

Overview and Scrutiny Committee

MONDAY, 27TH JUNE, 2011 at 10:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Browne, Alexander, Christophides, Diakides, Ejiofor, Engert, Weber and Winskill (Vice-Chair)

Co-Optees: Ms Y. Denny (church representative), 1 Church of England vacancy, Ms M Jemide (Parent Governor), Ms S Marsh (Parent Governor), Ms Sandra Young (Parent Governor), Ms H Kania (LINK Representative)

AGENDA

1. **APOLOGIES FOR ABSENCE**

2. **URGENT BUSINESS**

This being a special meeting - under the Council's Constitution – Part 4 Section B paragraph 17 – no other business shall be considered.

3. **DECLARATIONS OF INTEREST**

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

4. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

5. CALL-IN - RECOMMENDED BUDGET SAVINGS DECISION - ADULT SERVICES PROPOSALS IN 2011 - OLDER PERSONS' DROP-IN CENTRES, JACKSONS LANE LUNCHEON CLUB AND CYPRIOT ELDERLY AND DISABILITY PROJECT (PAGES 1 - 114)

- i) Report of the Monitoring Officer (Attached 1)
- ii) Report of the Director of Adult and Housing Services (**TO FOLLOW**)
- iii) Appendix (For information only):
 - a) Copy of the 'call in'
 - b) Draft minutes of the Cabinet meeting held on 7th June 2011 (subject to confirmation by the Cabinet)
 - c) 7th June 2011 Cabinet Report – Recommended Budget Savings Decision – Adult Services Proposals in 2011 – Older Persons' Drop-In Centres, Jacksons Lane Luncheon Club and Cypriot Elderly and Disability Project.

A decision on the above item was taken by the Cabinet on 7th June 2011. The decision has been called in, in accordance with the provisions set out in the Constitution, by Councillors Winskill, Erskine, Gorrie, Whyte and Solomon.

David McNulty
Head of Local Democracy and
Member Services
River Park House
225 High Road
Wood Green
London N22 8HQ

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Monday 20th June 2011



Overview and Scrutiny Committee

On 27th June 2011

Report Title: **Monitoring Officer's Report on the Call-In of a Decision taken by the Cabinet at its meeting on 7 June 2011 relating to savings proposed in Adult Day Care provision.**

Report of: **The Monitoring Officer and Head of Legal Services**

Contact Officer : Bernie Ryan, Monitoring Officer and Acting Head of Legal Services

Email: Bernie.Ryan@haringey.gov.uk

Tel: 0208 489 3974

Wards(s) affected: All

Report for: **Consideration by Overview and Scrutiny Committee**

1. Purpose of the report

1.1. To advise the Overview and Scrutiny Committee whether or not the decision, taken by the Cabinet on 7 June 2011 on a report entitled "**Recommended Budget Savings Decision – Adult Services Proposals in 2011 – Older Persons' Drop-In Centres; Jacksons' Lane Luncheon Club; and Cypriot Elderly and Disability Project**" falls inside the Council's policy or budget framework.

2. Introduction by Cabinet Member (if necessary)

2.1. N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

3.1.

- N/A

4. Recommendations

- 4.1. That Members note the advice of the Monitoring Officer and Chief Financial Officer that the decision taken by the Cabinet was inside the Council's policy and budget framework.

5 Local Government (Access to Information) Act 1985

The following background papers were used in the preparation of this report:

- The Council's Constitution
- HSP Strategy "Experience Still Counts"

