Care</p>

Name and job title of lead officer	Andy Ottaway-Searle, Head of Direct Provision
1. What are the aims, objectives and desired outcomes of your proposal? (Also explain proposals e.g. reduction/removal of service, deletion of posts, changing criteria etc)	<p>Required budget saving for 2016/17 of £3,393,000</p> <p>To deliver required savings and to mitigate the impact through changed processes and structures.</p> <p>The aim and desired outcome of the proposal is to achieve the proposed budget savings in a way that the service continues to meet its statutory duties and minimises adverse impact on service users, taking in to account previous budget savings and the cumulative effect on service delivery. The Adult Social Care Target Operating Model (TOM) is committed to service transformation, through efficient processes, through promoting the independence of individuals and reducing reliance on council funded services, and through utilising the approach around the Use of Resources Framework of Prevention; Recovery; Long term support; Process; Partnership; and Contributions.</p> <p>However, there could be reduced / delayed services and it may lead to increased waiting times for service users, reduced capacity to monitor quality within provider services, and reduced capacity to undertake assessments and reviews which would have a direct implication on the ability to effectively promote independence. The Adult Social Care TOM commitment to flexible and mobile working and to improve assessment and care management processes should enable any risks to be partly mitigated.</p>
2. How does this contribute to the council's corporate priorities?	The Adult Social Care Service plan and TOM contribute to the council's overall priorities and will ensure that the savings targets are achieved in line with the corporate Business Plan and the Medium Term Financial Strategy. It is also in line with the July principles, adopted in 2011 by councillors, which sets out guiding strategic priorities and principles, where the order of priority services should be to continue to provide everything which is statutory and maintain services, within limits, to the vulnerable and elderly, with the council being an enabler, working with partners to provide services.
3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.	Those primarily affected by the proposals are service users and their carers. There will also be an impact on staff, as well as organisations such as faith groups, service user representative groups (e.g. Your Shout, Merton People First, Speak Out Group, Merton centre for Independent Living (MCIL),), Voluntary Sector organisations (e.g. MVSC, and other organisations making up Involve), and health partners (e.g. Merton Clinical Commissioning Group).
4. Is the responsibility shared with another department, authority or organisation? If so, who are the partners and who has overall responsibility?	Adult Social Care will take overall responsibility for its savings, although we will rely on partners in the voluntary sector and NHS to help us deliver some of them.

Stage 2: Collecting evidence/ data

5. What evidence have you considered as part of this assessment?

Staffing structure – 338.97 full time equivalent staff budgeted for 2016/17 – this includes all adult social care staff, including residential homes and day centres.

Current service users - at the end of 2014/15 there were 4,095 service users receiving long term support with other service users receiving temporary support. Service users include older people, people with physical disabilities, learning disabilities and mental health issues. We consider trends from data about our service users. For example trend data shows that we have continued to meet our statutory responsibilities whilst slightly reducing both overall numbers of service users and the overall level of support packages being received, through following a promoting independence approach.

Feedback from the consultation exercise – between 23 October until 7 December 2015 a consultation exercise was undertaken to get the views of those of those people affected by all of the adult social care savings proposals for 2016/17. A detailed report with the feedback from the consultation has been produced and submitted for consideration, in conjunction with this EA, at Healthier Communities and Older People Scrutiny on 12 January 2016 and Cabinet on 15 February 2016. Two staff consultation events were held with 83 staff attending. Feedback was also received from service users in response to the consultation, with 129 responses to the questionnaire.

National context – benchmarking data, National Audit Office ‘Adult Social Care in England: Overview’, Barker Commission ‘The Future of Health and Social Care in England’ (initiated by the Kings Fund) and Local Government Association ‘Adult Social Care Efficiency Programme’. Best practice research and reports with ADASS and other national and government groups. Benchmarking data shows that overall Merton spends less per head on adult social care than the average for its comparator groups, and has a more targeted service on fewer people than average. Further information is available in Appendix 1 of the consultation report referred to above.

Operational level – The ASC TOM takes account of the potential increase in service demand, with an emphasis on strengthening preventative services including initial contact / triaging of service users, signposting and referring service users to other agencies. Performance data for our commissioned and in-house services including contract monitoring reports and demographic data. The Joint Strategic Needs Assessment (www.merton.gov.uk/health-social-care/publichealth/jsna) and the Local Account (www.merton.gov.uk/health-social-care/adult-social-care/asc-plans-performance/asc-performance). Whilst EAs were done at the time of these savings being agreed, which were valid and which led to a rating of “3”, we have reviewed whether anything has changed concerning analysis or mitigation.

Stage 3: Assessing impact and analysis

6. From the evidence you have considered, what areas of concern have you identified regarding the potential negative and positive impact on one or more protected characteristics (equality groups)?

Protected characteristic (equality group)	Tick which applies Positive impact		Tick which applies Potential negative impact		Reason Briefly explain what positive or negative impact has been identified
	Yes	No	Yes	No	
	Age		✓	✓	
Disability		✓	✓		As above.
Gender Reassignment		✓		✓	N/A
Marriage and Civil Partnership		✓		✓	N/A
Pregnancy and Maternity		✓		✓	N/A
Race		✓	✓		As for the Age category. Continued monitoring of data shows a proportionate uptake of services from BME groups, but this will continue to be monitored.
Religion/ belief		✓		✓	As above.
Sex (Gender)		✓	✓		More women will be affected by the proposed savings
Sexual orientation		✓		✓	N/A
Socio-economic status		✓	✓		As per the Age category.

7. Equality Analysis Improvement Action Plan template – Making adjustments for negative impact

Negative impact / gap in information identified in the Equality Analysis	Officers initially identified that there could be a chance that some service users may feel the alternative service does not meet their needs, and that some service users will experience a reduced level of service The consultation has identified other areas where service users feel there will be a negative impact (see consultation report for full details).
Action required to mitigate	The outcome of the EA has identified some potential for negative impact and it may not be possible to mitigate this fully. However, the following actions will be put in place. Staff savings (CH04,20,21,22,23) Clear communication will be undertaken with staff. The proposed staffing structure is currently out to consultation with staff. The Framework for Managing Organisational Change will be followed. This will ensure

the fair treatment of staff. Compulsory redundancies will be mitigated via inviting staff to apply for voluntary severance and examining non-staffing cost reductions and the use of non-core staff e.g. agency staff, where appropriate. The service has not been filling posts on a substantive basis for many months in order to minimise redundancies for existing staff. Every effort will be made to redeploy displaced staff to suitable alternative positions in the council. Staff will receive individual HR support for this. Where required competitive interviews will be held as the method for implementing redundancy selection. Support for staff engaged in competitive interviews will be offered via job application and interview skills training via staff development. **By June 2016.** It is intended that the new proposed structure, combined with changed processes, will lead to greater efficiencies.

The implementation of Mosaic, the replacement social care IT system, is designed to make data inputting easier and reduce inputting time, to enable continued efficiency savings. improving service delivery by reducing administration tasks, allowing staff to focus on service delivery. **By April 2016.**

The flexible working programme will enable staff to work smarter and exploit technology to improve service delivery. **Ongoing.**

Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. **On-going.**

Service reviews (CH02,24,25,26,27,28,29,30,31,32,33,34)

Clear communication will be undertaken with service users about changes to service provision. **On-going.**

Reviews will be undertaken by officers following an established methodology, where the individual's needs are assessed on a personal basis and where the support plan will be reviewed to see whether the same level or type of support is needed. Whilst every review is done on this individual basis, and support plans can increase as well as decrease as a result of them, experience to date shows that overall there has been a decrease across the whole service user cohorts being reviewed. The established methodology leads to consistency of approach.

Merton Council has an established working relationship with the voluntary sector in providing a range of services on behalf of the council. Therefore, it is expected that through the Ageing Well grant, the voluntary sector will be able to provide suitable alternatives in many cases. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact has been removed. **On-going.**

Training for staff on outcome based support planning. **Ongoing.**

Prevention programme (CH05)

Merton Council has an established working relationship with the voluntary sector in providing a range of services

	<p>on behalf of the council. The specification for the next round of Ageing Well investment 2016-2019 was developed in collaboration with the voluntary sector. Bids have now been received against this specification and evaluation is taking place. The aim is to ensure that with the reduced level of funding voluntary sector support focusses on priority needs. Regular review meetings will be in place to monitor service provision to ensure the potential for any negative impact is being mitigated as far as possible. On-going.</p> <p>Training for staff on outcome based support planning. Ongoing.</p> <p>Overall All contracts will be monitored for levels of activity and quality. On-going.</p> <p>Customer satisfaction will continue to be monitored annually to ensure the current satisfaction levels for 2013/14 and 2014/15 of 63.3% are maintained and where possible improved.</p>
How will you know this is achieved? e.g. performance measure / target	<p>Staff savings – revised staffing structure and service delivery model. National performance indicators (ASCOF) and local performance monitoring.</p> <p>Service reviews – There is already in place a monitoring system to look at the outcome of reviews collectively and on a month by month basis. This tracks impact in terms of activity levels and costs of support packages. Reviews also look at quality of support offered. If there are concerns about quality or the impact on customers, these can be responded to at any time.</p> <p>Prevention programme – Voluntary organisations who are successful in receiving council funding will continue to work with the council to monitor activity levels and outcomes.</p>
By when	June 2016
Existing or additional resources?	Existing
Lead Officer	Andy Ottaway-Searle
Action added to divisional / team plan?	Included in the Adult Social care re-design programme

Note that the full impact of the decision may only be known after the proposals have been implemented; therefore it is important the effective monitoring is in place to assess the impact.

Stage 4: Conclusion of the Equality Analysis

8. Which of the following statements best describe the outcome of the EA (Tick one box only)

OUTCOME 1

The EA has not identified any potential for discrimination or negative impact and all opportunities to promote equality are being addressed. No changes are required.

OUTCOME 2

The EA has identified adjustments to remove negative impact or to better promote equality. Actions you propose to take to do this should be included in the Action Plan.

OUTCOME 3

The EA has identified some potential for negative impact or some missed opportunities to promote equality and it may not be possible to mitigate this fully.

OUTCOME 4

The EA shows actual or potential unlawful discrimination. Stop and rethink your proposals.

Stage 5: Sign off by Director/ Head of Service

Assessment completed by	Andy Ottaway-Searle, Head of Direct Provision	Signature: Andy Ottaway-Searle	Date: 22.12.15
Improvement action plan signed off by Director/ Head of Service	Simon Williams, Director of Community and Housing	Signature: Simon Williams	Date: 29.12.15

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Adult Social Care Local Account

How we have delivered
Adult Social Care Services
During 2013 to 2015

London Borough of Merton

London Road
Morden
SM4 5DX
www.merton.gov.uk



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Foreword



Cabinet Member for Adult Social Care (ASC) and Health **Caroline Cooper-Marbiah**

“Welcome to Merton’s fourth Local Account. May I take this opportunity of introducing myself to those of you I haven’t met yet as the Cabinet Member for social care services and for health, and as the Chair of the Health and Wellbeing Board. I have held these roles since May 2014. I have been really impressed by the commitment to supporting people in need that I see constantly, whether it’s from carers and family members, care providers, or other staff working across health and social care. My ambition is to work with this commitment and to continue to achieve the best possible outcomes for local people, albeit within a reducing budget.

I am pleased to be able to report on progress in several areas. We have recently refreshed our Health and Wellbeing Strategy and this gives a chance to see how all services and organisations can work together to promote people’s wellbeing. We have increased the integration of health and social care services, in particular the formation of integrated locality teams for older people, underpinned by an agreement over how we use money together in the Better Care Fund. Our outcomes for customers, as measured in our performance figures, have in general help up or even improved. We won a national award for innovation in 2014 for our work in supporting people to use direct payments. Our Ageing Well strategy with the voluntary sector is producing some really good outcomes through working differently.

I am committed to being transparent with our customers and residents about how we are doing, and so I do hope that you will find this Local Account informative.”



Director of Community and Housing **Simon Williams**

“Welcome to this Local Account. This is for two years, 2013/14 and 2014/15. Usually we produce one every year. The reason is that nationally we have seen some extensive changes in the system for data collection and we wanted to ensure that comparative information was valid.

We continue to use our value based approach to using money (summarised on Page 9) as a framework for the local account and indeed our general approach in difficult financial times. The performance data shows that generally we have done reasonably well in terms of outcomes for our customers and customer satisfaction with our services, but we know that there are specific areas where we would like to do better: for example including carers in discussions about people they care for, carers having as much social contact as they would like, and looking at why our use of residential care for working age adults has grown.

We value the partnerships in place to achieve good outcomes. We have made progress in our work with NHS partners in having a more joined up approach for older people. We have a long standing formal partnership with our Mental Health Trust. We work closely with the voluntary sector to look at how together we can find the best ways of supporting people to stay at home. I would also like to take this opportunity of thanking my own staff for their commitment to doing the best we can for our customers at a time when we have less money to spend.

We are following our usual practice of publishing a large amount of data, as we know that many readers find this helpful. We do our best to make the data as user friendly as possible. Please continue to let us know whether we can improve this.”

What is a local account?

What can you find inside our local account?

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[About Merton Adult Social Care](#)

[Adult Social Care Budget Position](#)

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[Performance and Quality Assurance](#)

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

The 2013-15 local account explains how much the council spends on Adult Social Care, what it spends money on and what it is doing along with its future plans for improvement. It also represents a quality self-assessment and includes details about outcomes achieved for our service users, compares performance with other local authorities and provides customer case studies. We believe this account provides a meaningful way of reporting the quality of Adult Social Care Services in Merton.



Taking a closer look

Resolution: 1280x1024 px - Free Photoshop PSD file download - www.psdgraphics.com

Key facts about Merton

What can you find inside our local account?

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You can find out more information on POPPI and PANSI data from



... about the people

Merton is an outer London borough situated to the south west of central London.

Based on the Greater London Authority (GLA) trend-based projections, Merton's population is projected to increase by 13,245 people between 2014 and 2020.

A further forecast indicates that there will be an increase of over 2,100 people (9.2%) in the over 65 age group.

English, Polish and Tamil are the three most spoken languages in Merton and more than a half of the population are Christian and over one fifth have no religion.

The BAME* population in Merton represents just over one third of the borough's population which is less than the London average.



Merton borough within London

Around one fifth of Merton's population is single and nearly a quarter are married; with similar proportions for both males and females.

Those who are unemployed are distinctly concentrated towards the eastern parts of Merton and those who are self-employed are concentrated towards the western parts of the borough.

**Black, Asian & Minority Ethnic (BAME)*

... about the future with POPPI and PANSI

POPPI (Projecting Older People Population Information) and PANSI (Projecting Adult Needs and Service Information) are tools developed by the Institute of Public Care that project population information for older people and adults with needs. According to POPPI and PANSI information produced in November 2014 it is predicted

that the number of older people will increase from 24,800 to 27,500 by 2020 and the number of older people predicted to have dementia will also increase from 1,749 to 2,017.

The number of adults between the ages of 18 and 64 that will have a moderate to severe learning disability is also predicted to increase from 764 in 2014 to 815 by 2020.

About Merton Adult Social Care

What else can you find inside our local account?

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About Merton Adult Social Care

Adult Social Care Budget Position

Efficiency Framework

Prevention

Recovery

Long Term Support

Efficient Process

Partnership

Contributions

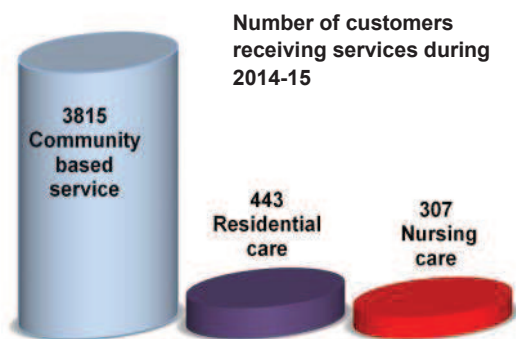
Healthwatch

Safeguarding

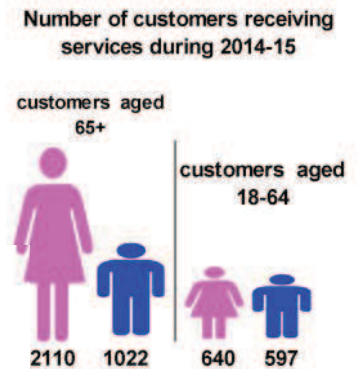
Deprivation of Liberty Safeguards (DoLS)

Performance and Quality Assurance

The Community and Housing department, led by the Director Simon Williams, is responsible for housing needs, adult social care, libraries and heritage, adult education. During each year Adult Social Care provides services to approximately over 4000 people.



NB: The total people figures in this graph include some double-counting as some customers have moved between different services in the same year (e.g. move from community-based to residential care).



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

Merton has welcomed opportunities for external challenge. It was part of the pilot programme for peer reviews for Health and Wellbeing Boards in 2013. It had a peer review for commissioning, as part of the London wide review programme, in 2013. It has had an externally supported self-assessment on its use of resources in 2013. As it becomes harder to find the savings needed to deliver quality services with less money, such external challenge and learning from best practice is increasingly important.

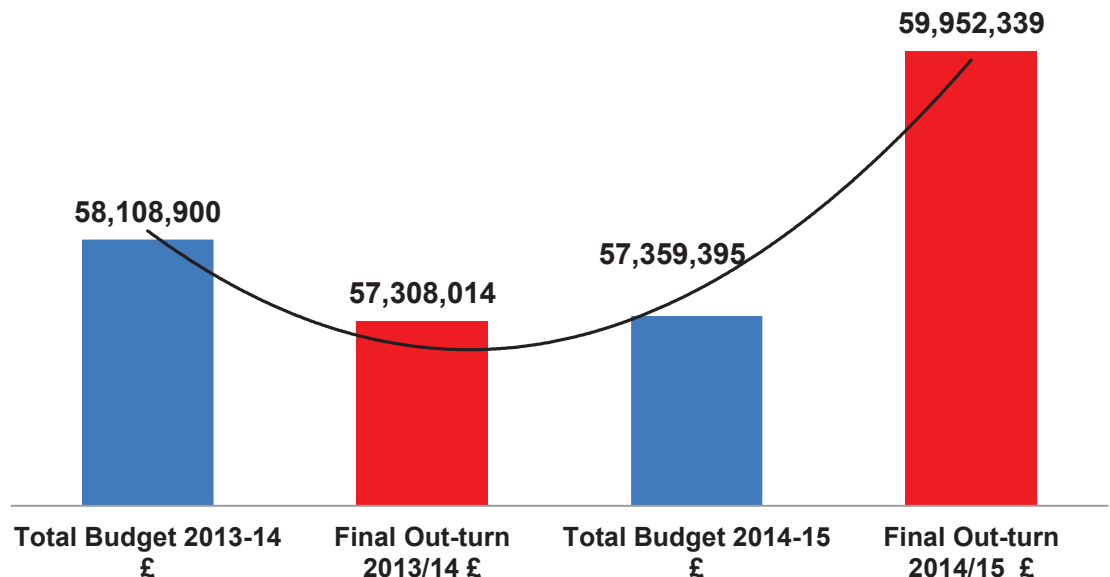
Adult Social Care Budget Position

The National Benchmarking data on average cost of social care packages can be found in the **Performance & Quality Assurance** section of this local account.

