

**APPENDIX 6 : COPIES OF**  
**FULL OPEN LETTER/E-MAIL RESPONSES RECEIVED FROM ORGANISATIONS**

<b>Organisation</b>	<b>Summary of main feedback given:</b>
<b>Sodexo</b>	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
<b>Merton MENCAP Carers (MMC)</b>	MMC Carers all look after a family member with a learning disability. They <b>wrote</b> 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"> <li>• Option to raise a levy equivalent to 2% of council tax in order to finance the increasing demands on adult social</li> <li>• Reserves that it has built up to a historically very high level of £115m to avoid having to make such "<i>draconian cuts</i>".</li> </ul> Members can see the full MMC letter in Appendix 6 Part 2
<b>Merton MENCAP Carers (MMC)</b>	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
<b>Merton and Sutton Rethink</b>	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"> <li>• There has been no consultation with the Merton MH Forum,</li> <li>• The proposed peer led day opportunities service does not cover the wide range of services provided by IMAGINE</li> <li>• Peer support groups although important cannot take the place of professional MH staff in all cases, and</li> <li>• No details given about how the new peer support service will work.</li> </ul> Members can see the full Rethink letter in Appendix 6 Part 4
<b>Centre for Independent Living (CIL) Open letter</b>	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
<b>Centre for Independent Living (CIL) Overall response</b>	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
<b>South Thames Crossroads (STC)</b>	<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"> <li>• Cutting respite care may mean many carers will be unable to continue, and will turn to the Council for support,</li> <li>• Merton Carers caring at home saves the Council money: an estimated saving of £1,585,000, and</li> <li>• 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.</li> </ul> <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>
<b>Healthwatch Operational Committee (HOC)</b>	<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"> <li>• There is a serious risk of people being less able to support themselves in their own home and instead needing residential care”, and</li> <li>• 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.</li> </ul> <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 21<sup>st</sup> November that they would be writing to Service users week commencing 23<sup>rd</sup> November – and given the first public meeting is on 30<sup>th</sup> 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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Join the fight against hunger: [www.stophunger.org.uk](http://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.

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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](mailto:adults.first@swlondonmencap.nhs.uk)**

**Website: [www.mertonmencap.org.uk](http://www.mertonmencap.org.uk)**

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### **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 2<sup>nd</sup> 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 1<sup>st</sup> 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](mailto:info@healthwatchmerton.co.uk) - [www.healthwatchmerton.co.uk](http://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](mailto:info@healthwatchmerton.co.uk) - [www.healthwatchmerton.co.uk](http://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](mailto:info@healthwatchmerton.co.uk) - [www.healthwatchmerton.co.uk](http://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
<b>A. 2016/17 Savings not in the consultation process</b>	
<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><b>CH62</b>  <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. <b>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.</b></p>	£106,000
<b>Total Agreed Savings for 2016/17</b>	<b>£857,000</b>

<b>B. Proposed savings for 2016/17</b>	
<p><b>CH04, CH20, CH58 and CH22</b>  <i>Assessment and Commissioning costs – Management reductions &amp; 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><b>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.</b></p>	<p>£100,000  £1,367,000</p>
<p><b>CH21</b>  <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><b>Sub-Total</b></p>	<p><b>£1,841,000</b></p>

<p><b>H 60</b>  <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><b>CH61</b>  <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><b>CH 63</b>  <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
<b>Sub-Total</b>	<b>£531,000</b>

<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><b>CH29</b> <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><b>CH 27</b> <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><b>CH30 - Older People – Review of support packages</b> <i>Comment</i> See CH 27</p>	£732,000
<p><b>CH31 - Physical Disabilities – Review of support packages</b> <i>Comment</i> See CH27</p>	£242,000
<p><b>CH33 - Learning Disabilities – Review of support packages</b> <i>Comment</i> See CH27</p>	£550,000
<p><b>Sub-Total</b></p>	<b>£1,831,000</b>

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