Background

- 6.1 Under the Call-In Procedure Rules, set out in Part 4, Section H of the Council's Constitution, any 5 Members may request a Call-In even though they do not claim that the original decision was in any way outside the Council's budget/policy framework. Members requesting a Call-In must give reasons for it and outline an alternative course of action. But it is not necessary for a valid Call-In request to claim that The Cabinet or Cabinet Member acted outside its powers.
- 6.2 The Call-In Procedure Rules require the Monitoring Officer to rule on the validity of the request at the outset. The Monitoring Officer has ruled that this Call-In request complies with all the 6 essential criteria for validity.
- 6.3 The Monitoring Officer must also submit a report to Overview and Scrutiny Committee (OSC) advising whether each Cabinet decision, subject to Call-In, was inside or outside the Council's policy framework (budget framework advice, when this is relevant, is provided by the Chief Financial Officer). This is still a requirement even when those Members requesting the Call-In do not allege that the Cabinet decision was outside the policy framework. While OSC Members should have regard to the Monitoring Officer's advice, it is a matter for Members' to decide whether the Cabinet decision was inside the policy framework or not.
- 6.4 This decision should be the subject of a separate specific vote and it should be expressly Minuted.
- 6.5 It is not every Council policy that forms part of the "Budget & Policy Framework". This framework is set out at Part 3 Section B of the Constitution. It contains the most important over-arching strategies, such as the Sustainable Community Strategy, and major service plans. There would have to be a clear contravention or inconsistency with such a Plan before a Cabinet decision could be ruled to be outside the policy

framework.

Details of the Call-In and the Monitoring Officer's Response

- 7.1 The Call-In request form states, under the first heading, that the proposals in the original decision of the Cabinet "are considered to be inside the policy and budget framework".
- 7.2 The Monitoring Officer agrees that this decision falls within the policy framework for the reasons set out as follows.
- 7.3 There is no policy or Council Strategy that relates directly to the provision of drop in facilities for older/disabled people. The Call-In request form refers to the Adult Services Vision, the Putting People First Concordat and the HSP strategy Experience Still Counts and suggests that the proposals in the report are contrary to these. None of these documents represent a Council policy for the express provision of day care drop-in facilities.
- 7.4 As the Cabinet report makes clear the drop-in services affected by the recommendations in the report are 'non-assessed' services and the Council has no legal obligation to provide them.
- 7.5 As to the effects of the decisions, the Cabinet report points out the existence of similar services provided by voluntary networks such as the Age UK and the Alzheimers society and details possible ways in which some residual service could be maintained at the Jackson's Lane centre and also at the OPDIC services via user run initiatives.
- 7.6 It also notes that there has been no direct effect on service users by the withdrawal of the two management posts from CEDP.
- 7.7 The Cabinet report records the extensive consultation that has taken place with users of the staff and relevant Council staff affected and contains and comments upon an Equality Impact Assessment carried out of the proposals designed to demonstrate that the Council has had due regard to its duty to eliminate discrimination and advance equality of opportunity.
- 7.8 The Cabinet report does not run counter to any of the published key Council policies and strategies and as such the Monitoring Officer confirms that it falls within the Council's Policy framework.
- 7.9 The call in request states that this decision is within the budgetary framework. The Chief Financial Officer agrees with this view given that the initial proposal for the reduction of costs in the Older Persons' Drop-In Centres; Jacksons' Lane Luncheon Club; and Cypriot Elderly and Disability Project was specified in the Council's Medium Term Financial Planning (MTFP) report that was approved by Cabinet and subsequently by Council in February 2011. The implications of the cost reductions

were factored into the MTFP and set out within the report. The decision taken by members to approve the MTFP, and therefore this proposal, was part of the normal budget setting procedures within the Council's budgetary framework.

8. Call-In Procedure Rules

8.1 Once a Call-In request has been validated and notified to the Chair of OSC, the Committee must meet within the next 10 working days to decide what action to take. In the meantime, all action to implement the original decision is suspended.

8.2 If OSC Members determine that the original decision was within the policy framework, the Committee has three options:

- (i) Not to take any further action, in which case the original decision is implemented immediately
- (ii) To refer the original decision back to The Cabinet as the original decision taker. If this option is followed, The Cabinet must, within the next 5 working days, reconsider their decision in the light of the views expressed by OSC.
- (iii) To refer the original decision on to full Council. If this option is followed, full Council must meet within the next 10 working days to consider the decision. Full Council must either decide, itself, to take no further action and allow the decision to be implemented immediately or it must refer the decision back to The Cabinet for reconsideration.

8.3 If OSC Members determine that the original decision was outside the policy framework, the Committee must refer the matter back to The Cabinet with a request to reconsider it on the grounds that it is incompatible with the policy framework.