Merton spent around 38% of its budget on Adult Social Care (ASC) during 2014-15, its gross budget for ASC was £70.2m and the net budget was £53.4m. The national benchmarking data published in 2014 shows that Merton is a low spending council overall and its actual expenditure on ASC is correspondingly low. The following table shows the **Adult Social Care's final spend against its budget during 2013 to 2015**:

Service	Total Budget 2013-14 £	Final Out-turn 2013/14 £	Variance £	Total Budget 2014-15 £	Final Out-turn 2014/15 £	Variance £
Older People	19,866,010	18,684,800	-1,181,210	18,202,170	19,048,887	846,717
Learning Disability	17,282,960	18,056,122	773,162	17,059,760	19,279,873	2,220,113
Physical & Sensory	4,875,590	4,645,935	-229,655	5,883,225	5,732,993	(150,232)
Mental Health	3,627,260	3,547,387	-79,873	3,723,810	3,757,196	33,386
Service Strategy	395,910	525,812	129,902	397,220	397,176	(44)
Support Services	405,710	238,817	-166,893	101,250	(87,773)	(189,023)
No recourse to public funds	267,850	183,526	-84,324	184,630	191,103	6,473
Other	228,610	377,028	148,418	370,070	416,212	46,142
Supporting People	2,356,410	2,373,850	17,440	2,391,760	2,251,069	(140,691)
Concessionary Fares & Taxicard	8,802,590	8,674,737	-127,853	9,045,500	8,965,603	(79,897)
Grand Total	58,108,900	57,308,014	-800,886	57,359,395	59,952,339	2,592,944

2013 to 2015 Budget and Spend Out-turn



Adult Social Care Budget Position

Customers receiving services during the year by Client Group	2013-14	2014-15	Average % (Out of all customers receiving services during 2013-2015)
Older People (65+)	3023	3003	69%
Adults with Physical & Sensory Disabilities	622	601	14%
Adults with learning disabilities	516	518	12%
Adults with mental health needs	260	247	6%
Total	4421	4369	100%

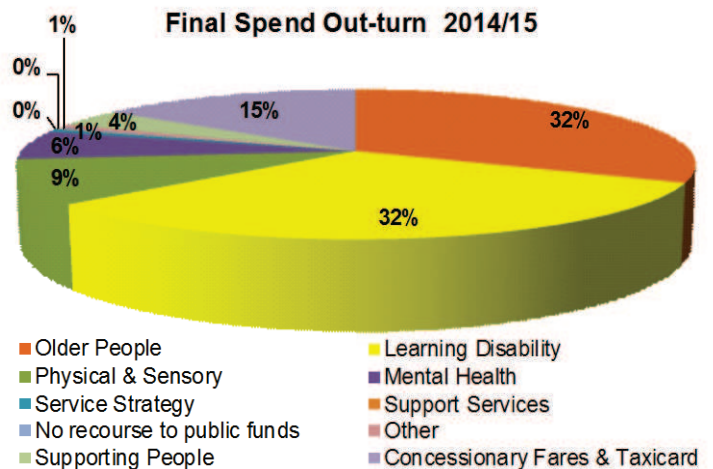
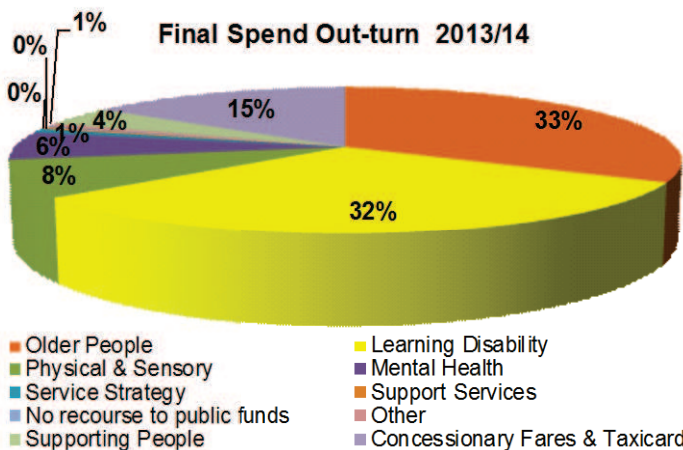
Key Points:

'Customers receiving services during the year by Client Group' table shows that Older People represent the highest proportion followed by Physical Disability, Learning Disability and Mental Health.

The spend information below for 2013 to 2015 is showing that Older people and Learning disability take up the highest proportion of the budget.

NB: The services counted in this table are residential care, nursing care, meals, days care, home care, transport, equipment, direct payments and other services.

The following graphs will show the percentage of spend by service for 2013-14 and 2014-15



Efficiency Framework; a whole system approach:

What are the key areas of our Efficiency Framework?

- Prevention
- Recovery
- Long term Support
- Efficient Process
- Partnership
- Contributions

In 2010 the Social Care “Efficiency Framework” was developed by Directors of Adult Social Care (ADASS) and brought together by Simon Williams the Director of Merton’s Community and Housing service. The framework provides guidance, identifies performance measures and offers approaches to efficient delivery of services. This approach helps councils to use their resources in the most effective way possible and is particularly relevant set against the current economic climate. The six key areas within the Efficiency Framework are:

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

This framework has proved locally to be an effective way of designing services, and has been broadly supported by local service users and carers. The headings in the framework will be used to describe local initiatives.

Prevention/Promoting Independence

What is Prevention?

I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.

You can find more details on Prevention/Promoting independence on the following pages....

Adult Social care has focused on prevention and promoting independence through various initiatives. We believe community involvement and voluntary action are essential to the quality of life in Merton, and we know the voluntary and community sector make a valuable contribution to the borough's economic, environmental and social development.

The Merton Compact is a partnership agreement between local public bodies and the voluntary and community sector to improve their relationships and provide a framework within which the sectors can understand what to expect from each other. The 'Compact' is a national framework for how councils should work with the voluntary sector.

Some key initiatives focusing on Prevention/Promoting Independence:

Commissioning of Merton-i, an interactive information and advice portal, jointly managed with the voluntary sector, designed to enable people to find information and arrange their own support where appropriate. If you would like further information about the services we provide, please click on the link below or copy the link to your internet browser: <http://merton-i.merton.gov.uk/kb5/merton/asch/home.page>



A re-focussing of prevention for older people through Ageing Well, a programme involving around 30 local authorities in which Merton participated. This re-focussing was based on achievement of outcomes for which there is evidence that they prevent or delay the need to use formal care.

New initiatives for people with dementia: Merton has commissioned the Dementia Hub with the Alzheimers Society as its provider partner, with a significantly improved environment largely funded by the Department of Health and offering immediate access to support for those with a diagnosis of dementia. The Hub has attracted national attention.

MASCOT Telecare helps to provide safety, security and well-being, enabling people to live independently in their own homes. The service is available 24 hours a day, every day of the year and uses simple technology linked to our own response centre.

The launch of Disabled Go, a guide to local public spaces for disabled people.

Ageing Well Programme

Prevention/Promoting Independence

Efficiency
Framework

What is Prevention?

I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.

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

Enabling people to live for longer in their own homes and delaying or reducing spend on Council funded social care.

Based on the evidence of triggers that cause people to go into care homes – such as incontinence, dementia, isolation, loss of mobility, and depression/anxiety.

It is outcomes-focused and takes an asset based approach.

Building social connectedness - instead of relying on services which keep older people segregated from others, it actively encourages people to mix.

Promotion of stronger local neighbourhoods and putting older people in touch with local people and opportunities.

Its effectiveness will be measured by a set of metrics - a combination of inputs by voluntary groups, individuals or objective assessment of “wellbeing” among older people against certain key factors and whether the services are actually having a “preventive” effect.

Cross-borough coverage for outcomes, whether by one organisation or through collaboration between organisations.

Consultations with older people on what they actually want.



The services funded by the Ageing Well Programme include:

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

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

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

Merton Community Transport - Volunteer community car service

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

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

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

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

What is Prevention?

I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.

To find out more about **MVSC** go to:
www.mvsc.co.uk

Merton Voluntary Service Council works to support enable and champion the voluntary, community and faith sectors in Merton. Since 2014 Volunteer Centre Merton has been part of MVSC. They support enable and champion the sector in a number of ways:

Practical support to voluntary, community and faith organisations

(VCFOs): Providing for the basic needs of VCFOs through information and advice, training, and access to practical resources such as IT/internet, desk space and equipment loan.

Liaison, advocacy and joint working: Acting as and facilitating the voluntary, community and faith sector's (VCFSs) voice with the public and private sectors and funders, and within the sector itself; playing a key role in bringing together VCFOs to work for their mutual benefit; accessing new funding for the VCFS and supporting joint working between sectors.

Development: Identifying new social and community needs; initiating new groups and/or providing support and facilities to strengthen existing groups by advising on a range of management and governance issues, including financial management and fundraising.

Standard setting: Setting and raising standards in the VCFS in general and in particular promoting quality management systems such as PQASSO (Practical Quality Assurance System for Small Organisations) and IIP (Investors for People) and financial management systems such as the Charity Commission SORP (Statements of Recommended Practice) and applicable accounting standards.

Strategic partnership working: Developing the VCFS's roles in strategic partnerships; representing the VCFS's interests by taking a lead role in partnerships with the public and private sector in Merton and externally.

Fund management: Managing and administering funds and acting as Lead and Accountable Body on local, regional, national or international programmes where there is a clear benefit for the VCFS in Merton.

Encourage, support and develop volunteering and voluntary and community action: Enhance the recruitment, promotion and management of volunteers in Merton. Raise awareness of volunteering, gain recognition for the contribution of volunteers and highlight issues affecting volunteers. Deliver good practice support for organisations and provide information, advice and training. Support people involved in community development in local communities and estates.



Dementia - Prevention/Promoting Independence



The Merton Dementia Hub is a 'one stop' shop providing integrated care for people affected by dementia within the community, representing a new solution to integrating dementia services. The Hub is a unique community service for people with dementia, their family and carers at any stage in their journey, providing access to different health and social care professionals all under one roof.

The Alzheimer's Society has been commissioned to provide services at the Hub and around the borough and having access to everything in one place helps both people with dementia, carers and professionals. People are welcome to drop into the Hub at any time as there will always be a Dementia Support Worker available to talk to them. The Dementia Hub is managed by the Alzheimer's Society alongside the L B of Merton and in collaboration with the CCG, Mental Health Trust and a variety of other partners, provides a wide range of services including:

- Memory, assessment, and follow up Clinics
- Dementia Adviser (DA)
- Dementia Support Workers (DSW)
- Connecting BME Communities Worker
- Peer support groups for people with dementia
- Peer support groups for carers
- Carers' Information and Support Programme (CrISP)
- Information and Support Programme for people with dementia (LAD)
- Falls prevention exercises classes
- Dementia Cafes at the Hub and around the borough
- Singing for the Brain
- A variety of activity groups for people with dementia and carers
- Dementia workshops for professionals/voluntary organisations
- Access to services such as dentistry, chiropody, reflexology, audiology, etc.
- Rolling programme of health and alternative health services as identified by our users.
- Hub tours and dementia friends sessions



As the dementia specialists, we involve service users at every stage of service provision and they lead the discussion around what services are of greatest benefit. Our emphasis on recording these viewpoints means the services introduced and the ones we are planning to introduce directly reflect the wishes of local users.

Going forward we plan to continue to raise awareness of dementia around the borough and help people affected by dementia, professionals and members of the public to recognise that it really is possible to live well with dementia. Ensure that every person newly diagnosed has the opportunity to meet with a Dementia Adviser or Dementia Support Worker (who can see people in their own homes). We are planning to start up a new dementia café in Wimbledon and we are working with the new Community Dementia Nurses to provide Cognitive Stimulation Workshops at the Hub. We also plan to continue with our dementia friends and awareness raising sessions at the Hub and around the borough.

Sarah Waller CBE, Programme Director of the Kings Fund, Enhancing The Healing Environment said:
'The Merton Dementia Hub is an exemplar showing how local partnerships and an enthusiastic team can deliver a wide range of information and support.'

For more information contact:
Merton Dementia Hub
67 Whitford Gardens
Mitcham, Surrey, CR4 4AA
Monday to Friday, 9.00 am - 5.00 pm
T: 020 8687 0922
E: merton@alzheimers.org.uk



Carers Support Merton

Efficiency Framework

Prevention/Promoting Independence

Carers Support Merton improves the quality of life for unpaid carers who live or support a person living in the London Borough of Merton. We are a local organisation providing individual and family support to anyone who has caring responsibilities.

Carers often have to learn new skills, cope with new challenges in their lives and gain access to services they have never used before. **We are here to help carers sustain their role and we specialise in offering responsive, confidential and flexible support for carers** to negotiate the complex and changing world of public and health services, equip themselves and plan for the future.

Our Adult Carers services include:

- Information
- Advice
- Advocacy
- Training
- Emotional Support; Counselling
- Telephone Support Service
- Help with Benefits Claims and Appeals, Finances and Debts
- Remaining in Employment; Carers Rights
- Access to Carers Assessments
- Wellbeing, Social and Therapies Programmes
- Managing Long Term Health Conditions
- Advance Care Plans; Lasting Power of Attorney
- Deputyship and Wills
- Referral for Befriending or Bereavement Support
- Participation and Volunteering

Contact details: Email: info@csmerton.org
www.csmerton.org

Our Ageing Well

Programme, funded by London Borough of Merton, promotes choice and control, autonomy and resilience for carers as well as connectedness to each other and within their own communities. Our *Carry On Caring* programme offers training and advice. Carers can participate in our *Stay Well, Stay Active, Stay Connected* and *Time for You* programmes, our peer and neighbourhood networks, or use our *telephone support* and *counselling* services.

Who will benefit?

Anyone who is an adult or young adult (18+) caring for/impacted by supporting an adult with a disability, learning disability, dementia, mental health issue, serious illness or long term health condition.

How quickly will a carer be contacted?

We will normally make initial contact within one week, often within one or two days.

What does the service cost?

The service is free for carers. There are suggested donations for some services e.g. Counselling and Therapies. Some (voluntary) recreational activities may incur a cost which we endeavour to keep as low as possible.

Who can refer?

Carers and their families may simply call or email us. All organisations/professionals both statutory and voluntary. Referring agencies **MUST HAVE CONSENT** from the carer. Email is preferred: please provide the full name, address, telephone and contact details of the carer; their age or D.O.B, if possible and a brief description of their circumstances – e.g. ‘caring for her father who has dementia’. Any further information you can provide is always helpful. Referrals by telephone or letter also accepted. Professionals should make us aware of any Risk Assessment issues. It is helpful to know if there are children or young carers involved. Core hours 10.00 am – 4.00 pm with additional hours most days.



Carers Support Merton

Prevention/ Promoting Independence

Efficiency
Framework

Support to carers with Carers' Discretionary Payment Budget

Carers' Discretionary Payment Budget provides an easily accessible budget source of funds to allow for the provision of those services for carers that are not usually considered appropriate when sourced from the community care budget. A total of just over £30,000 was assigned for 2012-13 with a limit of £100.00 set per carer. We may contribute up to £100.00 toward an appropriate service in one application, or we may consider two or more applications over the year, provided the ceiling of £100.00 is not breached. This grant is to benefit the informal carers who are assessed under the legislative framework of the Carers and Disabled Children's Act 2000.

Merton fund Carers Support Merton to administrate the Carers' Discretionary Payment and to provide services to carers directly.

Carers Support Merton
Contact details:
Email: info@csmerton.org
www.csmerton.org

A Case Study

Naturally our casework with carers, delivered by experienced Assessment and Support workers in the Adults' Service, continues to be a core part of what we do. For example, following a referral by the Alzheimer's Society, one of our home visits revealed multiple health, hygiene and continence problems that were affecting both the carer (the older of two siblings) and his brother, who had dementia. We were able to arrange for an urgent GP visit for antibiotics and a chiropody appointment; a cleaning and laundry service from Age UK Merton and support from *In Control*, their Continence Advice Service. We also contacted Merton Adult Social Care, who sent out forms to claim financial assistance, and we helped the carer to complete these. These measures helped to avert a crisis which could have led to hospitalisation or residential care for both brothers.

Mascot Telecare

Prevention/Promoting Independence

Efficiency
Framework

Website:

www.mascot-telecare.org.uk

Email:

mascot@merton.gov.uk

Telephone:

020 8274 5940

Telecare Solutions

A selection of sensors available:

- Flood detector
- Smoke detector
- Watch
- Fall detector
- Carbon Monoxide Detector
- Bed/Chair Occupancy Sensors
- Bogus Call Button
- Property Exit Sensors
- Temperature Extremes Sensor
- Movement Detector
- Key Safe



MASCOT Telecare helps to provide safety, security and well-being, enabling people to live independently in their own homes. The service is available 24 hours a day, every day of the year, uses simple technology linked to our own response centre.

Case study:

Mrs T is a 68 year old lady who is speech & hearing impaired, has severe epilepsy, a mild learning disability, poor mobility due to left side paralysis, is also blind in one eye and has asthma. MASCOT is her first contact as she has no carers or relatives. This lady is sociable and keen to live independently in the community. She has frequent epileptic seizures and injury falls which are responded to appropriately. She has fallen from a ladder trying to replace a clock battery and now relies upon the helping hand service to carry out such tasks. We have also liaised with her housing association and other external agencies when there has been a communication issue. She embraces a dialogue with staff keeping them up to date with her social activities. Over a 6 month period, we have had 318 calls.



Prevention/Promoting Independence

Handyman Scheme

Deals with on average 30 tasks per month – for example:

Changing light bulbs

Replacing curtain tracks

Putting up shelves

Repairing Locks

Replacing tap washers

Repairing furniture

Replacing seals around baths and worktops

Warm Homes Health Scheme:

Check thermostats set correctly

Bleeding radiators

Check timers set correctly for on and off periods of boilers

Supplying and fitting spy holes and door chains.



The MASCOT service continues to expand as technology advances and more and more telecare services become available. We are committed to actively promoting these additional services to our customers and healthcare professionals within Merton and are confident that we always get the best value as we tailor appropriate telecare products for our customers.

Installer and Handyman Service

In October 2014, Mascot employed two full time alarm installers who additionally provide a free handyperson services available to all our MASCOT customers.

As well as being able to provide supplemental resource to the mobile response officers, Andrew and Chris install the MASCOT alarm systems within customers' homes. In addition they are able to install smoke alarms, carbon monoxide alarms, bed sensors, pill dispensers, etc. Maintaining the equipment also falls within their remit – an essential part of the service.



“It can be extremely busy at times. One minute you’re installing an alarm and the next you are being asked to go and assist the mobile response officers to help someone that has fallen over”.

Warm Homes Healthy People Scheme

MASCOT also advises customers about the Warm Homes Healthy People Scheme that Merton Council is now providing. This additional service is designed to help older adults in their homes to feel warmer and safer.

Customers receiving a service from MASCOT each year:

2013-2014	2014-2015
1549	1601

Recovery

What is Recovery?

When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.

Some of the key Services helping recovery are:

MASCOT
Merton's in house Reablement service
Equipment and adaptations
You can find more details about these services on the following pages...

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

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

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

Some key services helping recovery are:

MASCOT continues to reach a growing number of people and equipment is increasingly offered as a solution to promote independence. Examples are Just Checking, a cost effective way of assessing the level of someone's mobility within their own home, and devices to manage gas and water in the event of taps being left on.

Merton's in-house reablement service has been restructured to offer a clearer focus on recovery programmes for those who can most benefit, and led by occupational therapists and physiotherapists.

Equipment and adaptations for people in their own homes continues to play a vital role. Equipment is largely procured from the Croydon Equipment Solutions (CES) and has offered reductions in cost and faster delivery times.

Reablement Service

Recovery

Merton Council applies a promoting independence approach to adults accessing Social Care, which provides local residents with an opportunity to maintain or regain their independence and continue to actively participate in their local community. Central to this approach is the Merton Reablement Service, which is community based and offers a short term intensive support package. The service facilitates an individual in their own home to regain their confidence and level of independence in their activities of daily living, which may be personal, domestic or social.

The benefits that can be achieved include:

- Improving quality of life
- Keeping and regaining essential life skills
- Regaining or increasing confidence
- Increasing people's choice and autonomy
- Enabling people to remain living at home
- Enabling people to remain as active members of the local community
- Maintaining and/or increasing independence, reducing the need for on-going care and support.

Typically, the Reablement Service is for adults who have either lost or are losing the ability to care for themselves, but who have the desire and ability to engage in a Reablement programme following:

- An admission to hospital
- A bout of ill health
- A fall or other incident that triggers a loss of confidence
- A feeling of increased frailty resulting in a loss of confidence
- A change in circumstance such as the death of a spouse/main provider/carer

However, this is by no means exhaustive and any enquiries are welcomed .

What do we mean by promoting independence?

The council role is to intervene when we have to, but not in a way which makes people dependent on our services. We seek to find other practical solutions, for instance:

- People using their own skills and assets and being resilient in finding solutions in their own lives.
- Regaining as much independence as possible if they have a crisis/illness.
- Family members, with help, supporting their own family members.
- Communities, including neighbours, supporting their vulnerable members.
- Voluntary and faith sectors supporting individuals.
- If customers come out of hospital we will re-able where we need to and support people to regain independence as far as possible.
- Using technology where we can.
- Keeping ongoing support under review.

Recovery

What is Recovery?

When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.

Some of the key services helping recovery are:

MASCOT

Merton's in house Reablement service

Equipment and adaptation

Ms. J. is an 83 year old lady who received an individualised programme from the Adult Social Care Reablement Team (Merton Independent Living & Engagement Team) that was cost-saving and allowed her to remain at home.

Ms. J. who suffers with leg oedema had a fall in January and was admitted to Hospital with a badly injured shoulder and leg. She was discharged home with a package of care consisting of 4 calls a day to support her with personal care, toileting, medications and meal preparation. Ms. J. also required a zimmer frame to help her mobilise safely around the house.

