**Feedback from table discussions**

*Table 1*
- Promoting independence is not always practical for people with Learning Disability
- Also – people decline with age – lose independence skills already gained; with LD population this happens earlier
- Reabling needs investment – takes time and money. There is a problem with the consistency of carers and their approach to people
- Volunteers – concern about quality and availability; we shouldn’t have to rely on volunteers for core services
- Day services – worry about quality on offer as staff numbers are reduced
- Whatley Avenue has been very helpful in providing activities for people with LD
- Outreach is vital – not an extra as people have a lot of spare time to fill
- Services should be purposeful – must suit the individuals or they have no value
- Too many individuals are involved in people’s care and this causes confusion and a lack of consistency
- Focus on ‘critical’ in terms of eligibility needs means that problems build up for people – costs more in the long term as people with lower needs experience a crisis and then need services
- Identifying needs is important – carers have to be advocates or their family member does not get the services they need

*Table 2*

<table>
<thead>
<tr>
<th>More</th>
<th>Less</th>
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<tbody>
<tr>
<td>Listen and tailor support</td>
<td>Support that is not working</td>
</tr>
<tr>
<td>Less prescription</td>
<td>Fear that it is working so it may be taken away</td>
</tr>
<tr>
<td>More review/attention to whether care is working</td>
<td>= Better results + Lower costs</td>
</tr>
<tr>
<td>Response to use/care feedback</td>
<td></td>
</tr>
<tr>
<td>Carers with good skills</td>
<td></td>
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</tbody>
</table>
- Involvement of carers
- Support “to cope”

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

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

**Table 3**

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

**Reviews:**
- Do person centred evaluation at reviews

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

Is there potential for more health working?

As a carer/parent did not feel that carers views/impact taken into consideration in the development of these

Possible reduction in core package is a concern

Scared/worried about volunteers at Day Centre

Volunteers

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

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

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

Care packages for LD already squeezed

No rise in Direct Payments for 5 years

Will there be more support for carers to deal with this process?

Especially linked to successfully utilising Direct Payments (it can take a lot of work for the carer)

If reviews can lead to increases how can these be managed?

Is it an impartial process?

This is a worrying time for carers

Volunteers

Could we make use of students?

How would this be managed?

Is there potential for more health working?

How to ensure quality with volunteers?

This needs to be managed well

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

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

Care packages for LD already squeezed

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Table 5

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

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