8.4 In that event, The Cabinet would have two options:

- (i) to amend the decision in line with OSC's determination, in which case the amended decision is implemented immediately
- (ii) to re-affirm the original decision in which case the matter is referred to a meeting of full Council within the next 10 working days.

Recommendations

9.1 That Members note the advice of the Monitoring Officer that the decision taken by The Cabinet was inside the Council's policy framework. To note the advice of the Chief Financial Officer that the decision taken by the Cabinet Member was inside the Council's budgetary framework.

Use of Appendices / Tables / Photographs

10.1 Not applicable.

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'CALL IN' OF DECISIONS OF THE CABINET

This form is to be used for the 'calling in' of decisions of the above bodies, in accordance with the procedure set out in Part 4 Section H.2 of the Constitution.

TITLE OF MEETING	Cabinet
DATE OF MEETING	7 th June 2011
MINUTE No. AND TITLE OF ITEM	CAB05 – RECOMMENDED BUDGET SAVINGS DECISION - ADULT SERVICES PROPOSALS IN 2011 - OLDER PERSONS' DROP-IN CENTRES, JACKSONS LANE LUNCHEON CLUB AND CYPRIOT ELDERLY AND DISABILITY PROJECT

1. Reason for Call-In/Is it claimed to be outside the policy or budget framework?

The proposals are considered to be inside the policy and budget framework but:

- The proposals will result in a failure to provide for the needs of older people and will lead to:
 - Reduced choice for older people, their families and their carers
 - Increase social isolation of older people
 - Reduction in preventative services
 - Financial pressures on other Council and NHS services
- The closure of Drop-in centres and luncheon clubs is contrary to

1. the Adult Social Services vision:

"Delivering independence, prevention, wellbeing, choice and control within all services.

2. Putting People first concordat that includes in its remit:

"Replacing paternalistic, reactive care of variable quality with a mainstream system focused on prevention, early intervention, enablement, and high quality personally tailored services."

3. The focus of the Haringey Strategic Partnership's strategy 'Experience Still Counts 2009-12' which aims to keep older people informed and at the heart of change

- There has been little evidence to suggest that since the announcement in December 2010 that Older People's Drop-in Centres would close that the Council has considered any other alternative actions or any effort has been made to identify and support community based organisations willing to take on responsibility for this service. This is contrary to the Government's 'A Vision for Adult Social Care' where it says:


"Local councils with substantial in-house provision should look to the market, including social enterprises, mutual and voluntary organisations, to replace them as a local service provider."

- Cuts in preventative services will lead only to higher costs in the long-term – no assessment has been made to suggest what additional costs will be borne by the Council and NHS due to these cuts and whether this is cost effective.

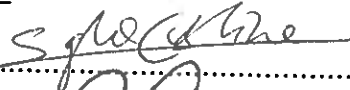

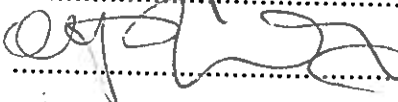
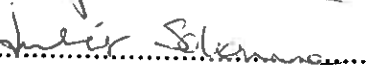
2. Variation of Action Proposed

- There should be an immediate suspension of the process to close Older People's Drop-in centres at Abyssinia Court, Woodside House, the Irish Centre and Willoughby Road and the luncheon club at Jackson's Lane.
- The Council should use savings, as proposed by Liberal Democrats in February 2011, on full-time union representatives to guarantee funding for Older People's Drop-in centres and luncheon clubs for one year.
- A review of the decision should take place and include an analysis of the long-term cost implications of closures of these services on Council services and the NHS.
- The Council should provide a commitment to keep the Older People's Drop-in centres and luncheon clubs open in the long term.
- The Council should consider partnership agreements with other organisations, charities and social enterprises to reduce costs to the Council.
- Failing a full commitment by the Council to keep Older People's Drop-in centres and luncheon clubs open the Council should support community-based take over of centres.