Following a progressive recovery, it was felt that the best aid towards Ms. J. regaining her independence was through support from the Merton Reablement service. Over a five week programme, Ms. J. developed the strength and confidence to start caring for herself and was soon able to walk around the house unaccompanied. After the first week she was able to take her own medications and to use a journal to record this.

Ms. J's recovery didn't come without its challenges. With partial sight and some memory issues even the smallest task presented difficulties. She was really anxious especially while mobilising until she got to know the carers. She also had Occupational Therapy adaptations in the shower, which helped Ms. J. with her independence and confidence levels. Ms. J. was a very determined lady who fought every obstacle that came her way, and with our support following her accident was soon able to resume living at home independently.

Recovery

What do the OT Service provide?

Occupational Therapy supports people to optimise their potential and to engage in a range of meaningful activities.

Merton Adult
Social Care
Local Account
2013 to 2015

The London Borough of Merton's Occupational Therapy (OT) service is consciously embracing the Personalisation agenda and the new Care Act legislation.

The philosophy of Occupational Therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in e.g. working, learning, playing, caring and interacting with others. Being deprived of or having limited access to occupation can affect physical and mental health.

Case Study:

Mr B has restricted mobility and has received disability benefits for about 10 years. As his main carer, his wife regularly has to reposition him during the night, leaving them both sleep deprived. In addition Mr B has depression, feeling that he cannot 'provide' for his family or be part of normal family life, including accompanying them on outings, holidays etc.

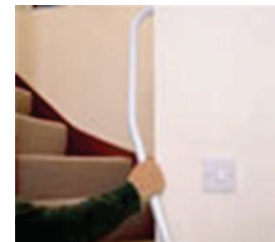
The Occupational Therapist assessed Mr B's needs and worked with him and his wife to identify options that would improve his wellbeing and independence and provide him with options to engage with the community, as well as reducing stress on Mrs B, the main carer.

Mr B was referred to the District Nurses who, following assessment, supplied a profiling bed which gave Mr B more independence and an improved sleep pattern for him and his wife.

Mr B was supported to choose a suitable trailer for taking his mobility scooter on outings which allowed him to access the community and take part in family outings.

Under Direct Payment the services of a visiting personal assistant were engaged which now provides some regular respite for Mrs B.

Mrs B was referred to the Social Work department for a carer's assessment in her own right.



Personalisation for Occupational Therapists (OTs) in social care means:

Understanding and acknowledging the social model of disability; providing choice, control and a person centred approach to assessment/review and delivery of support and services.

Considering environmental barriers as disabling factors in people's lives and seeking to remove these barriers through inclusive and flexible building design and strategic planning.

Optimising potential for independence through the use of adaptive techniques.

Emphasising the promotion of self-reliance and personal and community resources.

Ensuring that people have access to information and advice to make informed decisions about the support they need.

Long Term Support

What is Long term Support?

If I still need continued support, I am able to choose how this is done. I can choose from a range of services which offer value for money. The resources made available to me are kept under review.

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

Personal budgets are made available to everyone needing long term support. Merton has pioneered the use of pre-paid cards as a cost effective and efficient way of managing this area, along with Merton Managed Accounts to offer money management for those requiring it: This area won the Local Government Chronicle award for Innovation in 2014.

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

Long Term support challenges:

In 2012 Merton awarded contracts to preferred home care providers through a framework contract, which remains in place despite the pressure on fees. Merton is now working with providers to move to a more outcome based approach.

Merton's use of residential care homes has declined, whereas use of nursing homes has slightly increased. Accessing local nursing home care has become an increasing challenge. Quality of care in these homes remains a focus, and Merton Seniors Forum has led an important initiative in this area, through recruiting and training volunteers to act as Dignity in Care Champions in local homes.

Many London boroughs are experiencing a shortage of capacity and demands for steeply increased fees from independent service providers. Merton is no exception to this trend even though we have very successfully managed our care markets in terms of value for money over the last 6 years. These pressures are especially evident in the commissioning of domiciliary care and bed based care for older people. We are building more strategic partnerships with our market providers and voluntary organisations to shape a strategic response to these new market realities. Together we are designing, building and delivering more efficient, effective and customer focused health and care solutions for the people of Merton.

What is Long term Support?

If I still need continued support, I am able to choose how this is done. I can choose from a range of services which offer value for money. The resources made available to me are kept under review.

You can find out more information about our direct payment service on:
<http://www.merton.gov.uk/health-social-care/adult-social-care/directpayments.htm>

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

If you qualify for help from social services following a needs assessment, you can choose to receive payments from us (called 'direct payments') to buy the services you need to meet your needs. This is instead of receiving the services direct from the council.

Many people who use direct payments find they have more choice, control and flexibility. They are also responsible for accounting for how the money is spent. A direct payment cannot affect social security benefits nor be classed as taxable income. There is no maximum or minimum level to a direct payment, but it must be cost-effective and must be enough to purchase support of a quality acceptable to the local authority. We also offer Merton Managed accounts and pre-paid cards.

What is a Pre-Paid card?

If you receive direct payments from Merton Council to pay for your community care services, you will be given a pre-paid card. You can use this like a debit card, to pay for the agreed goods and services you use to meet your social care needs.

More information can be found on: <http://www.merton.gov.uk/health-social-care/adult-social-care/directpayments.htm>

What is a Merton Managed Account?

A Merton Managed Account (MMA) is a new service available from Merton council. The service is an option for all Adult Social Care customers, including those who do not receive financial support towards their care needs from the council; we call these individuals 'self funders'. In 2014 Merton Managed Accounts won the Local Government Chronicle award for Innovation.

The service is designed to assist customers who receive their personal budget (social care funds) as a Direct Payment, but who need or choose to have support managing the financial aspects of their personal budget. More information about Merton Managed Account can be found on:

<http://www.merton.gov.uk/health-social-care/adult-social-care/directpayments/merton-managed-accounts-pre-paid-cards.htm>

Long Term Support – Case study

**What is
Long term
Support?**

If I still need continued support, I am able to choose how this is done. I can choose from a range of services which offer value for money. The resources made available to me are kept under review.

Case Study:

Ms M has a learning disability and until recently lived at home with family members. She was assisted by social work staff from Merton Council to move into a Supported Living Scheme in the Borough as she wanted to increase her independence.

Ms M has recently moved to a new flat in a brand new Supported Living Scheme. The scheme was constructed by a local housing association and is staffed by support workers from the Council’s Supported Living Team. Ms M has been sorting out her new flat and has told staff that it is good. Friends living in the scheme come and visit her in her flat. She is also looking forward to meeting new people who move into the other flats in the scheme. There are staff on duty during the day and at night and Ms M receives assistance to carry out daily living tasks such as support with her money so that she can do her shopping. She also attends day opportunities and evening activities.

Ms M receives support with her washing and cleaning but has told staff that she needs less support now because her independence is increasing. She has had support with travel training so that she can travel on her own to her job.

Process

What is Efficient Process?

The processes to deliver these outcomes are designed to minimise waste, which is anything that does not add value to what I need.

Merton's overall processes have been looked at under the 'Lean' principles to end or minimise anything which does not add value to the outcome for our service users.

The brokerage service was launched in 2012, offering a way of accessing the market in a way that secures best available value for money at acceptable quality. This change to process has been all the more essential as it has become harder to find care at the prices which Merton pays and as the pressures have increased especially in terms of the dependency levels of those being discharged from hospital. We are considering how this can be best positioned for those who fund their own care.

Merton's safeguarding function has managed significantly increased volumes of referrals in recent years, as people become more aware of the issue. In order to ensure a degree of independent oversight, the directors for adult social care for Kingston and Merton chair each other's Safeguarding Adult Boards on a reciprocal basis.

A major development in this area has been an increased recognition of self neglect as a safeguarding issue, which in Merton was accepted as a criterion for a safeguarding intervention before this was enshrined in statute under the Care Act. In this area there has been some specific work in the area of hoarding, where people may put themselves and others at significant risk: Merton with its partners has developed a shared protocol which has enabled successful interventions to take place and which has attracted national attention for its pioneering nature.

The Deprivation of Liberty Safeguards and the subsequent case law has significantly increased the work load to assess people who lack capacity in care home and hospitals. It has also increased the work load for those living in the community who lack capacity to ensure that their care plan are in their best interest and are the least restrictive option.

The information system in use forms a significant proportion of process time, and Merton is in the process of changing to a new system for both children's and adult social care. The system is called Mosaic and is due to go live in 2015. Changing systems is a very significant change process, but we expect as a result to see reduced time spent on data inputting and therefore more time available to be spent with customers, which will in turn support more flexible working.

What is Partnership?

The organisations that support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government agencies, and the independent sector.

In 2012/13 our partnership work with the voluntary sector was recognised in national awards for Compact working.

In February 2013 Merton hosted an event for all local NHS organisations (CCG [Clinical Commissioning Group] 3 acute Trusts, the community provider Trust, and the mental health Trust) where the integration programme for older people and people with long term conditions was launched. 4 strategic outcomes were agreed:

1. An improvement in satisfaction levels among customers
2. A reduction in emergency admissions to acute hospitals
3. A reduction in lengths of stay in acute hospitals
4. A reduction in admissions to care homes

This programme is based on two main areas:

- Proactive care management, where social care workers, community health workers and primary care workers work together in three geographical locality teams, offering integrated assessments and case management.
- Reactive response services, especially focused around avoiding hospital admissions and facilitating hospital discharge.

The programme turned out to anticipate the central government initiative of the Better Care Fund (BCF), where across England local partners were required to produce a plan to use a pooled budget to achieve similar outcomes and especially a reduction in admissions to hospitals. Merton's plan was judged one of the five best in the country, and the local arrangements have been praised by visiting senior civil servants and government ministers.

At the same time our pre-existing partnership arrangements for learning disabilities and mental health have remained effective and been refreshed through a formal review of the Section 75 agreements.

Outcomes achieved with the voluntary sector task group

- A transfer of management of small grants for carers to Carers Support Merton, which has levered in external funding to supplement what the council spends
- A change in the pathway for those who get a visual impairment diagnosis, so that they get more rapid support from the voluntary sector
- The launch of the community fund to support local voluntary group endeavours
- Transfer of management of certain assets to the voluntary sector
- The ageing well programme for prevention
- A reduction in transport costs

Partnership

What is the Better Care Fund?

The Better Care Fund was announced by the Government in the June 2013 to support integrated health and social care by creating a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.

In the autumn of 2013 each of the 151 Health and Wellbeing Board areas in England were required to produce a BCF Plan. The BCF Plan for Merton was developed to build on the Integration Programme's work schemes and strategic outcomes and was signed off by the Merton Health and Well Being Board as part of the re-submission process in September 2014.

The project infrastructure established to deliver this work includes the Integration Board, a multi-agency group co-chaired by the Clinical Commissioning Group (CCG) and London Borough of Merton, which includes the three local acute trusts, the local mental health trust, community services and representation from the voluntary sector. The same agencies are represented within the Merton Model Development Group which is the key implementation group responsible for delivery of this work. The implementation model includes both reactive and proactive work streams.

Outcomes achieved through the Merton Model Development Group

Within our pro-active work stream:

- Integrated Locality Teams have now been established to support people in their own homes.
- Support for those people at risk of admission to hospital through care planning, multi-disciplinary discussion and use of a key worker.
- Additional skills and support have been added to these teams including the Health Liaison Social Workers as well as more recently, community dementia nurses, enabling closer links with mental health services and the voluntary sector, including the Dementia Hub where the London Borough of Merton was nominated for two Local Government Chronicle Awards.
- Development of the HARI service which provides holistic assessment and rapid investigation for complex patients. This service started offering routine appointments in April in the new developed Nelson Health Centre and will be expanded to support urgent assessment through the recruitment of an interface geriatrician.

For the reactive work stream:

- A crisis team has been established within community services to offer 7 day crisis support to support admission prevention.
- Additional Intermediate Care Bed capacity has also been commissioned to enable more people to be supported out of hospital.
- Community in reach services and a social worker are now based at St George's to help support discharges 7 days a week.
- The Reablement team was restructured to support the delivery of reablement services.

Contributions

What do we mean by Contribution?

I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes.

Everyone should be able to, and is expected to contribute to their care whether it is in kind or financial. Merton adult social care has a clear, fairer contributions policy which expects users to pay for services if they can afford to do so, including from appropriate benefits. The council's charging policy has remained relatively unchanged, recognising that in comparison with many councils Merton already receives a comparatively high contribution level through charges. The charging consultation group has continued to meet in order to listen to customer experience and make changes where required.

The self-directed support process is also clear about the contribution in kind expected from the customer and any informal carers and family members.

Support from the Voluntary Service and Carers

There has been a re-launch of the volunteering strategy, with Merton Voluntary Service Council taking lead responsibility for implementation, which has included a merger with Volunteer Centre Merton in order to offer one place to support volunteering. The strategy has been the subject of regular reports to the Overview and Scrutiny Commission. Volunteering is playing an increasingly effective role in areas such as day opportunities, befriending, working with people on a short term basis in order to help them work out the right support for them, and informal get-togethers.

The contribution of carers continues to be seen as vital, and more investment went into Carers Support Merton under Ageing Well in order to promote a single place for carers to get information and support, supplemented by more specialist support in certain key areas.

Healthwatch are here to:

Gather the views and experiences of local people on the way services are delivered and have the power to enter and view adult health and social care services to get a feel for how they are delivering.

Help you to shape and improve the services you use. We do this by influencing the way services are designed and delivered based on evidence gained from you.

Engage with people in our locality. We want to hear from people across every part of the community - so if you haven't met us yet, please get in touch.

Keep you up to date with our work through newsletters and updates. To sign up to the mailing list visit www.healthwatchmerton.co.uk

Provide information and signposting about local health and social care services.

Influence how services are set up and commissioned by having a seat on the local Health and Wellbeing Board.

Pass information and recommendations to other local Healthwatch, Healthwatch England and the Care Quality Commission.

Healthwatch is the consumer champion for health and social care in England. Here to give children, young people and adults a powerful voice – making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

By making sure the views and experiences of all people who use services are taken into account, we can help make services better now and in the future. Healthwatch actively seeks views from all sections of the community, especially from those who sometimes struggle to be heard and not just from those who shout the loudest. We also encourage health and social care providers, regulators and planners to hear directly from people themselves.

What do we do?

Healthwatch Merton works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping shape them for tomorrow. It's all about voices being able to influence the delivery and design of local services, not just for people who need to use them now, but anyone who might need to in future.

Healthwatch Merton will play a role nationally through Healthwatch England and at a local level as one of the 152 community focused local Healthwatch. Together we form the Healthwatch network, working closely to ensure consumers' views are represented nationally and locally

Merton Council awarded the Healthwatch Merton contract to MVSC because of their excellent local knowledge. MVSC is based in the borough and already engage on a daily basis with the many diverse communities in Merton. Their experience and knowledge about health and social care services working within Merton is also another strong quality.

Web: www.healthwatchmerton.co.uk

Email: info@healthwatchmerton.co.uk

Tel: 0208 685 2282

Safeguarding

Safeguarding Performance data

Health and Social Care Information Centre (HSCIC) collects data on safeguarding from each local authority, further details are available in the Performance & Quality Assurance section of our Local Account

The introduction of the Care Act sets out for the first time a legal framework for safeguarding adults with Safeguarding Adults Boards becoming statutory. Local Authorities, the NHS and the police will be core members of Safeguarding Adults Boards and are already key partners on Merton's Safeguarding Adult's Partnership Board. The Safeguarding Adults Partnership Board is a group of people who meet four times a year to ensure that Adult Safeguarding is delivered effectively. The Board comprises of senior lead managers from all key partner agencies.

Merton has a reciprocal arrangement with the Royal borough of Kingston for the chairing of the safeguarding boards. This means that the director of Kingston chairs Merton board and the director of Merton chairs Kingston Boards. These arrangements allow a level of independent scrutiny. We will be reviewing this arrangement in the latter part of 2015.

Views of our key partners

"The Care Act places a duty for agencies to work together hence working in partnership has never been so important. The demands being placed upon those engaged in safeguarding adults continues to push the boundaries of our capacity to deliver a professional and caring service without additional funding. Within this operating environment I am immensely proud of the positive contributions to improving people's lives being made by all agencies in Merton. I am very aware of how the lives of carers and service users are affected each day when dealing with families and friends." **Sue Redmond (Chair of Merton Safeguarding Adults Partnership Board)**

"St Georges University Hospitals Foundation Trust is an active member of the Merton Safeguarding Board and is committed to providing safe and dignified care to Merton residents who use our services. We continue to have good working relationships with Merton social services and with our other partner agencies in respect of reporting and investigating allegations of abuse and neglect. All staff receive level 1 training in adult safeguarding and we have a dedicated safeguarding lead nurse for adults in addition to 2 learning disability nurses and a clinical nurse specialist for domestic abuse within the safeguarding team who can provide support and advice to some of our most vulnerable clients." **David Flood (Safeguarding Lead - St Georges Hospital trust)**

Deprivation of Liberty Safeguards (DoLS)

Where can I find more Performance data on DoLS?

Health and Social Care Information Centre (HSCIC) collects data on safeguarding from each local authority, further details are available in the Performance & Quality Assurance section of our Local Account

Deprivation of Liberty Safeguards (DoLS) were introduced in England and Wales in April 2009 as part of the Mental Capacity Act 2005. The aim of DoLS is to provide protection for vulnerable people who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of their liberty and, who lack the capacity to consent to the care or treatment they required.

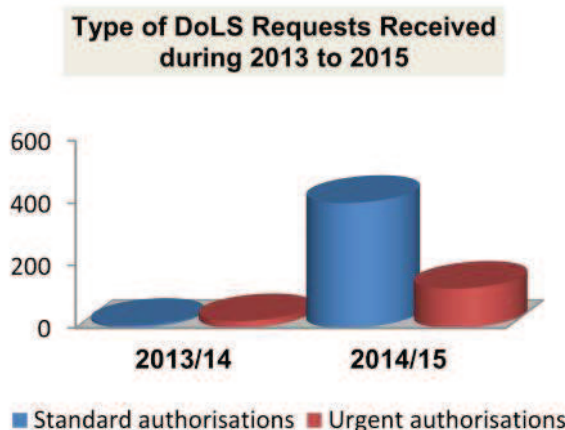
Since March 2014, the threshold for a Deprivation of Liberty has changed following the Cheshire West Supreme Court Judgement. The threshold is now significantly lower, which means that an increasing number of people accommodated in care homes and hospitals will now come under the remit: If the person is not free to leave, and under continuous supervision and control.

DoLS statistics for 2013 to 2015

Since 1st April 2013 to 31st March 2014 Merton received 29 DoLS requests and during the same period in 2014/15 we received 527 DoLS requests. This shows that we received nearly 500 more request during 2014/15 compared to 2013/14.

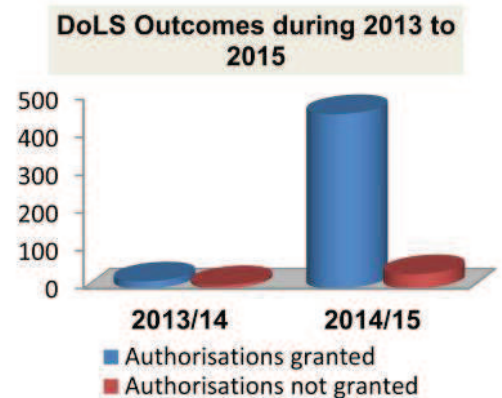
DoLS Requests Received

The chart below shows the amount of DoLS requests received and if they were standard or urgent.



DoLS Outcomes

The chart below shows the amount of DoLS that have been authorised and declined.



