

## **APPENDIX 5 : COPIES OF NOTES OF ASC SAVINGS CONSULTATION MEETINGS:**

- **Part 1: Public Meeting 30<sup>th</sup> November 2015 in Main Hall, Vestry Hall, Mitcham**
- **Part 2: Public Meeting 2<sup>nd</sup> December 2015 in the Training Hall, Vestry Hall, Mitcham**
- **Part 3: Voluntary Sector Meeting 26<sup>th</sup> November 2015 in Main Hall, Chaucer Centre**
- **Part 4: Staff Meeting 24<sup>th</sup> November 2015 in Council Chamber**
- **Part 5: Staff Meeting 26<sup>th</sup> November 2015 in Council Chamber**

## **Part 1: Public Meeting 30<sup>th</sup> 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 2<sup>nd</sup> 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 26<sup>th</sup> 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 but 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 24<sup>th</sup> 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 26<sup>th</sup> 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 21<sup>st</sup> December and because it straddles Xmas we will probably allow more than 30 days.