Signed:

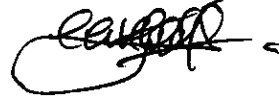
Councillor:  (Please print name): WINSKILL

Countersigned:

- 1. Councillor:  (Please print name): ERSKINE
- 2. Councillor:  (Please print name): GIB
- 3. Councillor:  (Please print name): MONICA WHITE
- 4. Councillor:  (Please print name): JUALET SOLOMON

Date Submitted: 14/06/11

Date Received : 14 June 2011 @ 14.15hrs.
(to be completed by the Non Cabinet Committees Manager)



Notes:

- 1. Please send this form to:
Clifford Hart (on behalf of the Proper Officer)
Non Cabinet Committees Manager
7th Floor
River Park House
225 High Road, Wood Green, London N22 8HQ

Fax: 020 8489 2660
- 2. This form must be received by the Non Cabinet Committees Manager by 10.00 a.m. on the fifth working day following publication of the minutes.
- 3. The proper officer will forward all timely and proper call-in requests to the Chair of the Overview and Scrutiny Committee and notify the decision taker and the relevant Director.
- 4. A decision will be implemented after the expiry of ten working days following the Chair of Overview and Scrutiny Committee's receipt of a call-in request, unless a meeting of the Overview and Scrutiny Committee takes place during the 10 day period.
- 5. If a call-in request claims that a decision is contrary to the policy or budget framework, the Proper Officer will forward the call-in requests to the Monitoring Officer and /or Chief Financial Officer for a report to be prepared for the Overview and Scrutiny Committee advising whether the decision does fall outside the policy or budget framework.

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**MINUTES OF THE CABINET
TUESDAY, 7 JUNE 2011**

	<p>be noted.</p> <p>8. That it be noted that the Council's draft Statement of Accounts for 2010/11 would be approved by the Chief Financial Officer by 30 June 2011, that the accounts were subject to audit and that the final audited accounts would be presented to the Corporate Committee on 27 September 2011 for final approval.</p>	
<p>CAB05.</p>	<p>RECOMMENDED BUDGET SAVINGS DECISION - ADULT SERVICES PROPOSALS IN 2011 - OLDER PERSONS' DROP-IN CENTRES, JACKSONS LANE LUNCHEON CLUB AND CYPRIOT ELDERLY AND DISABILITY PROJECT (Report of the Director of Adult and Housing Services - Agenda Item 9)</p> <p>We noted that the report informed us of the outcome of a process of consultation in relation to the future of three separate service areas, one of which was directly provided by the Council. It also provided sufficient information to enable us to make an informed decision about all three services; the Older Persons' Drop-In service, Jackson's Lane Luncheon Club and the Cypriot Elderly and Disability Project. We also noted that these decisions were being sought in the context of our in principle decisions taken on 21 December 2010 and the wider context of the Haringey Efficiency and Savings Programme.</p> <p>RESOLVED:</p> <p>That approval be granted to the -</p> <ol style="list-style-type: none"> 1. Withdrawal of funding to Jacksons' Lane Luncheon Club (£10,500 saving per year); 2. Withdrawal of funding for two members of Council staff seconded to the Cypriot Elderly and Disability Project (CEDP) (£94,000 saving per year); and 3. Closure of four Older Persons Drop-In Centres (Willoughby Road, Irish Centre, Woodside House, Abyssinia Court (£181,000 saving per year). 	<p>DAH</p>
<p>CAB06.</p>	<p>PRELIMINARY FLOOD RISK ASSESSMENT (Report of the Interim Director of Place and Sustainability - Agenda Item 10)</p> <p>We noted that the Flood Risk Regulations 2009 and the Flood Water Management Act 2010 had made the Council a Lead Local Flood Authority (LLFA) and as such the Council had to prepare a Preliminary Flood Risk Assessment (PFRA) for submission to the Environment Agency by 22 June 2011.</p> <p>In response to a question we were informed that large scale versions of the maps listed in Annexes A and B to the Appendix to the interleaved report were available and we asked that these be circulated to all Members of the Council and that they be consulted to</p>	

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Agenda item:

[No.]**Cabinet****On 7th June 2011**

Report Title: **Recommended Budget Savings Decision – Adult Services Proposals in 2011 – Older Persons’ Drop-In Centres; Jacksons’ Lane Luncheon Club; and Cypriot Elderly and Disability Project**

Report of: **Mun Thong Phung, Director of Adult and Housing Services**

Signed:

Contact Officer: **Len Weir, Head of Provider Services (Older People/Mental Health)**