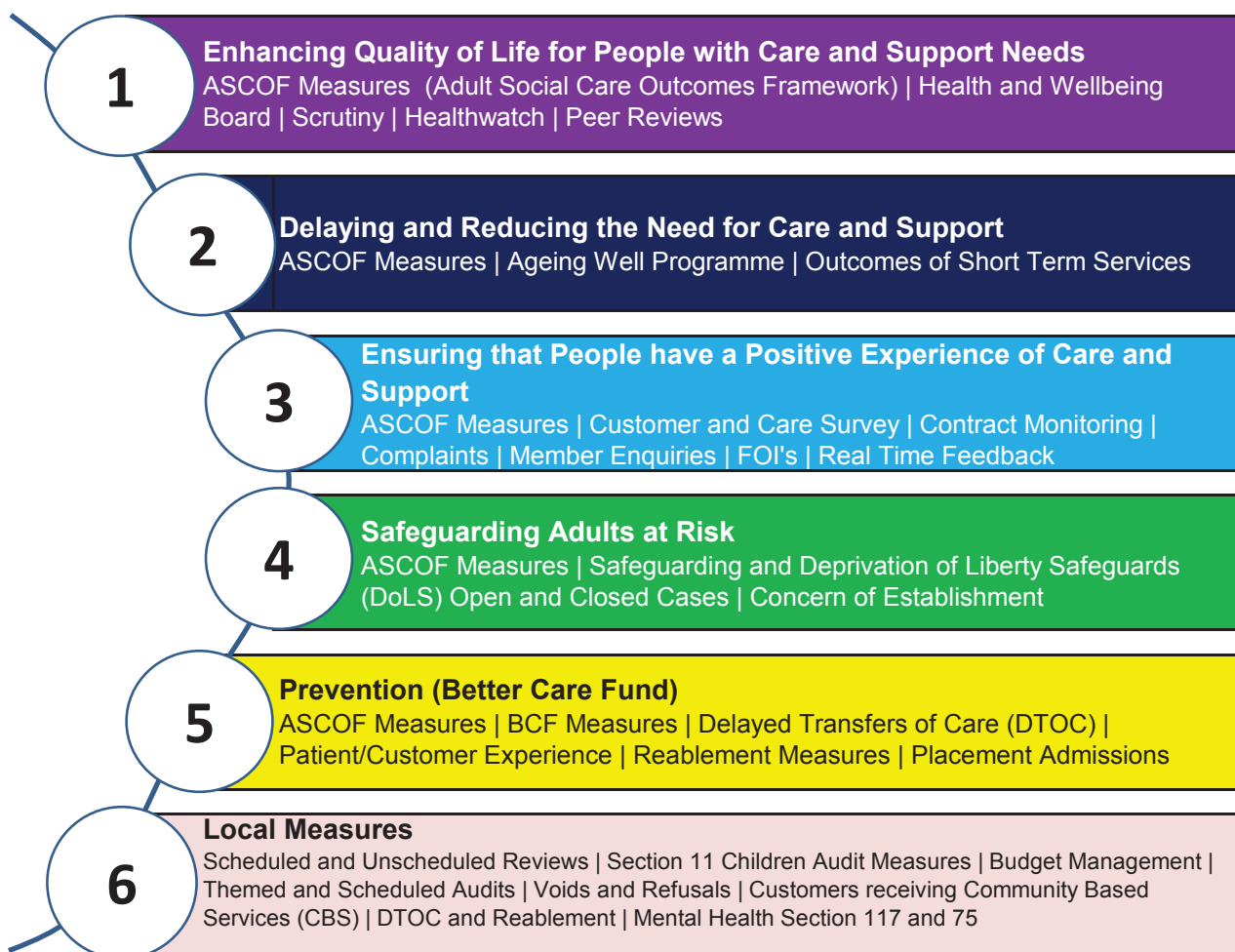
Performance and Quality Assurance (PQA)

What are the key areas covered in this section?

- National Performance Measures
- Benchmarking data
- Local Measures
- Cases file Audits
- Local Customer Satisfaction Surveys and more.....

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

In 2014 we launched a new Performance and Quality Assurance Framework, with six key domains and overseen by a quality board. The aspiration is to get more feedback in real time from customers about their experience of support, alongside the usual performance metrics. The six key areas within the Performance and Quality Assurance Framework are:



Summary of Performance from 2013 to 2015

Key Achievements on Adult Social Care Outcome Framework (ASCOF) Measures against our Comparator Group Average (CGA)

- The proportion of people / carers using social care who receive self-directed support have significantly increased from 2013 to 2014-15 and we are well above our CGA.
- Noticeable increases in direct payments for both carers and people since 2013 and we are significantly higher than our CGA.
- Long-term support of older adults (aged 65 and over) met by admission to residential and nursing care homes is considerably lower than our CGA.
- Delayed transfers of care from hospital are significantly lower than our CGA.
- We have the lowest delayed transfers of care from hospital, which are attributable to adult social care compared to England and our comparators.
- The proportion of older people (65 and over) who were offered reablement services following discharge from hospital is considerably higher than our CGA.
- The proportion of adults in contact with secondary mental health services in paid employment is noticeably higher than our comparators.
- The proportion of adults with learning disabilities who live in their own home or with their family is higher than our CGA.
- The overall satisfaction of people who use services with their care and support is higher than our CGA.
- The overall satisfaction of carers with social services is also higher than our CGA.
- The proportion of social care-related quality of life score is higher than our CGA.
- The proportion of people who use services who find it easy to find information about support is higher than our CGA.
- The proportion of carers who find it easy to find information about support is significantly higher than our CGA.
- The proportion of people who use services who feel safe is higher than our CGA.

Further details on ASCOF measures and comparator group can be found on the following pages of this local account.

Key areas for improvement on (ASCOF) measures against our Comparator Group Average (CGA)

- The proportion of adults with learning disabilities in paid employment is significantly lower than our CGA.
- The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services is marginally lower than our CGA.
- The proportion of carers who reported that they had as much social contact as they like is lower than our CGA.
- We are lower than our CGA on 'The proportion of carers who report that they have been included or consulted in discussion'.
- We are slightly lower than our CGA on 'The proportion of people who use services who say that those services have made them feel safe and secure'.

Key Achievements on Local Measures:

- The number of carers receiving an assessment and/or services saw a slight decrease in quarter three of 2014-15 but is now steadily increasing.
- The percentage of adults receiving long-term community based services is also steadily increasing.
- The time taken to authorise service agreements has seen a gradual decline over the last year.
- While the number of safeguarding referrals has seen a sudden increase, the number of investigations that this has led to has remained about the same.

National Benchmarking Measures (ASCOF)

The ASCOF performance measures are divided into four domains.

Domain 1

Enhancing the quality of life for people with care and support needs.

Domain 2

Delaying and reducing the need for care and support.

Domain 3

Ensuring people have a positive experience of care and support.

Domain 4

Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm.

Adult Social Care Outcomes Framework

Source: (Adult Social Care Outcomes Framework (ASCOF) Handbook of Definitions 2014
Prepared by the Department of Health)

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The purpose of the ASCOF is three-fold:

- Locally, the ASCOF supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF supports meaningful comparisons between councils helping to identify priorities for local improvements and stimulating the sharing of learning and best practice.

- The ASCOF fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide. A key mechanism for this is through councils' local accounts, where the ASCOF is already being used as a robust evidence base to support councils; reporting of their progress and priorities to local people: and,

- Nationally, the ASCOF measures the performance of the adult social care system as a whole and its success in delivering high-quality, personalised care and support. The framework will support Ministers in discharging their accountability to the public and Parliament for the adult social care system and will inform and support national policy development.

Performance against the ASCOF, at both the national and individual council level, will be published by the Health and Social Care Information Centre (HSCIC), and the Department will also release an annual commentary on the national picture.

Click www.hscic.gov.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF to visit the HSCIC webpage relating to ASCOF with links to additional information including published reports.

The following pages show the council's performance against the ASCOF measures in the years since 2012, together with a comparison of how Merton is performing against other councils within our Comparator Group. The councils within our Comparator Group include Bexley, Brent, Croydon, Ealing, Enfield, Greenwich, Harrow, Hounslow, Kingston-upon-Thames, Lewisham, Redbridge, Richmond-upon-Thames, Sutton, Waltham Forest and Wandsworth.

National Benchmarking Data

Performance

**ASCOF
DOMAIN 1**

Enhancing quality of life for people with care and support needs

People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs. People are able to find employment when they want, maintain a family and social life and contribute to community life and avoid loneliness or isolation. Carers can balance their caring roles and maintain their desired quality of life. To view the 'ASCOF: Handbook of Definitions' visit www.hscic.gov.uk

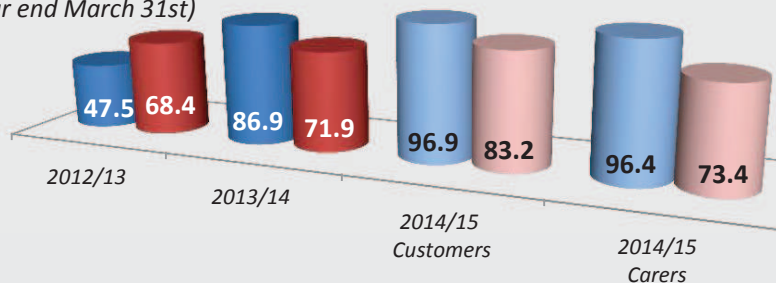
1A - Social care-related quality of life (Source: 'Personal Social Services Adult Social Care Survey', HSCIC)	2012/13 17.9	2013/14 18.8	2014/15 18.7
	CGA 18.4	CGA 18.6	CGA 18.5

1B - Proportion of people who use services who have control over their daily life (Source: 'Personal Social Services Adult Social Care Survey', HSCIC)	2012/13 68.4	2013/14 73.7	2014/15 69.1
	CGA 71.7	CGA 73.1	CGA 70.8

1C - (1a) Proportion of adults receiving self-directed support (Snapshot data at the year end March 31st)	2012/13 47.5	2013/14 86.9	2014/15 96.9
	CGA 68.4	CGA 71.9	CGA 83.2
1C - (1b) Proportion of carers receiving self-directed support (Data during the year to March 31st)			96.4
			CGA 73.4

1C - Proportion of people using social care who receive self-directed support

(Snapshot data at the year end March 31st)

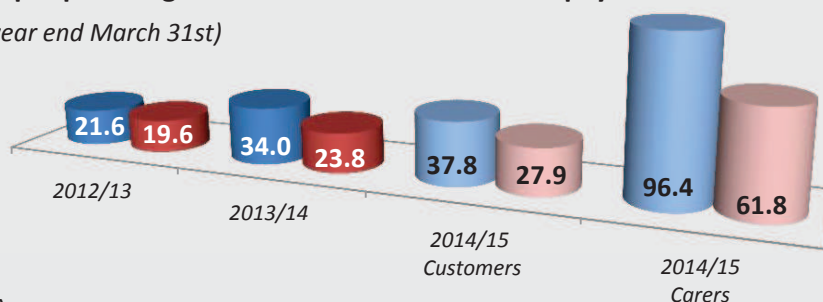


NOTE: This measure originally combined data for both adults and carers until 2014/15 when they were reported separately.

1C - (2a) Proportion of adults receiving direct payments (Snapshot data at the year end March 31st)	2012/13 21.6	2013/14 34.0	2014/15 37.8
	CGA 19.6	CGA 23.8	CGA 27.9
1C - (2b) Proportion of carers receiving direct payments for support direct to carer (Data during the year to March 31st)			96.4
			CGA 61.8

1C(2) - Proportion of people using social care who receive direct payments

(Snapshot data at the year end March 31st)



NOTE: This measure originally combined data for both adults and carers until 2014/15 when they were reported separately.

National Benchmarking Data

Performance

ASCOF DOMAIN 1

Enhancing quality of life for people with care and support needs

1D - Carer-reported quality of life (Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)

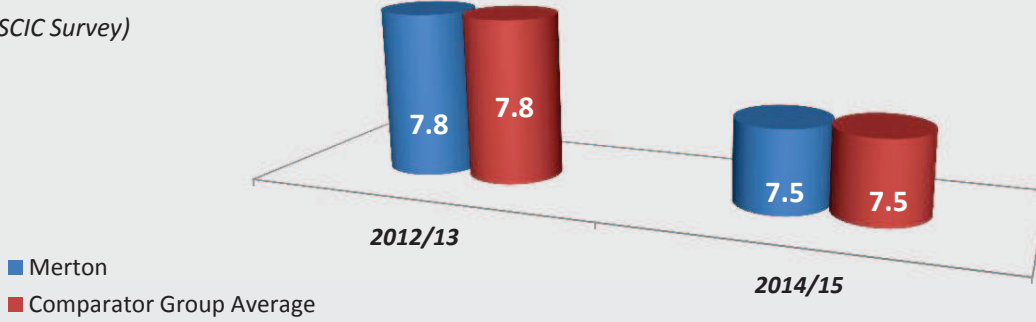
2012/13
7.8
CGA 7.8

2013/14
N/A

2014/15
7.5
CGA 7.5

1D - Carer-reported quality of life

(HSCIC Survey)



NOTE: The survey of carers is conducted every two years and therefore not required for 2013/14.

NOTE: This measure is a culmination of responses from six questions within the survey. For more info visit www.hscic.gov.uk

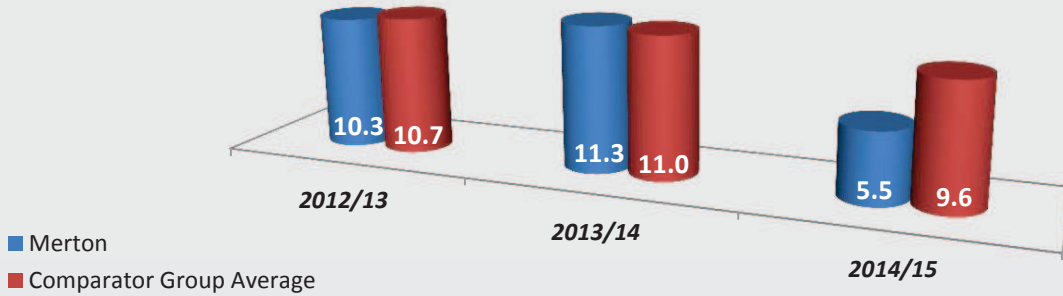
1E - Proportion of adults with learning disabilities in paid employment (Data during the year to March 31st)

2012/13
10.3
CGA 10.7

2013/14
11.3
CGA 11.0

2014/15
5.5
CGA 9.6

1E - Proportion of adults with learning disabilities in paid employment



1F - Proportion of adults in contact with secondary mental health services in paid employment

2012/13
11.2
CGA 7.9

2013/14
9.2
CGA 6.4

2014/15
9.6
CGA 6.6

1G - Proportion of adults with learning disabilities who live in their own home or with their family (Data during the year to March 31st)

2012/13
73.4
CGA 69.8

2013/14
70.4
CGA 71.6

2014/15
74.5
CGA 67.5

1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support

2012/13
76.9
CGA 79.7

2013/14
82.1
CGA 78.9

2014/15
86.9
CGA 79.7

1I - (1) Proportion of people who use services, who reported that they had as much social contact as they would like (Source: '... Survey of Adult Carers in England')

2012/13
Not Available

2013/14
43.9
CGA 41.0

2014/15
45.1
CGA 42.2

1I - (2) Proportion of carers, who reported that they had as much social contact as they would like (Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)

2012/13
Not Available

2013/14
Not Available

2014/15
31.5
CGA 34.6

National Benchmarking Data

Performance

ASCOF
DOMAIN 2

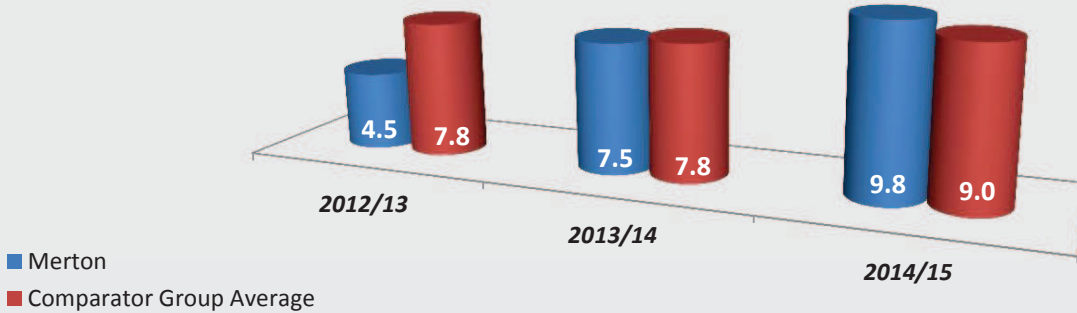
Delaying and reducing the need for care and support

When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence. Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

2A - (1) Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 (a lower figure is favourable)

2012/13	2013/14	2014/15
4.5	7.5	9.8
CGA 7.8	CGA 7.5	CGA 9.0

2A - (1) Permanent admissions (18-64 years old) to residential and nursing care homes



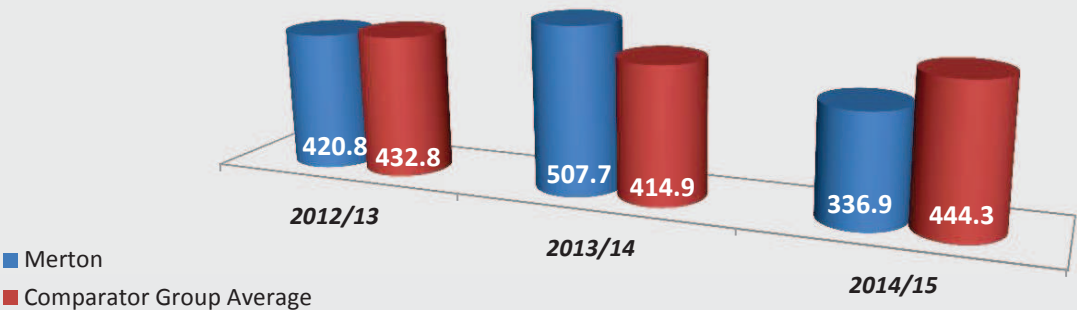
NOTE: The definition of this measure has changed for 2014/15.

NOTE: A lower figure is favourable.

2A - (2) Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 (a lower figure is favourable)

2012/13	2013/14	2014/15
420.8	507.7	336.9
CGA 432.8	CGA 414.9	CGA 444.3

2A - (2) Permanent admissions (over 65 years) to residential and nursing care homes



NOTE: The definition of this measure has changed for 2014/15.

NOTE: A lower figure is favourable.

2B - (1) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services (effectiveness of the service)

2012/13	2013/14	2014/15
84.4	83.3	81.2
CGA 84.2	CGA 86.8	CGA 84.9

2B - (2) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)

2012/13	2013/14	2014/15
1.0	1.6	5.4
CGA 4.3	CGA 4.6	CGA 3.9

2C - (1) Delayed transfers of care from hospital per 100,000 population (a lower figure is favourable)

2012/13	2013/14	2014/15
2.5	2.7	4.4
CGA 6.1	CGA 6.7	CGA 7.2

2C - (2) Delayed transfers of care from hospital, that are attributable to social care or jointly with the NHS, per 100,000 population (a lower figure is favourable)

2012/13	2013/14	2014/15
0.7	0.0	0.7
CGA 1.9	CGA 2.0	CGA 2.3

2D Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level

2012/13	2013/14	2014/15
Not Available	Not Available	73.7
		CGA 67.6

National Benchmarking Data

Performance

ASCOF
DOMAIN 3

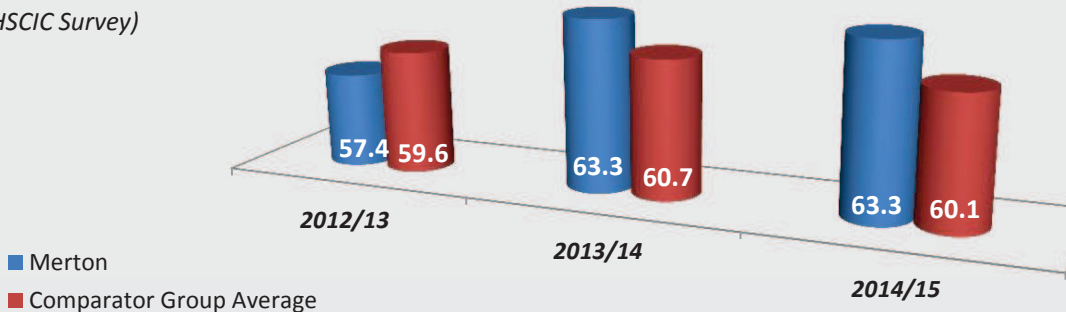
Ensuring people have a positive experience of care and support

People who use social care and carers are satisfied with their experience of care and support services. Carers feel that they are respected as equal partners throughout the care process. People know what choices are available to them locally, what they are entitled to, and who to contact when they need help. To view the 'ASCOF: Handbook of Definitions' visit www.hscic.gov.uk

3A - Overall satisfaction of people who use services with their care and support (Source: 'Personal Social Services Adult Social Care Survey', HSCIC)

2012/13	2013/14	2014/15
57.4	63.3	63.3
CGA 59.6	CGA 60.7	CGA 60.1

3A - Overall satisfaction of people who use services with their care and support
(HSCIC Survey)



3B - Overall satisfaction of carers with social services (Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)

2012/13	2013/14	2014/15
36.5	Not Applicable ¹	35.7
CGA 35.5		CGA 34.4

3C - Proportion of carers who report that they have been included or consulted in discussion about the person they care for (Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)

2012/13	2013/14	2014/15
71.1	Not Applicable ¹	58.1
CGA 66.9		CGA 64.9

3D - (1) Proportion of people who use services, who find it easy to find information about support² (Source: 'Personal Social Services Adult Social Care Survey', HSCIC)

2012/13	2013/14	2014/15
71.8	78.6	75.1
CGA 68.7	CGA 73.1	CGA 73.4

3D - (2) Proportion of carers who find it easy to find information about support² (Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)

2013/14	2014/15
Not Applicable ¹	71.4
	CGA 62.4

¹ Carer Survey conducted every two years therefore information not available for each year.