Wards(s) affected: **All**

Report for: **Key**

1. Purpose of the report (That is, the decision required)

- 1.1 The purpose of this report is to inform Cabinet of the outcome of a process of consultation in relation to the future of three separate service areas, one of which is directly provided by the Council. It is also to give Cabinet sufficient information to enable it to make an informed decision about all three services; the Older Persons’ Drop-In service, Jackson’s Lane Luncheon Club and the Cypriot Elderly and Disability Project. These decisions are being taken in the context of decisions in principle taken on 21st December 2010 at Cabinet and the wider context of the HESP. The three options to be considered by the Cabinet are as follows:
- a) Withdrawal of funding to Jacksons’ Lane Luncheon Club (£10,500 saving per year);
 - b) Withdrawal of funding for two members of Council staff seconded to the Cypriot Elderly and Disability Project (CEDP) (£94,000 saving per year); and
 - c) Closure of four Older Persons Drop-In Centres (Willoughby Road, Irish Centre, Woodside House, Abyssinia Court (£181,000 saving per year).

2. Introduction by Cabinet Member

- 2.1 Adult social care services are provided to the most frail and vulnerable of people living in Haringey. The proposals in this report are calculated to generate a total saving of £285k to the Council's revenue budget in 2011/12 and in following years, whilst continuing to maintain and prioritise services to vulnerable people in need of care and support who have had a Fair Access to Services (FACS) assessment, either at the "substantial" or "critical" levels. It is important to be clear that all the drop-in' services are 'non-assessed' services and that the Council has no legal obligation to provide them.
- 2.2 Two of these services, Jackson's Lane and the Cypriot and Elderly Disability Project (CEDP) are provided by voluntary sector organisations and are not direct Council provision. The third service, the Older People's Drop-In Centres service (OPDICs) is directly provided by the Council.
- 2.3 As part of a complex and wide-ranging process of consultation over the period between 31st January 2011 and the end of April, I have personally attended a number of the consultation meetings held in the OPDICs in relation to the proposal to close this service and have spoken to service users, as have other Members including the Leader of the Council. It is clear how much the Drop-Ins are valued by those who use them. In addition, the argument that they are a preventative service has been strongly made.
- 2.4 However, in a situation where there is a need to meet the challenge of very significant reductions in funding to this Council, I feel that there is no alternative but to go ahead with these proposals. I am hopeful that ongoing discussions with other organisations and the users themselves may enable some elements of the OPDIC service to continue in the same or other settings, without an ongoing Council revenue commitment.

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

- 3.1. ACCS Council Plan Priorities are:
- Encouraging lifetime well-being at home, work, play and learning;
 - Promoting Independent living while supporting adults and children in need; and
 - Delivering excellent customer focused cost effective services.

Full Council Plan Priorities can be found on the left hand side of the page at <http://harinet.haringey.gov.uk/index.htm>.

4. Recommendations

4.1 Jacksons' Lane Luncheon Club

Withdrawal of funding (£10,500 saving per year);

This is a service provided to some 35-40 older people in the Jackson's Lane Arts Centre (Highgate Ward), not all of whom attend every day and not all of whom live in the Borough, given the fact that the Centre is situated on the Borough boundary. It has been provided by the Arts Centre on that site since 1984, having moved to that site from a nearby church hall. The Council provides a grant of £10,400/year to the Arts Centre which is used to part-fund a post to facilitate the operation of the service. The Drop-In Centre provides a mid-day meal which is cooked in the Arts Centre kitchen, for which clients pay. The activities in the Luncheon Club are predominately arts based. The balance of the overall cost of the project is contributed by the Arts Centre.

Jackson's Lane Luncheon Club is a non-statutory, non-assessed open access service for less frail older people – they do not provide services for people assessed as being in the Substantial or Critical bands under FACS, nor do they work as part of the Councils spectrum of day care and preventative services for older people. The Council has been informed by the current Chief Executive of Jackson's Lane that to withdraw the funding will precipitate the closure of the Luncheon Club, due to the fact that all activities in the Centre are funded by specific grants and there is no opportunity for cross-subsidy. It is felt that should this group wish to continue meeting they could do so elsewhere for example in a local library or could continue to meet in Jackson's Lane as part of the wider arts programme on site.