² From 2013/14 the ASCOF 3D measure was separated into services users and carers.

National Benchmarking Data

Performance

ASCOF
DOMAIN 4

Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected as far as possible from avoidable harm, disease and injury. People are supported to plan ahead and have the freedom to manage risks in the way that they wish. To view the 'ASCOF: Handbook of Definitions' visit www.hscic.gov.uk

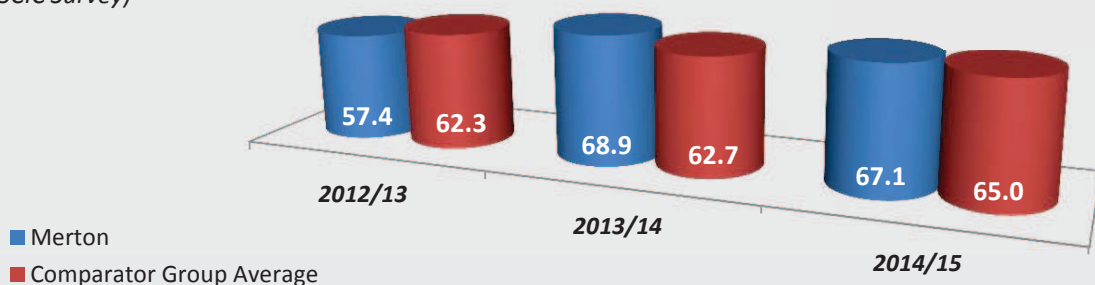
4A - Proportion of people who use services who feel safe

(Source: 'Personal Social Services Adult Social Care Survey', HSCIC)

2012/13	2013/14	2014/15
57.4	68.9	67.1
CGA 62.3	CGA 62.7	CGA 65.0

4A - Proportion of people who use services who feel safe

(HSCIC Survey)

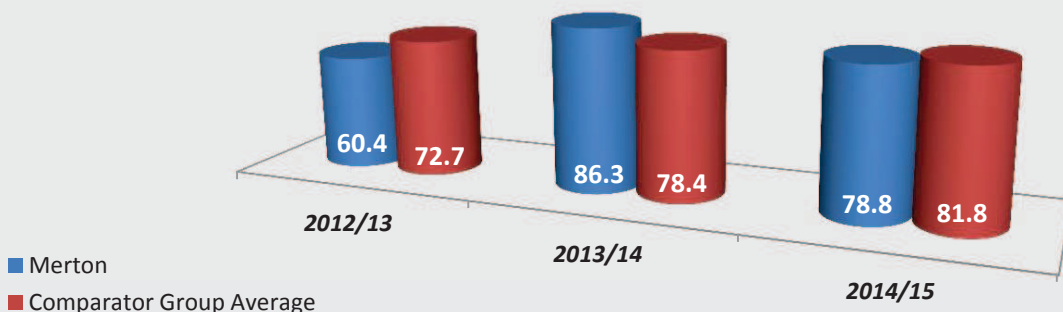


4B - Proportion of people who use services who say that those services have made them feel safe and secure

(Source: 'Personal Social Services Adult Social Care Survey', HSCIC)

2012/13	2013/14	2014/15
60.4	86.3	78.8
CGA 72.7	CGA 78.4	CGA 81.8

4B - Proportion of people who say that those services have made them feel safe



National Benchmarking Data - Safeguarding Adults

Performance

Councils with Adult Social Services Responsibilities (also known as CASSR) are required to complete the Safeguarding Adults Return (SAR) and submit this each year to the Health and Social Care Information Centre (HSCIC). **The tables below show SAR data from 2013/14.**

NOTE: The SAR data for 2014/15 was not available at the time of producing this Local Account but can be accessed and viewed via the HSCIC website by following this link.

<http://www.hscic.gov.uk/datacollections/sar>

CGA = Comparator Group Average

Individual or organisation believed to be source of risk, by type of abuse	<i>Social care support or service paid, contracted or commissioned</i>		<i>Other: Known to individual</i>		<i>Other: Unknown /stranger</i>	
Physical	40	CGA 41	45	CGA 64	5	CGA 24
Sexual	10	CGA 4	10	CGA 14	0	CGA 7
Psychological / emotional	15	CGA 24	25	CGA 48	5	CGA 14
Financial and material	25	CGA 28	30	CGA 50	5	CGA 23
Neglect and acts of omission	75	CGA 89	75	CGA 44	5	CGA 31
Discriminatory	0	CGA 1	0	CGA 1	0	CGA 1
Institutional	5	CGA 6	10	CGA 2	0	CGA 2

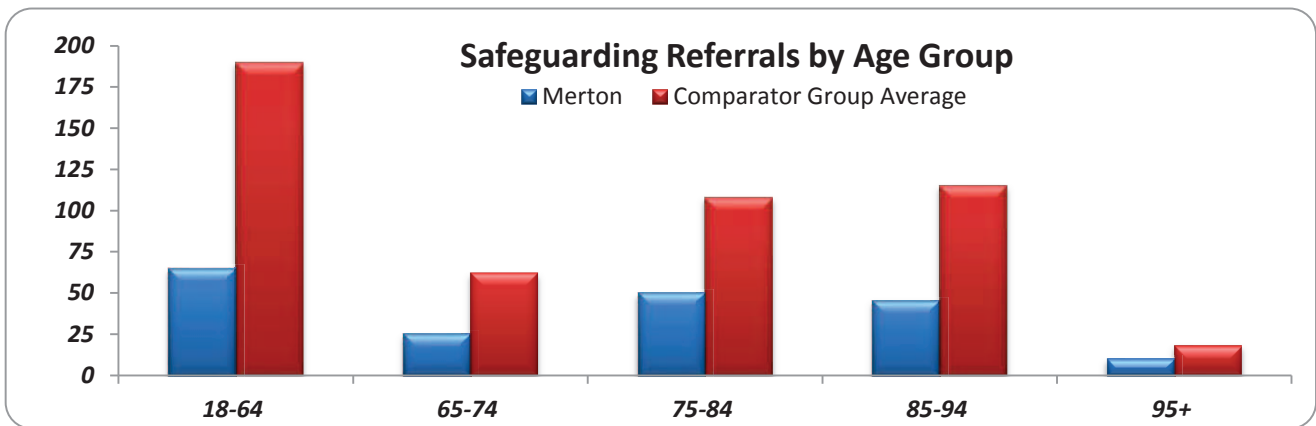
CGA = Comparator Group Average

Individual or organisation believed to be source of risk, by conclusion	<i>Social care support or service paid, contracted or commissioned</i>		<i>Other: Known to individual</i>		<i>Other: Unknown /stranger</i>	
1 - Substantiated - fully	35	CGA 50	30	CGA 55	0	CGA 30
2 - Substantiated - partially	20	CGA 17	25	CGA 14	5	CGA 5
3 - Inconclusive	25	CGA 32	25	CGA 36	5	CGA 22
4 - Not substantiated	55	CGA 58	65	CGA 60	5	CGA 32
5 - Investigation ceased at individual's request	0	CGA 5	0	CGA 9	0	CGA 3

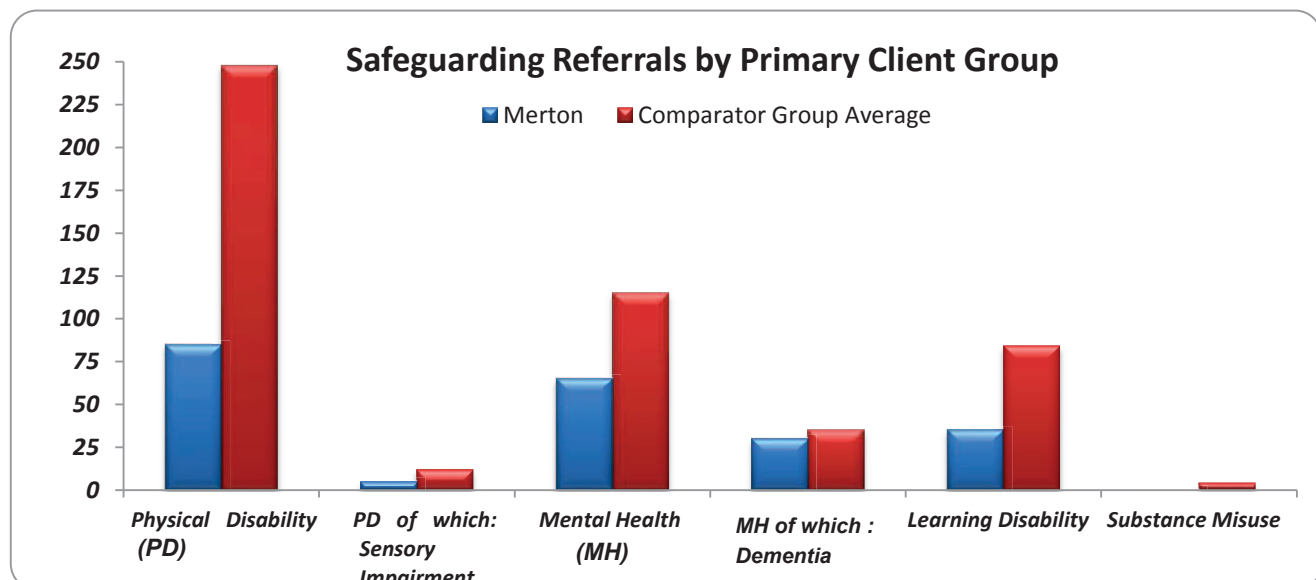
National Benchmarking Data - Safeguarding Adults

Performance

Safeguarding referrals by age	18-64	65-74	75-84	85-94	95+
Numbers of individuals for whom a safeguarding referral has been made within the borough of Merton	65	25	50	45	10
Numbers of individuals for whom a safeguarding referral has been made within the boroughs of Merton's Comparator Group	190	62	108	115	18



Safeguarding referrals by primary client group	Physical Disability (PD)	PD of which: Sensory Impairment	Mental Health (MH)	MH of which : Dementia	Learning Disability	Substance Misuse
Numbers of individuals for whom a safeguarding referral has been made within the borough of Merton	85	5	65	30	35	0
Numbers of individuals for whom a safeguarding referral has been made within the boroughs of Merton's Comparator Group	248	12	115	35	84	4



National Benchmarking Data - Deprivation of Liberty Safeguards (DoLS)

Summary from Health and Social Care Information Centre

Since 2009, care homes and hospitals have had to seek authorisation from their Local Authority if they need to deprive an individual who lacks capacity of their liberty as part of their care and/or treatment. The Health and Social Care Information Centre (HSCIC) currently collects data from Councils with Adult Social Services Responsibilities (CASSRs or councils) on Deprivation of Liberty Safeguards (DoLS) at case level on an annual basis. This information is then published in the annual report 'Mental Capacity Act, 2005, Deprivation of Liberty Safeguards'.

Supreme Court judgments handed down on 19 March 2014 have led to a substantial increase in the volume of Deprivation of Liberty Safeguards (DoLS) applications received by councils. As a result, a temporary, voluntary, data collection has been introduced to cover the period 1 April 2014 – 30 September 2015. This quarterly collection enables stakeholders to monitor the scale of the Supreme Court judgments' impact on councils in a timely manner, and allows for any increase in the number of DoLS applications to be quantified and evidenced.

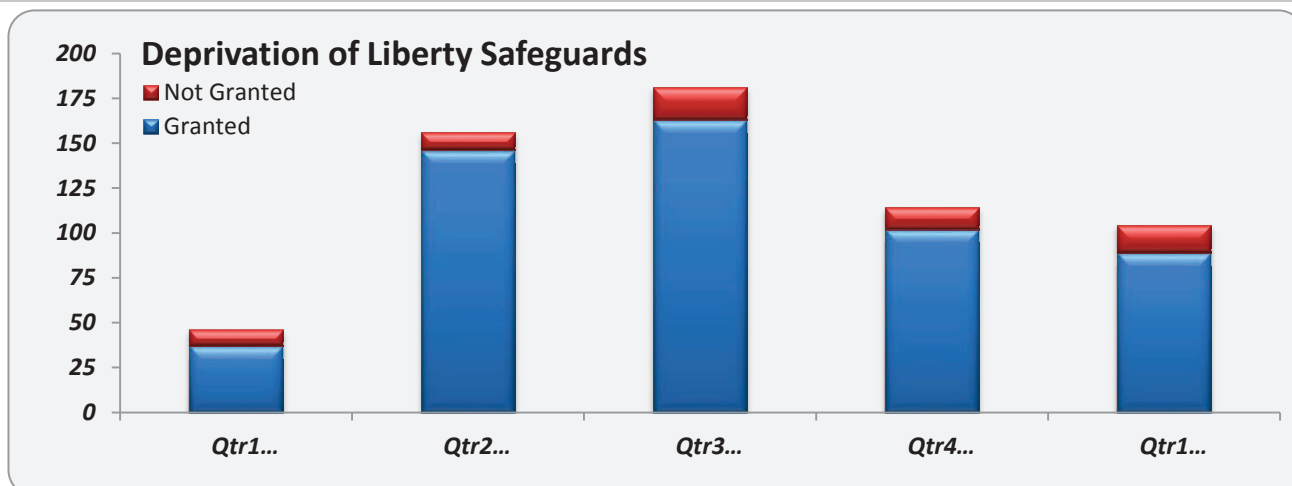
You can access the data on a quarterly basis from Health & Social Care Information Centre – click on this link to access the full report:

<http://www.hscic.gov.uk/article/2021/Website-Search?productid=18380&q=dols+2015-15&sort=Relevance&size=10&page=1&area=both#top>

The table below shows the summary of the report published by Health & Social Care Information Centre with our comparator average figures:

CGA = Comparator Group Average

Outcome of applications	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16
Number of applications received during the quarter	46 CGA 73	156 CGA 122	181 CGA 153	139 CGA 151	142 CGA 162
Of those applications how many were granted	37 CGA 67	146 CGA 94	163 CGA 88	102 CGA 78	89 CGA 69
Of those applications how many were not granted	9 CGA 10	10 CGA 17	18 CGA 15	12 CGA 23	15 CGA 31



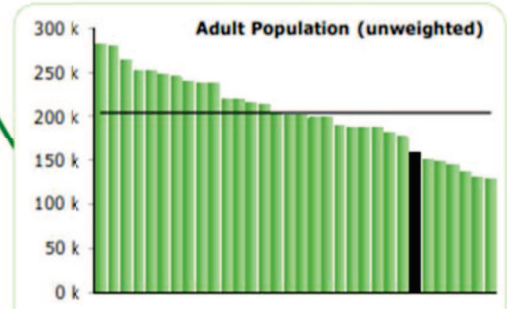
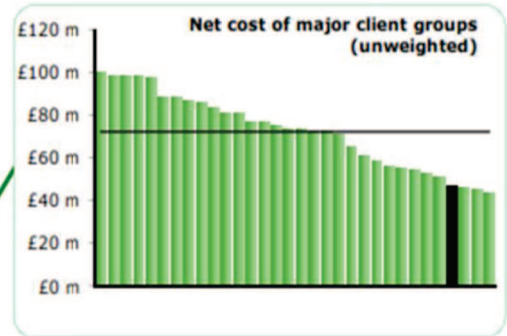
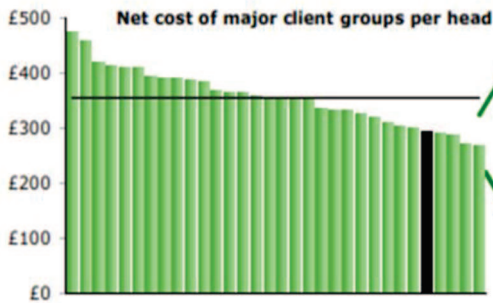
National Benchmarking data

We will update with 2014-15 data once it is published by CIPFA

Costs of Adult Social Care Services:

The following graphs show how our costs of services compare to other statistically similar boroughs in 2013-14. (The average cost of the service is worked out by dividing the number of customers by the amount of money spent per day, week, etc.)

Overall Summary Net Expenditure per Head 2013/14



Adult Population (18+) 158 k

Net Expenditure		£'million	£/head	Avg
A	Service Strategy	0.3	£1.90	£2.78
B,E,F,G	Major Client Groups	46.5	£293.79	£355.19
H	Asylum Seekers	0.2	£1.16	£0.66
J	Other Adult Services	1.8	£11.29	£9.66
K	Total Adult Services	48.8	£308.14	£368.29

The two charts marked unweighted are given here to help members understand the relative size of authorities. As most of our analysis shows unit costs, or other ratios, the size of the authority is usually not apparent.

Graph Source: CIPFA Social Care Benchmarking
(CIPFA: Chartered Institute of Public Finance & Accountancy)

Key points:

- Merton spends less per head of population than average.
- Merton is a smaller authority than average.

National Benchmarking data

Costs of Adult Social Care Services

How Merton compares on net spend on specific care groups or settings
(net means including the income we get from charges and other sources)

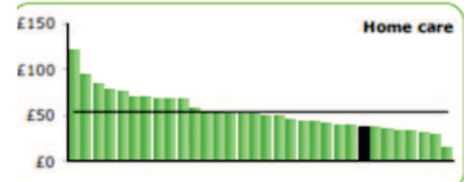
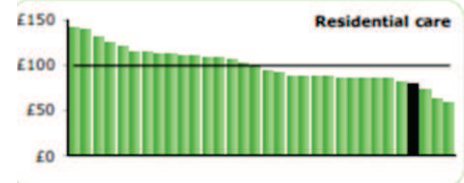
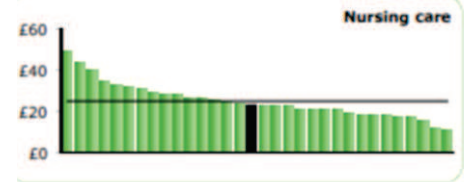
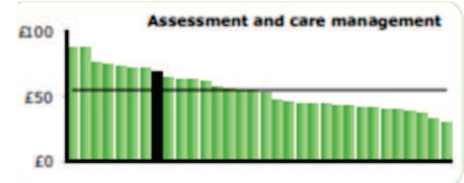
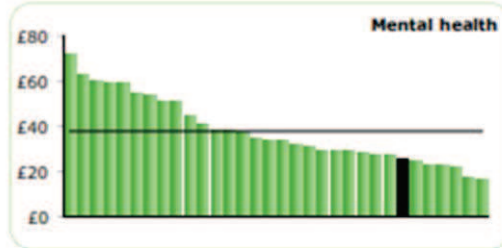
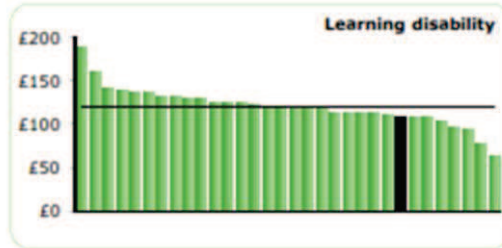
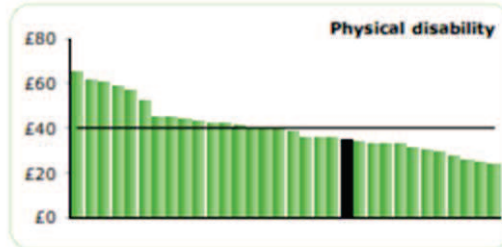
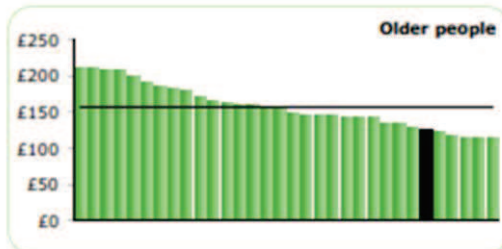
Services for Adults - Summary Net Expenditure per Head, 2013/14

Key points:

Merton spends less per head of population than average.

Merton is a smaller authority than average.

We will update this page with 2014-15 data once it is available from CIPFA.



Adult Population (18+) 158 k

Net Expenditure	£'m	Exp/head	Avg
B Older people	19.8	£125	£157
E Physical disability	5.5	£35	£40
F Learning disability	17.2	£109	£120
G Mental health	4.0	£25	£38
Total	46.5	£294	£355

Net Expenditure	£'m	Exp/head	Avg
1 Ass. & care mgt.	11.0	£69	£55
2.1 Nursing care	3.7	£23	£25
2.2 Residential care	12.5	£79	£99
4 Sup. & other accom..	1.9	£12	£30
5 Home care*	5.9	£37	£54
6 Day care/services*	4.6	£29	£29
7 Fairer charging	8.6	£54	£74
8 Direct payments	4.5	£28	£33
9-11 Other services	3.3	£21	£29
13 Supporting people	1.2	£7	£9
Total	46.5	£294	£355

*Home Care/Day Care figures are gross with respect to client contributions, but all other income is netted off.

Source: CIPFA Social Care Benchmarking based on PSSEx1 Report 2013-14 Final
(CIPFA : Chartered Institute of Public Finance & Accountancy)

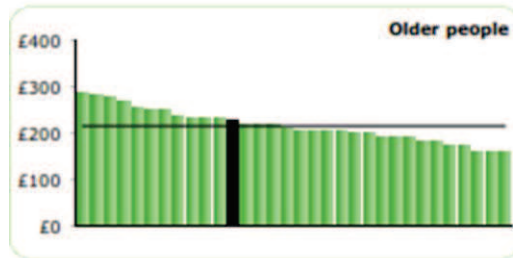
National Benchmarking data

Costs of Adult Social Care Services

How Merton compares on net spend on specific care groups or settings
(net means including the income we get from charges and other sources)

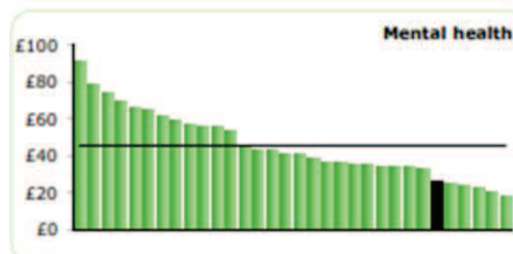
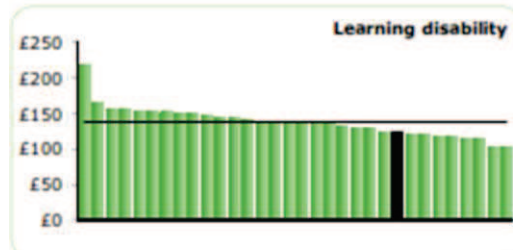
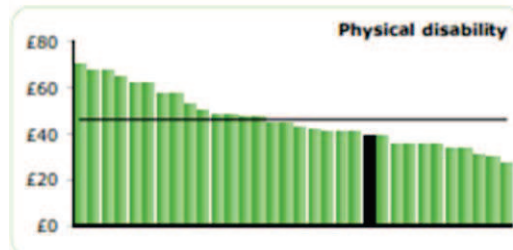
We will update this page with 2014-15 data once it is available from CIPFA.

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



Adult Population (18+) 158 k

Gross Expenditure	£'m	Exp/head	Avg
B Older people	35.8	£226	£215
E Physical disability	6.2	£39	£46
F Learning disability	19.7	£125	£137
G Mental health	4.2	£27	£45
Total	65.9	£417	£444

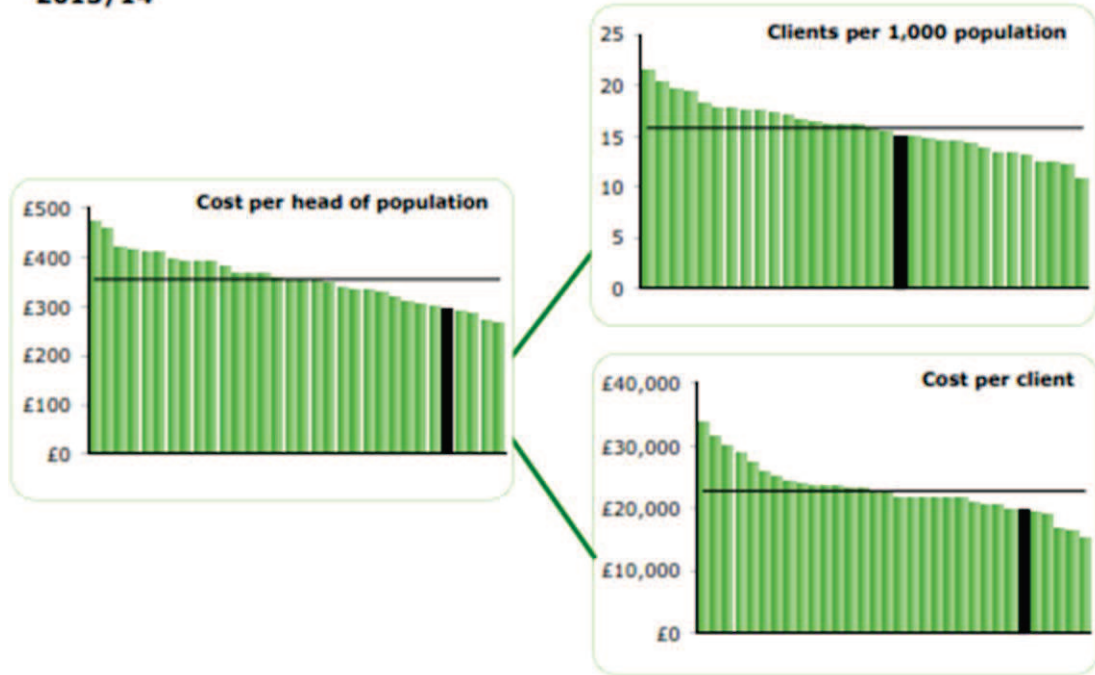


National Benchmarking data

Costs of Adult Social Care Services

We will update this page with 2014-15 data once it is available from CIPFA.

Client Numbers Comparison 2013/14



Service Strategy	Cost (£'k)	Clients	£/head	£/client	Clients/pop.
Older People	19,774	1,596	£125	£12,392	10.1
Physical Disability	5,503	289	£35	£19,040	1.8
Learning Disability	17,208	414	£109	£41,575	2.6
Mental Health	4,007	66	£25	£60,712	0.4
Total	46,492	2,365	£294	£19,661	14.9

Adult Population (18+) 158 k

Group Averages:	Service Strategy	£/head	£/client	Clients/pop.
	Older People	£157	£16,057	10.0
	Physical Disability	£40	£20,389	2.0
	Learning Disability	£120	£47,267	2.6
	Mental Health	£38	£41,472	1.2
	Total	£355	£22,867	15.8

Client figures: calculated from PSS Ex1 Activity sheet for the following clients: Nursing Care, Residential Care, Home Care, Day Care, Meal & Direct Payments
Please see client group reports for further detail.

Source: CIPFA Social Care Benchmarking based on PSSEX1 Report 2013-14 Final (CIPFA : Chartered Institute of Public Finance & Accountancy)

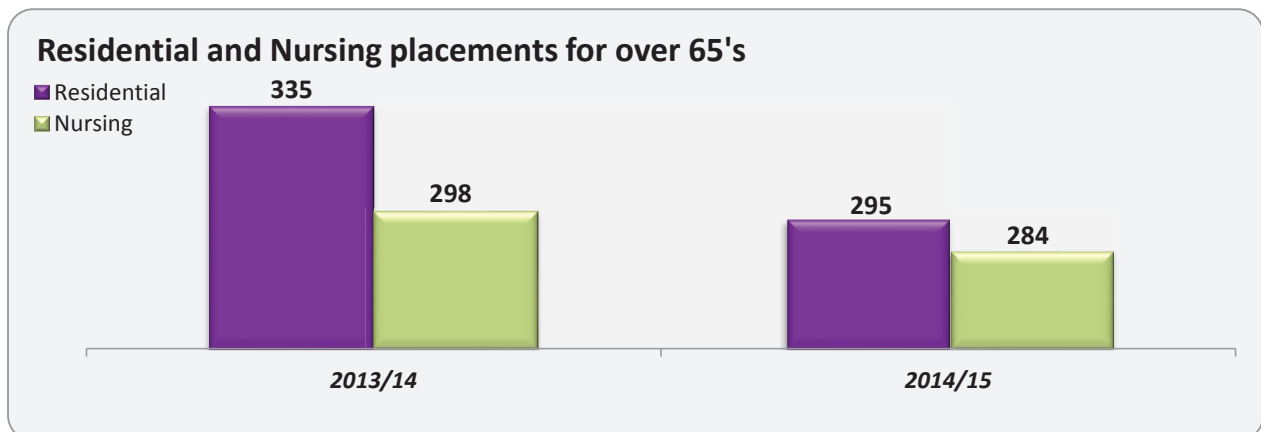
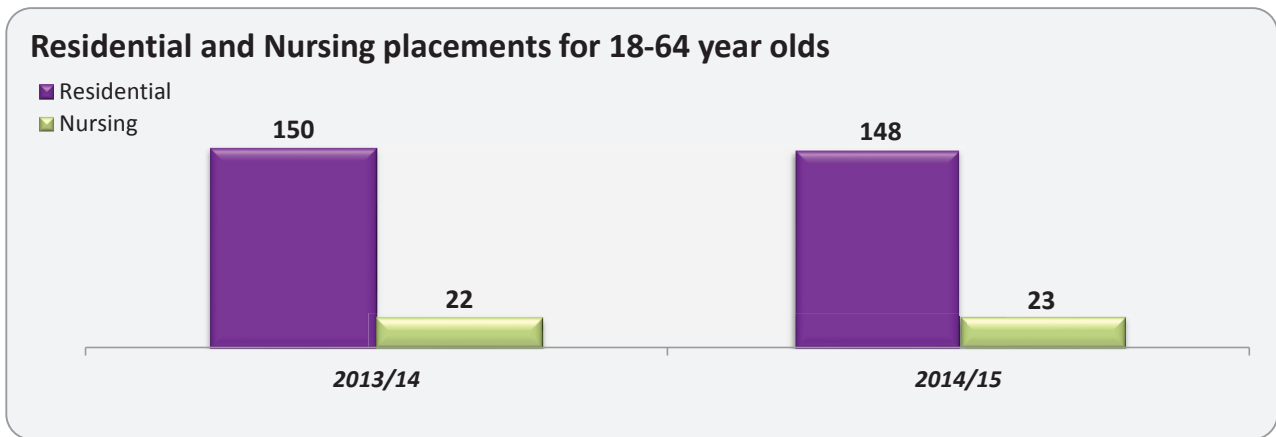
Local Performance Report

The local performance report forms part of our Performance and Quality Assurance Framework. We monitor activities and volumes of Adult Social Care data and local measures on a monthly, quarterly and yearly basis.

In this Local Account the local performance reporting is split into yearly and quarterly reports. The quarterly reporting section will be updated on a quarterly basis.

Yearly Monitoring data

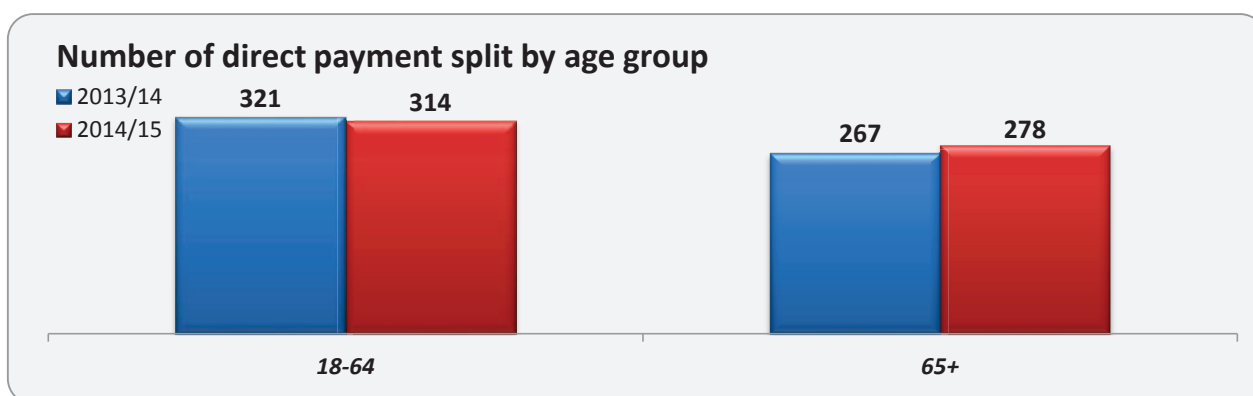
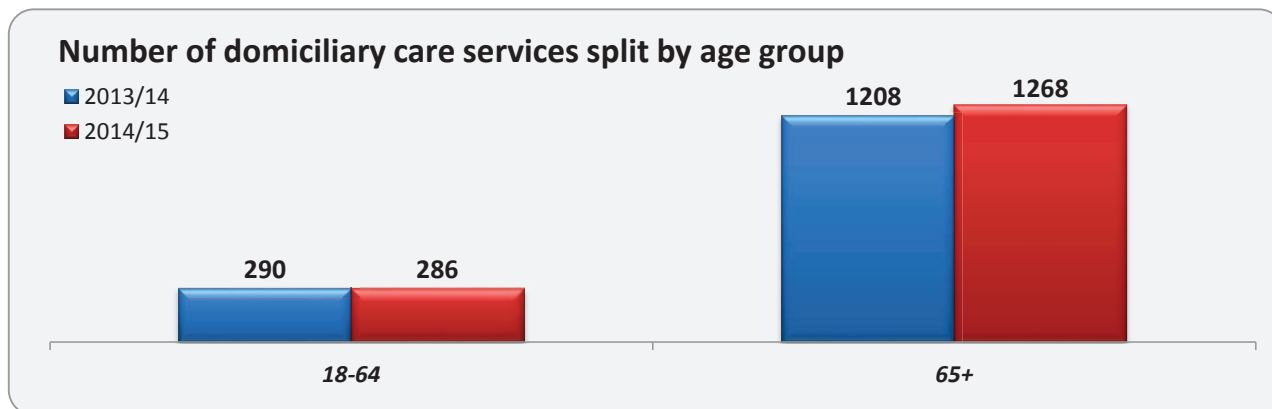
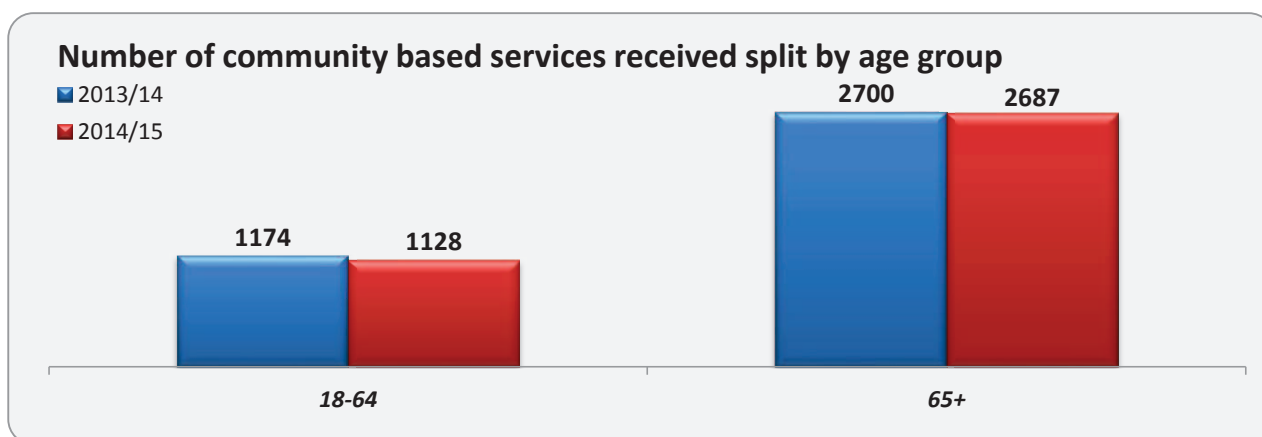
Services	18-64		65+	
	2013/14	2014/15	2013/14	2014/15
Residential placements made during the year	150	148	335	295
Nursing placements made during the year	22	23	298	284



Local Performance Report

Yearly Monitoring data

	2013/14		2014/15	
Community Based Services¹	18-64	65+	18-64	65+
The total number of adults receiving Community Based Services during the year	1174	2700	1128	2687
The number of adults receiving domiciliary care services during the year	290	1208	286	1268
The number of adults receiving direct payments during the year	321	267	314	278

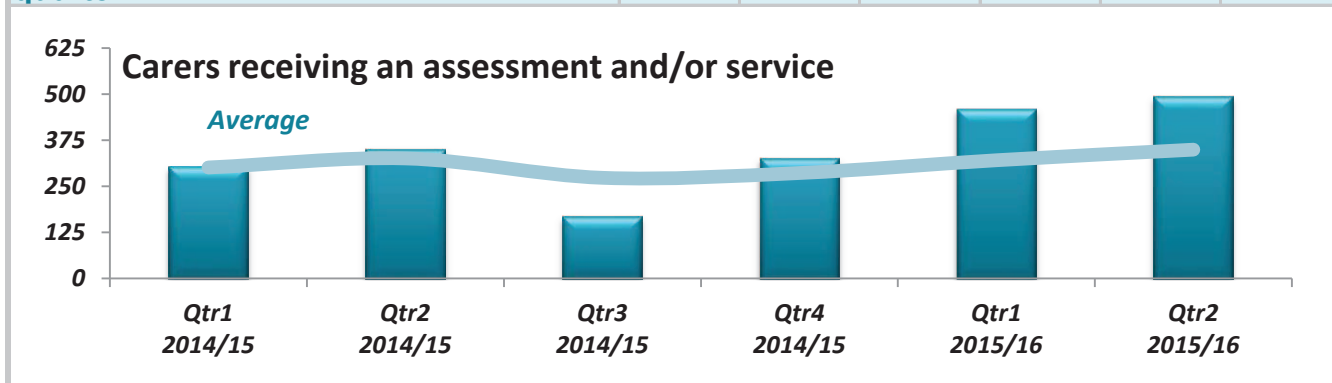


¹Community Based Services included in the graph are temporary residential and nursing placements, domiciliary care, day care, transport, equipment and direct payments.