The first quarter payment has been made in 2011/12, pending a decision by Cabinet.

4.2 Cypriot Elderly and Disability Project (CEDP)

Withdrawal of funding for two members of Council staff seconded to the CEDP (£94,000 saving per year);

The Cypriot Community Centre provides the organisational umbrella for a number of projects which are run from the building, including the CEDP. This voluntary/third sector organisation provides a combined day care service to both Greek and Turkish clients living in Haringey as well as some sourced from Enfield. CEDP is a separate organisation from the Cypriot Community Centre and has its own management committee.

The Manager and Deputy Manager posts in the CEDP are funded via the mainstream salaries budget for Older Peoples services and the post holders, though seconded to the CEDP service, were Council employees. The Manager was supervised and appraised by the Deputy Head of Service (Older People/Mental Health) in Adult Services. The income for the CEDP day care service is derived from spot client placements, in the main from Haringey and Enfield. There are currently some 30 service users placed by Haringey Adult social

care receiving support via the CEDP.

Both post holders left the Council in April 2011 as part of the current voluntary redundancy arrangements and the posts will be deleted from the Council structure as a consequence. In the short term, both individuals are currently assisting the CEDP Management Committee to review/reorganise the service following the challenge of their departure, on a voluntary basis. There has been no current interruption of support/care to service users.

The proposal to withdraw the two staff was acknowledged by the Chair of the Cypriot Elderly and Disability Project Management Committee, but no further comment has been made to date. There has been no formal consultation with service users in the CEDP in relation to the proposal to withdraw the funding.

4.3 Older People's Drop-In Centre service (OPDICs)

Closure of four centres (£181,000 saving per year);

These are non-FACS assessed services. Following a review of day care in 2002, the then luncheon clubs were transformed into Older People's Drop-In Centres (OPDICs) and their function changed from being basically a catering facility with some social function attached, to one where they became a key factor in the delivery of preventative services to mainly older people. The OPDICs have many functional links with services in health and the voluntary sector and provide services such as basic foot-care.

They are part of the low level support systems for vulnerable older people in Haringey, especially those who are socially isolated or who have low level mental health problems. They provide a non-assessed, walk-in, service and are part of the day care spectrum, being managed within that service. Some of the users attend on transport due to mobility problems.

The OPDICs also work in partnership with a voluntary sector support service for Gujarati elders managed by I-Can Care which is co-located in Woodside OPDIC. The Drop-In service at Abyssinia Court is integral in supporting the Extra Care supported housing project on that site as well as an Age Concern-run stroke project on that site.

There are four OPDICs in the Borough; Willoughby Road N8, Woodside House N22, The Irish Centre N17, and Abyssinia Court N8. Between them they provide a support and advice service to some 600 older people (including the Asian women's group in Woodside House which has its own workers). A mid-day meal is available. Each centre has a service user committee which arranges social activities/outings and raises funds. Each OPDIC has two staff (six currently in post with two vacancies).

5. Reason for recommendation(s)

- 5.1 The Council has no statutory obligation to provide the Jackson's Lane or the OPDIC services. There are already similar drop-in services, albeit on a smaller scale, in the independent sector. Elements of the OPDIC service are provided by the various faith communities and voluntary sector organisations such as Age UK and the Alzheimer's Society. Neither service is provided as a consequence of a FACS-compliant assessment by a social worker. Deletion of these preventative services may have a knock-on effect by increasing demand for assessed social care and health services in the future, though it has been historically been difficult to demonstrate cause and effect in this area.
- 5.2 In relation to the CEDP, withdrawal of the management posts has not directly affected the service to users, as the day care service continues to date. The availability of individual budgets will also give additional choice and control to potential users in the future, especially as the CEDP is a unique provider of such services to people from both Greek and Turkish Cypriot backgrounds and a clear social care market leader with a strong "brand" of integrated service to both communities.