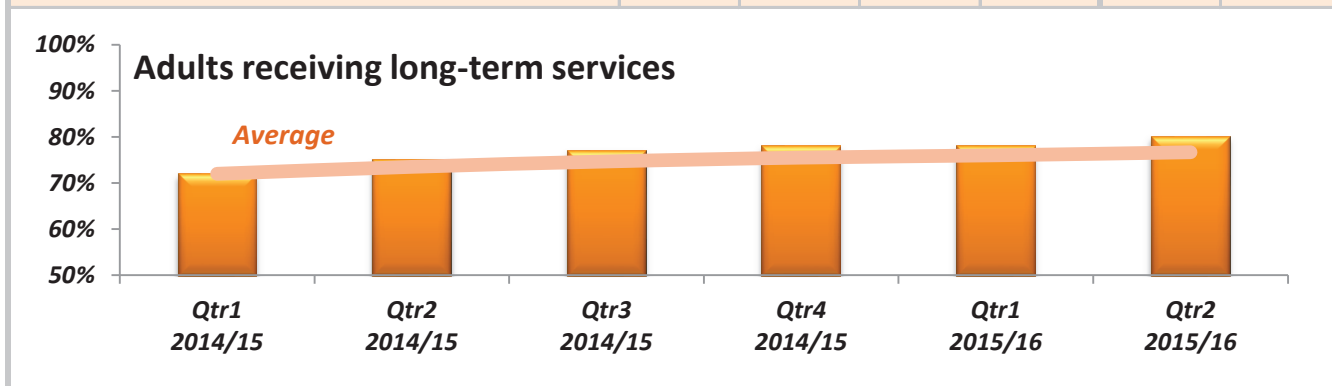
Local Performance Report

Quarterly Monitoring data

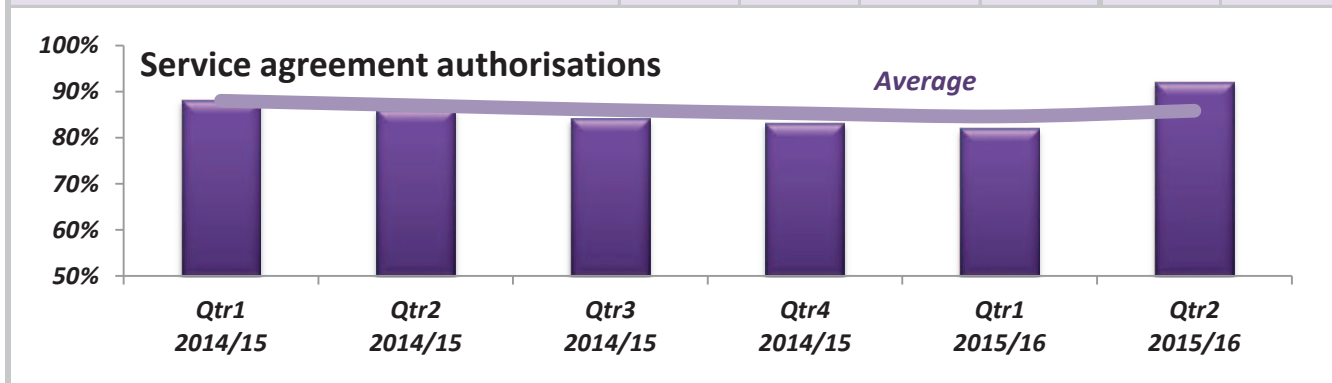
Number of carers receiving an assessment, services and/or information and advice for each quarter	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
	301	350	168	325	459	493



Percentage of adults receiving long term community based services from all adults receiving long term services	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
	72%	75%	77%	78%	78%	80%



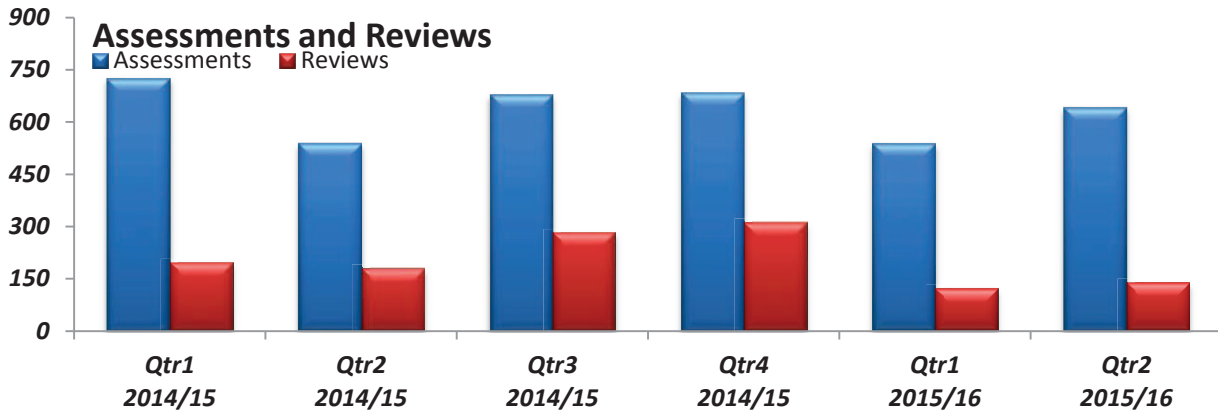
Percentage of service agreement authorisations completed within five days for each quarter	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
	88%	86%	84%	83%	82%	92%



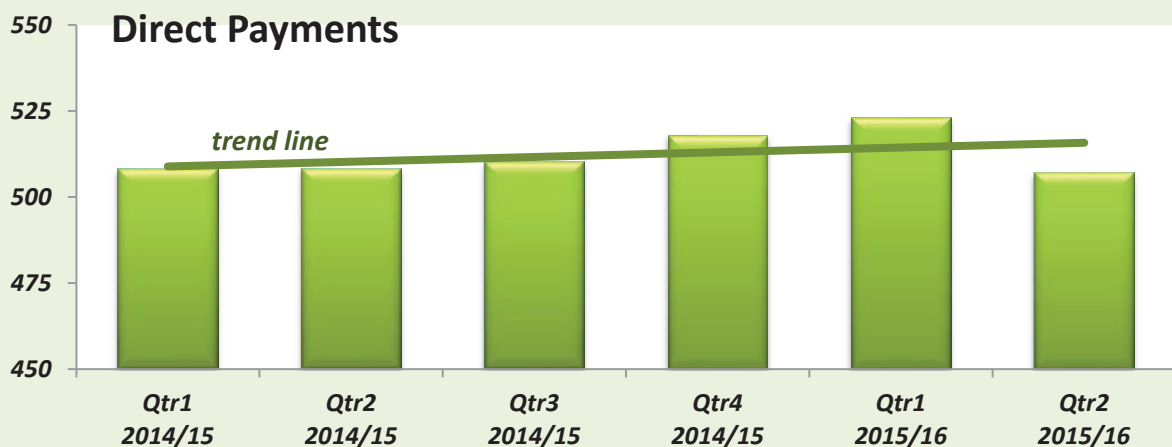
Local Performance Report

Quarterly Monitoring data

Assessments and Reviews	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
Number of assessments completed <i>(quarterly snapshot)</i>	725	539	678	683	538	642
Number of reviews completed <i>(quarterly snapshot)</i>	195	179	281	311	121	138

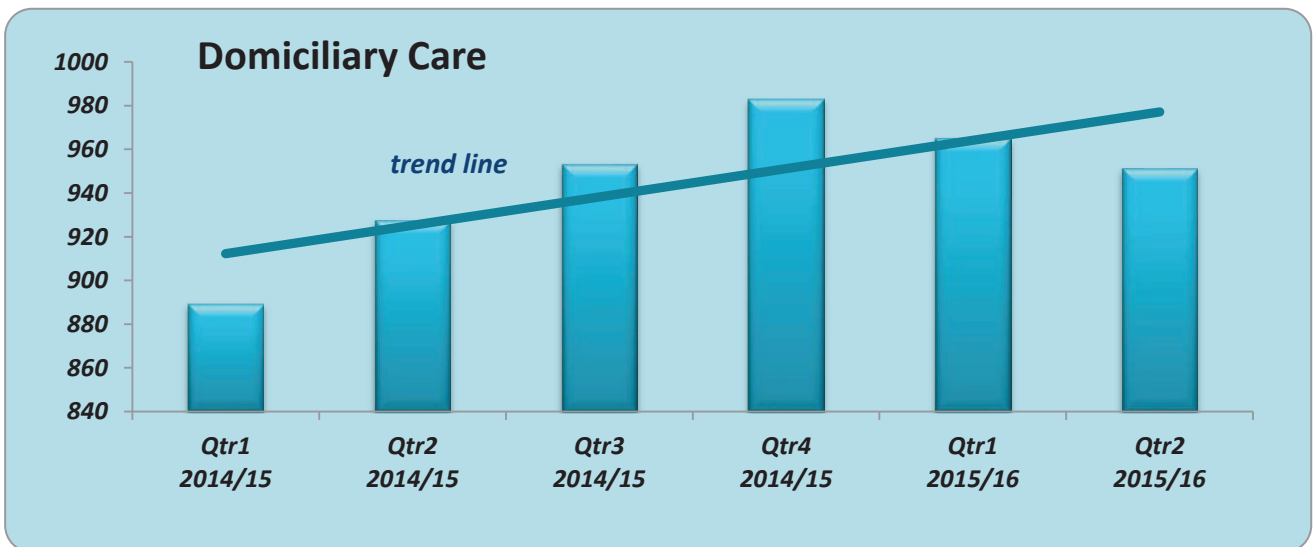
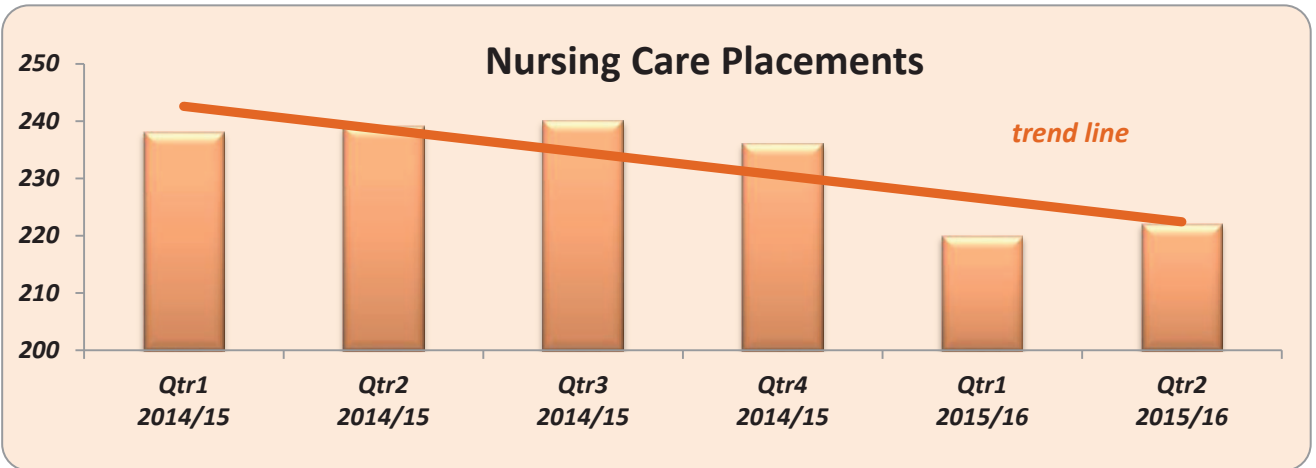
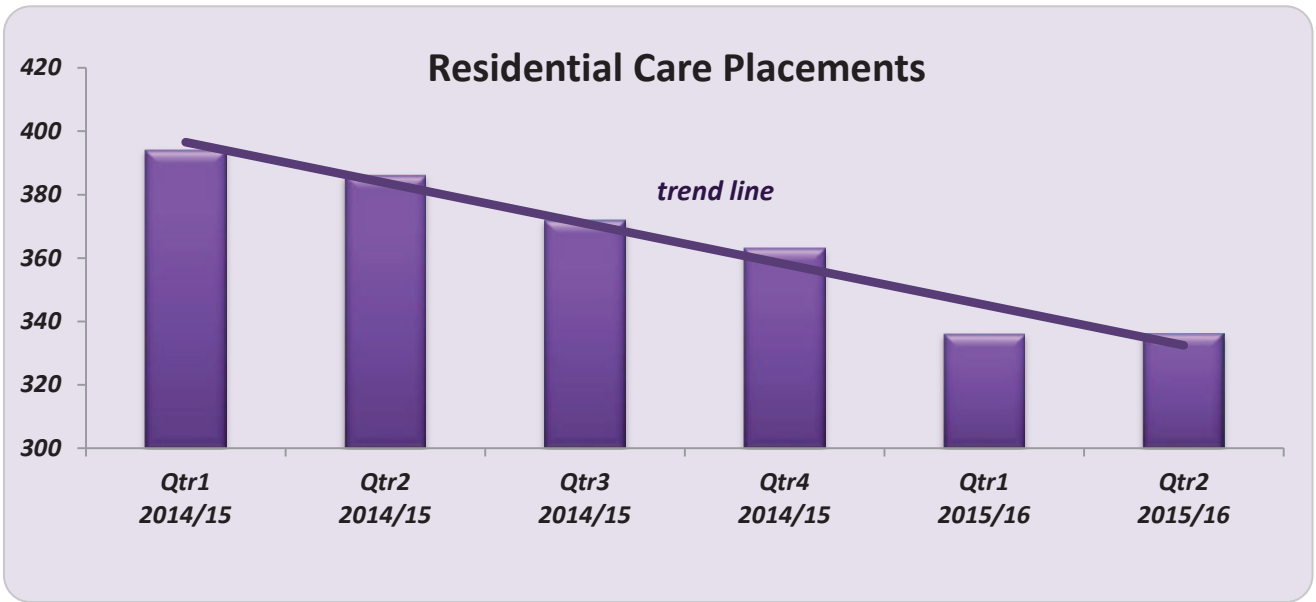


Services <i>(quarterly snapshot)</i>	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
The number of adults in a permanent residential placement during the quarter	394	386	372	363	336	336
The number of adults in a permanent nursing placement during the quarter	238	239	240	236	220	222
The number of adults receiving a direct payment during the quarter	508	508	510	518	523	507
The number of adults receiving domiciliary care during the quarter	889	927	953	983	965	951



Local Performance Report

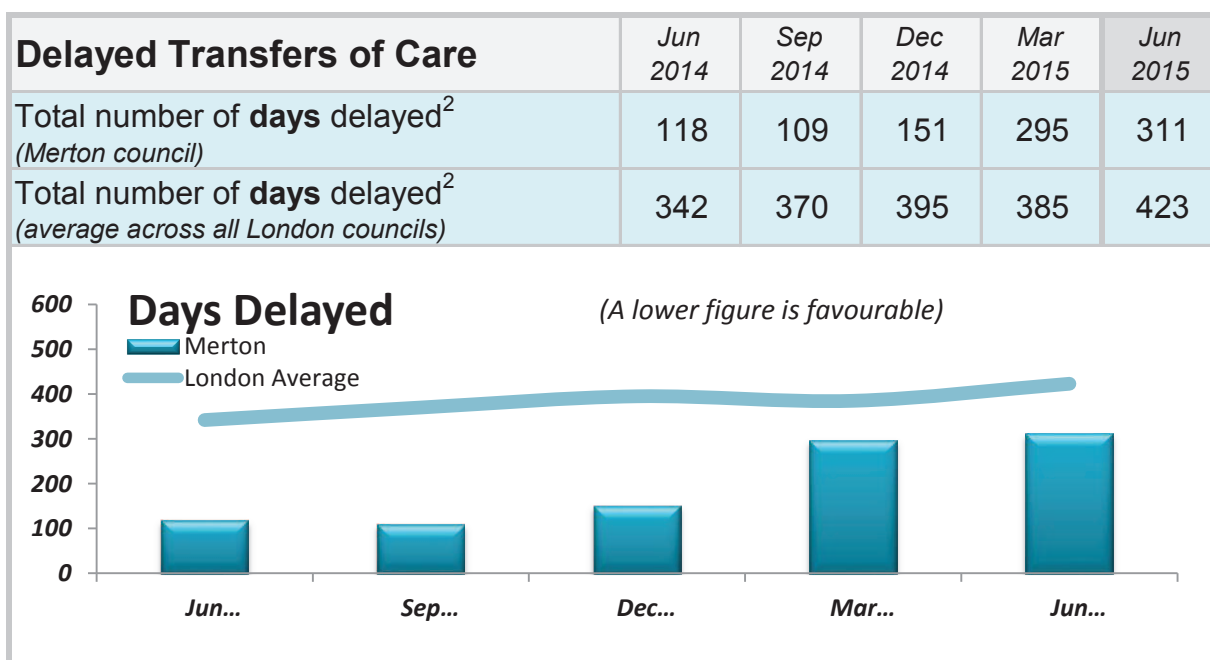
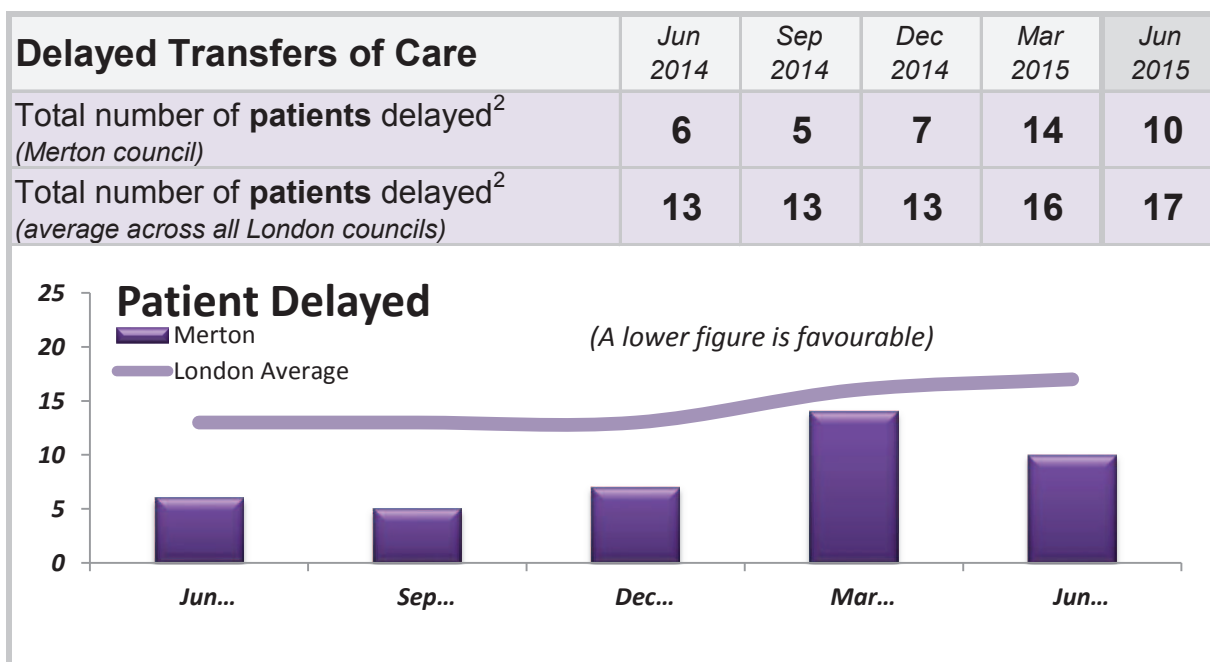
Quarterly Monitoring data - Services (quarterly snapshot)



Local Performance Report

Quarterly Monitoring data

NOTE: The DTOC data for 2015 (quarter two) was not available at the time of producing this Local Account and but can be viewed via the NHS England website by using this link www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

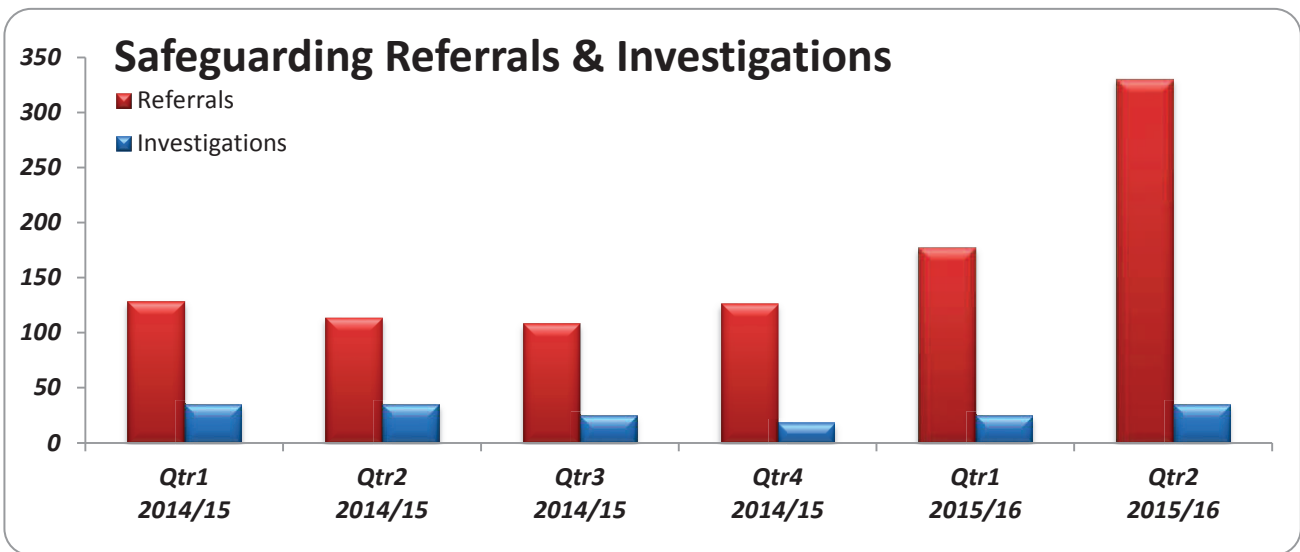


² Data sourced from via the links titled 'Patient Snapshot Local Authority' and 'Total Delayed Days Local Authority' on the NHS England website via this link <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2015-16/>

Local Performance Report

Quarterly Monitoring data

Safeguarding Adults	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
Number of safeguarding referrals received for each quarter	128	113	108	126	177	330
Number of safeguarding cases closed as an alert only for each quarter	76	49	56	60	113	140
Number of safeguarding cases closed as an investigation for each quarter	35	35	25	18	25	35
Number of safeguarding cases open at the end of the quarter	50	35	44	26	53	25



Customer and Carer satisfaction Surveys

Quality Assurance

655 Customer/Carer Satisfaction Surveys were received from customers following an assessment/ review from April 2013-March 2015 by the adult social work teams (283 surveys), MILES (Merton Independent Living & Engagement Team) – (163 surveys) and the Occupational Therapy Team following assessment and provision of equipment (209 surveys).