6. Other options considered

- 6.1. Discussions have begun with groups of OPDIC users to determine whether they are interested and/or capable of running their own service at nil cost to the Council, should the decision be taken to close the centres. It is unclear as to the future outcome of those discussions, which will depend, in part, on the relevant Cabinet decision. Plans to re-provide the basic foot care element of the OPDIC service are in train, should they be required. An audit of similar drop-in services to the OPDIC service, elsewhere in the Borough, is in progress

7. Summary

- 7.1. As part of a range of proposals to achieve a balanced budget, Cabinet made a decision in principle on 21st December 2010 to withdraw funding to Jackson's Lane and the Cypriot Elderly and Disability Project: also to close the Older Persons Drop-In service. The decision to close the Older Persons Drop-In service was to be reviewed, following a 90 day period of consultation which ended on 29th April 2011.

8. Chief Financial Officer Comments

- 8.1. In order to produce a balanced budget for 2011/12 the Council has been required to find savings totalling £41m. The recommendations detailed in this report will achieve savings of £285k (FYE), of which £104k has already been realised. The remaining saving relating to OPDICs assumes a full year saving in 2011/12 of £181k. It is unlikely that this will be achieved in full during 2011/12. However, in anticipation of savings to be made in 2012/13 a number of early voluntary redundancies have been agreed, allowing for savings shortfalls in the current financial year to be met from within existing resources. The full saving will be achieved in 2012/13.

9. Head of Legal Services Comments

- 9.1. The Cabinet in exercising these powers needs to take into account the views and opinions of users, providers and other stakeholders and to have carried out extensive consultation on these proposals.
- 9.2. The decisions by the Cabinet concerning the recommendations set out in the report must be informed by and take into account the outcome of the consultation with service users, providers and other stakeholders, which is set out in Appendix 1 to this report.
- 9.3. In reaching their decisions the Cabinet must also have due regard to the authority's public sector equality duty and thus should take into account the attached full equality impact assessment included at Appendix 2 to the report. The extent of the public sector equality duty on the Council, enforced by the Equality Act 2010, is set out in Appendix 3 to this report. As the attached equality impact assessment highlights the effect of proposals on a number of specific groups within the community, defined as those with protected characteristics under the Equality Act 2010 (by reason of their ethnicity, sex, age, disability, religion or belief), particular consideration must be given to those effects and to the proposals made to reduce or mitigate them.

10. Head of Procurement Comments

- 10.1. N/A

11. Equalities & Community Cohesion Comments

- 11.1. The closure of the 4 council-run drop-ins and withdrawal of support to the Jackson's Lane Luncheon Club is likely to increase barriers for service users from groups with protected characteristics. In the case of the Cypriot Centre, though

two manager posts are being withdrawn, the service will continue and clients will continue to be referred, following a social work assessment of need if the service user wishes to spend their personal budget in this manner. There is therefore deemed to be 'no change'.

11.2. Equalities Impact Assessments have been completed assessing the impact of the funding proposals for drop-in centres, the Jackson Lane Luncheon Club and the Cypriot Elderly and Disability Project (attached in Appendix 2) .

11.3. The key findings from the EqlAs are as follows:

Age

The main focus of all these services in terms of equalities characteristics is age. Services users across these services are predominantly aged 65+. This is in line with expectations as these services are largely targeted at this age group.

Sex (formerly gender)

Women are over-represented amongst service users across all the services affected by the proposals and outnumber men by approximately 3:1. This is particularly the case for Woodside House DIC (86% female) and Irish DIC (90% female). Any impacts will affect this group disproportionately.

Ethnicity

When the figures are broken down by individual centres it is possible to identify significant variations in the ethnicity of service users. The Cypriot Centre is targeted at the Cypriot community; this is reflected in the composition of the ethnic breakdown of service users (55.2% Greek Cypriot and 44.8% Turkish Cypriot). Amongst Asian service users in Woodside Drop-In 11.4% of users are Indian and 5.8% are Asian Other or Asian British Other, compared to figures for Haringey of 2.9% and 1.6% respectively. However, as these operate under separate management and with their own workers, they are not directly affected by the proposed closure of the Council arm of the Drop-In and can continue to use that space. Irish communities are over-represented at Willoughby and The Irish drop-in centres, and Indian ethnic group at Woodside House drop-in centre.