- The survey responses indicated a high percentage of customers found it easy to find information about the support provided by Merton Council with 52% having obtained this whilst in hospital or at their GP surgeries.
- A high percentage of customers advised that the service received from Merton Council had helped to improve the quality of their life, having increased by 3% from 92% to 95% over the last year.
- 96% of Occupational Therapy survey responses confirmed that the equipment /adaptation to their property has met their needs, with only 3% needing more help, 38% advising less help and 22% no longer needing any help from others.
- 96% of overall responses confirmed satisfaction with the contact and services that had been received, with 97% confirming that the care workers providing their service treated them with dignity and respect, and 94% confirming this had been provided on the day and time needed. Any comments advising concerns about providers being late etc., were followed up with the service provider and/or the contract monitoring officers.
- The Occupational Therapy Assessment Centre received 82 completed evaluation forms from customers who had visited their Assessment Centre which enables people to try out equipment. There were very high levels of satisfaction in the convenience of date and time (99%), and with the time given by the assessor to explain what was needed (100%) as well as confirmation that they were able to obtain equipment when offered a prescription when they had redeemed this at an accredited retailer for equipment and/or rails.
- The surveys also provide an opportunity for feedback and 80% of comments were complimentary on the OT surveys about the service or worker who had carried out their assessment and 44% on the adult surveys with the rest of the comments providing some general feedback.

Case file Audits - Quality Assurance

164 case file audits were completed by managers during the years 2013-15. The audits look at the customer journey covering assessment, safeguarding issues, the support being provided to customers and whether this was meeting the desired outcomes, as well as checking that the customer's electronic record was up-to-date.

- A high level of accuracy in the recording of data on the customer record was reported and confirmed that the data linked to performance monitoring and finance had been recorded accurately.
- The audits showed that where a customer was having difficulty dealing with finances a check had been made to ascertain who would be able to provide this i.e. help requested from the financial assessment team, or confirmation that assistance was available from a family member, Appointee etc.
- Audits confirmed that all carers were offered a joint or separate carers assessment of which 16% had declined the offer, and 95% had accepted information and advice relevant to their carer role, and that the opportunity to learn and develop had been discussed with them.
- All audits showed that customers' cultural, language, ethnicity and background had been considered when making plans for their care.
- The audits showed that the recording of the customer contact/case notes were up-to-date at time of audit and had improved from 95-100% over the 2 year period.
- 142 system audits were also carried out and showed that 100% of data recording on the social care database (customer electronic record) was up-to-date and accurate.
- The outcome of assessment was up-to-date on 95% of customer records. The recording of this is regularly monitored by the Performance Team providing regular reports to managers advising assessments/reviews where an outcome has not been recorded to ensure the completion of the information on the customer records.
- The audits showed an improvement from 63% to 72% of accuracy for the file location details recorded on Carefirst electronic record. The inaccuracy was mainly due to the move of manual client files when the divisional offices transferred to the Civic offices.

**Let us know what you think about our
Adult Social Care Local Account:**

**We would welcome your views on the contents of this report
to help us understand what you would like to see in future
Local Accounts.**

Please visit <http://www.merton.gov.uk/health-social-care/adult-social-care/asc-plans-performance/asc-performance.htm>
before **31 March 2016** and complete the survey.

If you would prefer a paper copy to be sent to you please
contact the performance team on:
020 8545 3093 or email:
communityperformanceteam@merton.gov.uk

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 22 October 2015

Wards: All

Subject: Impact of savings in adult social care

Lead officer: Simon Williams Director of Community and Housing

Lead member: Councillor Caroline Cooper-Marbiah

Contact officer: Simon Williams

Recommendations:

A. That the scrutiny panel note this report

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report outlines the approach to finding savings in adult social care, using a framework promoting the best use of resources, and summarises the impact overall.

2 DETAILS

As part of the whole council Medium Term Financial Strategy, adult social care has needed to play a full part in finding those savings demanded by the strategy, since adult social care is the single largest controllable budget for the council. The weighting of the savings target is in line with the July 2011 principles of meeting statutory responsibilities and offering some protection to vulnerable groups. For adult social care the target is 1.0 or exactly proportionate to the size of the budget. For CSF it is 0.75 and for CS and E&R it is 1.25.

Agreed savings come to a cumulative total of nearly £29 m between 2011/12 and 2018/19. This is against a net budget of around £55m in 15/16. However so far every year about £1m in growth has been put back into the budget in recognition of pressures from demography, and a smaller amount of funding has been put in for inflation. We are about half way through this savings programme, both in terms of time and the profile of savings taken (£13.8m still to deliver from 2014/15 to 2018/19). On top of this there will be some further savings coming forward in the 15/16 budget round for 16/17 and subsequent years, totalling around £2.9m, as the contribution to the remaining savings still to be found up to 2018/19. See Appendix 5 for details of savings over the years.

Since 2011 the Community and Housing Department has managed its savings programme for adult social care using a framework for the use of resources on a value base. This framework was pioneered by Merton and two other local authorities and is now in more widespread use. A copy of this is attached (Appendix 1). The impact of savings is summarised under these headings.

It should be noted that this report looks at impact on the customer base overall for adult social care. There will of course be specific examples of how customers may be positively or negatively affected by savings: however this is outside the scope of this report

2.1 Prevention

Generally any prevention is being more targeted on interventions which have a clear impact in terms of reducing demand for statutory services, and as such is being targeted on those in higher levels of need. The attached “triangle of intervention” (Appendix 2) was agreed with the voluntary sector in 2010, at that point we signalled an end to investment in Level 4 services and said there would be a focus on outcomes at Level 3. This formed the basis of the Ageing Well programme from 2012-15. Some voluntary organisations have seen a decrease in or ending of funding, and the volume of funded programmes has reduced especially taking into account transport. In the next round of investment (2015-8) the amount of available funding will be halved and we are signalling that it will be targeted still further up the “triangle” going into Level 2.

The other main source of non statutory funding is in accommodation based support under Supporting People, which goes to a range of vulnerable people including victims of domestic violence, offenders, homeless people, and people with mental disorders. The overall level of such support has reduced as part of reductions in this fund, although support has not dropped as much as funding because of tightened contract monitoring. Looking ahead there will be further significant reductions in support offered.

2.2 Recovery

Investment in this area is mainly around our re-ablement service (which supports mostly those being discharged from hospital) and equipment.

We have significantly downsized the in-house re-ablement service in 14/15 but our aim remains to give the opportunity to all those who can benefit from re-ablement to use the service and regain maximum independence. Since 2011/12 Merton has performed well in terms of facilitating timely discharge from hospital (measured through Delayed Transfers of Care due to social care reasons), and usually been among the very best in London. For the first few months of 15/16 however this has been more challenging due to market conditions described below.

Regarding equipment, the range of equipment we will supply is in line with other authorities. The waiting list and waiting times for assessment has not increased. We have achieved better value for money through procurement from a store managed by Croydon. We have tried, and will continue to try, ways of enabling people to access the more common types of equipment without needing assessments at home, for example having an assessment centre where people can come in and trial certain equipment, and offering guided support on our web site.

2.3 Long term support

Overall volumes of support offered have decreased in real terms. The total number of customers receiving services fell from 4326 in 2010/11 to 4095 in 2014/15, despite greater demand due to demography. The decrease has been more marked in numbers in care homes (1133 down to 966) but also is evidence for those receiving home care (1645 to 1549). We are achieving this through an explicit promoting independence approach, whose key principles are also attached (Appendix 3), and including a programme of reviews to see if people still need so much support once we have helped them through the original issue which brought them our way. Looking ahead, between 2015 and 2019 we estimate that a further overall reduction of 15% in terms of volume will be needed to achieve the required savings. This carries a high delivery risk given that all those affected are statutorily eligible for services, but given that the majority of social care spend is in this area (funding the private and voluntary sector to provide support), there is nowhere else to look to achieve the savings target. It is important to state that, whilst we believe that overall it is both possible and necessary to make further savings in this area, each customer has a review based on his/her own needs without a prior determination of the outcome.

The cost of support reduced in real terms up to 14/15 through not offering inflationary uplifts to providers and through quite intensive negotiations where required, using models which calculated how much it was reasonable to pay for a given set of support needs. These procurement savings have formed a major part of the savings achieved to date. However, it is common knowledge that providers now have very limited if any room for further cashable efficiencies based on current models. This is due to a range of national factors such as a legal clarification of what constitutes the national minimum wage, European legislation over matters like sleeping in and paid time to a first call, shortage of people to work in this sector, and providers using greater leverage to increase prices. Because Merton has in recent years paid comparatively less overall to its providers than neighbouring boroughs, we are now finding it increasingly difficult to find providers to take our customers unless we pay more. This is having an impact this year, both in an increase in delayed discharges from hospital as providers do not want to take the more complex part of the work, and in terms of our having to pay higher prices overall which is a cost pressure of around £500k for this year.

Our long term support for people with learning disabilities is based on good support for people in their own homes, good respite for carers, and good day services. We are one of the very few boroughs who still offer specialist residential care respite, although carers would say that this has had to be rationed more and certainly carers experience a marked drop in nights available as they move from children's to adult services. For day services, again we have retained in house day centres because carers and service users say that they want them and because in our view there are a cost effective way of offering reliable support. We have had to cut both staffing levels and transport, with the impact that we offer less door to door transport and we offer fewer tailored programmes to individuals or small groups outside day centres. We are seeking to mitigate the latter impact through recruiting more volunteers. We still offer door to door transport for these who are assessed as needing it under our assisted travel policy.

2.4 Process

We have reduced numbers of staff who are not direct care givers from 265 FTE in 2012/13 to 168 in 2015/16. There are further significant staffing savings to find in this

area amounting to about 30-35 staff. We seek to minimise adverse impact on customers through looking first to non- front line staff wherever possible, and through finding more efficient ways of doing things. Examples of changes are letting Merton Vision manage the whole process for newly visually impaired people rather than insisting on assessing them ourselves, and most recently the closure of one “access team” who did initial screening and responses to referrals in favour of looking more to the voluntary sector to do this. We are four months into this change and to date are not experiencing a negative impact. Due to the disproportionate numbers of non front line posts cut (for example in management and commissioning) it is becoming more challenging to deliver on the full range of management, administrative and commissioning tasks expected of us. As we look for further ways to achieve savings, it is likely that we will be looking to reduce duplication with NHS or voluntary sector processes, and where possible move more processes to be controlled by customers. We are also looking for ways to support our care management staff to spend a higher percentage of their time in contact with customers through a new information system being brought in at the start of 2016, and through using the principles of flexible working.

2.5 Partnerships

Despite the financial pressures described above our partnership with the voluntary sector has remained strong, and adult social care has played a leading role in some of the Compact awards won by Merton. We continue to greatly value the ability to discuss with the sector, frankly and where needed confidentially, how together we can find ways to meet customer needs with less money.

Regarding the NHS, we have long standing partnerships and integrated services in the areas of mental health and learning disabilities. We see this as essential if we to continue to deliver good outcomes with less funding. In early 2013 we agreed with the Clinical Commissioning Group and other NHS partners to extend this integration into the area of older people and people with long term conditions, with three locality teams now having been formed including social care, primary care and community services health staff. We see this as offering a better customer experience and helping us to achieve our staffing efficiency savings through reducing duplication.

2.6 Contributions

Customers contribute to the costs of services according to their means. This income increased from £8.3m in 2011/12 to £9m in 2014/15. There comes a point where there is little point in putting fees and charges up further because very few customers would pay the higher rates when the means test is taken into account. Merton is already among the councils who levy higher charges compared with other similar councils. This is why there are no proposals for future years to make savings by increasing income in this area.

The council gets a contribution from the NHS for the costs of nursing care in nursing homes: given usage of nursing homes has declined it would be difficult to plan for greater income in this area. Finally the council also gets a contribution in 2015/16 from the CCG through the Better Care Fund for keeping social care at a level which is sufficiently responsive for the NHS.

2.7 Have savings impacted on performance and customer experience?

Up to 14/15 performance levels have generally held up well. There are not long waiting times for assessment, safeguarding incidents are handled in a timely way, we have facilitated discharge from hospital effectively, we support more people into employment compared with other London councils. We are average on customer satisfaction levels. We have a quality board to ensure that a focus on customer experience and quality is retained. Appendix 4 shows how some key areas of performance have changed over recent years.

2.8 Conclusion

In general for the years 2011/12 to 2013/14 it has been broadly possible to make efficiency savings with surprisingly low impact on customer experience. However much of this was through squeezing provider prices through procurement, and finding other reasonably palatable ways of saving money. The use of resources framework has given us a systematic and value based way of looking at the totality of our investment and not just the savings, and of discussing plans and options with stakeholders.

2014/15 began to see a change, in that it proved far more difficult to realise the savings in support packages, and we began to see the tailing off of reductions in fees paid to providers.

Looking ahead from 2015/16, savings will be less palatable, especially as there are in reality virtually no further price savings to be found from providers and instead there will be upward pressure on prices, and as we make further staffing reductions from an already reduced base. It will be necessary to monitor very closely the impact and feasibility of savings every year.

3 ALTERNATIVE OPTIONS

One alternative would be not to find savings in this area; however this would not be feasible if the medium term financial strategy is to be delivered. Another alternative would be to look for other ways of finding savings: examples would be closing in house day centres, using a resource allocation system to reduce all personal budgets across the board, or ceasing all investment in prevention. Whilst these alternatives are at present not deemed appropriate or recommended, all options have to be kept under review

4 CONSULTATION UNDERTAKEN OR PROPOSED

Adult social care has sought to share its strategic approach to finding savings with for example the voluntary sector and healthwatch. Whilst the medium term financial strategy has not been formally consulted on because it is a medium term plan subject to change, adult social care consulted on replacement savings for 15/16 and intends to consult on all savings for 16/17.

5 TIMETABLE

Savings are in line with the medium term financial strategy.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Appendix 1 summarises the extent of savings being found in adult social care. There are no specific property implications

7 LEGAL AND STATUTORY IMPLICATIONS

Adult social care is broadly a statutory service, with council duties enshrined in law especially the care act. Customers of adult social care have a statutory right to support if they are eligible according to criteria which are now national. Any savings must be planned and implemented in a way which does not breach these statutory duties.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Customers of adult social care will inevitably tend to come from protected groups under equalities principles, especially for age and disability. This is why equalities impacts are done for proposed savings.

9 CRIME AND DISORDER IMPLICATIONS

None specific for this report.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

Adult social care is in the core business of supporting customers and carers to manage risks in their own lives and to use risk criteria to determine the level of urgency and priority for support. Savings have to be planned and implemented in the knowledge that these risks must be managed.

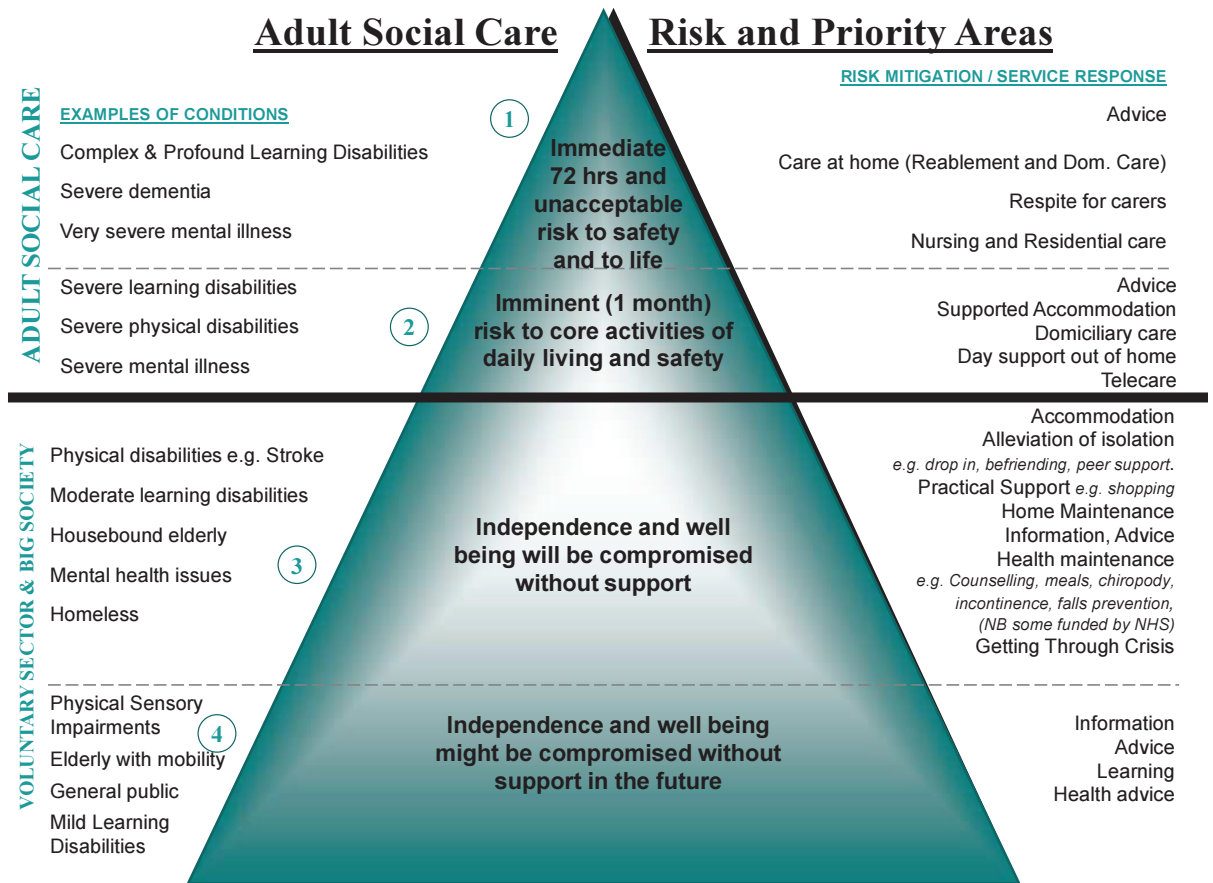
11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- 1 Use of resources framework
- 2 Layered levels of intervention
- 3 Promoting independence principles
- 4 Key areas of performance in recent years
- 5 Summary of savings

Appendix 1 – Use of Resources Framework

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

Appendix 2 – Triangle of intervention



Appendix 3 – Promoting Independence Principles

- People using their own skills and assets and being resilient in finding solutions in their own lives
- Regaining as much independence as possible if they have a crisis/illness
- Family members, with help, supporting their own family members
- Communities (incl. neighbours) supporting their vulnerable members
- Council role is to intervene when we have to, but not in a way which makes people dependent on services. We aim for simple and practical solutions whenever we can and look to assets (individual/family/community) before committing council resources
- When people first come to our attention, we seek to find other solutions rather than the council immediately stepping in e.g. voluntary and faith sectors
- If customers come out of hospital we will re-able where we need to and support people to regain independence as far as possible
- Using technology where we can
- Keeping ongoing support under review

Appendix 4 – Performance Data

TOTAL NUMBER OF ADULTS RECEIVING SERVICES FROM 2010 TO 2015

SERVICE TYPE	2010-11	2011-12	2012-13	2013-14	2014-15	April - June 15
Permanent Residential Home Placement	546	529	517	485	443	336
Permanent Nursing Home Placement	341	344	331	320	307	220

HOME CARE HOURS

Total Home Care Hours	2010-11	2011/12	2012/13	2013/14	2014/15	April 2015- June 15
Total planned home care hours	535,658	523,117	495,134	512,905	670,739	152,701

DELAYED TRANSFERS OF CARE

DELAYS AS RECORDED AT WEEKLY SITREP MEETINGS @ KINGSTON, ST. HELIER AND ST. GEORGES HOSPITALS												
YEAR	2010-11		2011-12		2012-13		2013-14		2014-15		April - June 15	
DAYS/DELAYS	Total Days	SS Delays	Total Days	SS Delays	Total Days	SS Delays	Total Days	SS Delays	Total Days	SS Delays	Total Days	SS Delays
No. of Days	NA	20	1152	21	830	23	999	15	1495	35	686	224
No. of Patients	150	5	159	4	142	4	152	8	211	8	107	47

N.B. SS Delays: Social Services Delays

Appendix 5 - Adult Social Care Financial Position

Table showing agreed and proposed savings 2011-2019

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

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