Overall, when compared to the Haringey profile, the following ethnic groups are over-represented amongst service users:

- White –Abyssinia, Willoughby and Irish drop-in centres and Jackson's Lane
- Irish –Willoughby and Irish drop-in centres
- White Other (Cypriot) – Jackson's Lane and the Cypriot Centre
- Indian – Woodside House drop in centre
- Asian Other –Woodside House drop-in centre

Disability

Given that the main focus of the service is older people many of whom would have some form of age-related disability, it is to be expected that disabled users will also be adversely affected by the proposed changes. This is the case for the Elderly and Disability Project at the Cypriot Centre where 100% of users have a disability. However, for the other services as only a few people provided information on disability, it is not possible to say whether or not disabled people would disproportionately be affected by the proposals.

Impact on religion: Data is not collected in relation to the clients in Jackson's Lane and the Drop-Ins but equalities monitoring from consultation meetings with users, relatives and carers of the Drop-ins would indicate Christianity to be the prevalent religion across 3 of the 4 drop-ins in question. The CEPD service has a mixture of Greek Orthodox (33) and Muslim (27) service users.

Impact on other protected characteristics: There is no data on characteristics of sexual orientation, gender reassignment, marriage and civil partnership. The protected characteristic of pregnancy and maternity is not relevant in this instance as all the service users are older people predominantly aged 65+, although maternity could be an issue for some relatives who might need to additionally care for their loved ones if they could not use the centres.

Note: There are certain conditions such as social isolation and dementia which are age-related and tend to increase with age across other protected characteristics. It is not clear if and to what extent rates of age-related social isolation differ across other equalities characteristics or how the changes proposed could produce a change in rate of social isolation generally or differentially. However, closure of the Drop-Ins and Jackson's Lane could increase the risk of social isolation, especially for those Drop-In clients who have mobility problems and who come in on transport.

Drop-in User profiles

There are about 600 drop-in service users, although about 35% (200 people) of them actually live outside of the Borough. The figures on those coming from the centre and east and west are as follows: roughly a quarter are from the East of the Borough, just under 10% from the Centre and almost a third are from the West, mostly N6 and N8. More women than men use the centres and virtually all are over 65, with some in their 70s and 80s and even 90s. Regardless of where users are from, the profile suggests that they will have very limited means to arrange or purchase their own services; will be reliant on very localised services and will have limited physical means to travel to access services and may have little inclination to do so.

Cypriot Elderly and Disability Project (CEDP)

It should be noted that at this stage it is anticipated that the Cypriot Elderly and Disability Project will continue and therefore it is likely that the proposals will have minimal or no direct effect on service users.

11.4. The service has identified the following mitigating actions:

Both **Jacksons' Lane and the Older Peoples Drop-Ins** will be encouraged to:

- investigate the possibility of groups of service users running the services for themselves, support and advice will be given, in line with the approach set out in "Think Local, Act Personal" (Cabinet Office, January 2011), but at nil-cost to the Council
- further develop their existing partnerships with voluntary sector organisations to explore the possibility of them running the services
- inform service users of similar drop-in services in the voluntary/third sector details of which will be compiled and circulated to Jackson's Lane and the Older Peoples Drop-Ins.

Note: we have been working on non like for like aspects of the drop-ins services to offer an alternative to say, combat social isolation and loneliness; foot care etc.

The **Cypriot Elderly and Disability Project** will be continuing into the future as a service. Adult Service commissioners should monitor the quality of service delivery in the short-medium term, pending the outcome of any re-organisation by the Management Committee to take account of the missing/withdrawn staff, as the Council will continue to have service users placed there.

Drop-ins

There has been a detailed and complex consultation process with service users in the Older People's Drop-In Centres (OPDICs) as to their opinion of the proposals – see main consultation report. In addition, a half-day working party of 40 service users (10 from each centre) was facilitated by Age UK. A report was produced as a result. Key issues of concern were around loss of social contact, the hot meal in the middle of the day and foot-care and that Dial a Ride and similar are seen as less efficient than the Council service (provided from down-time in the middle of the day from Older People's Services day care-based vehicles).

Going forward, should the decision be taken to close the drop in centres, the approach with the drop-ins will be to attempt to set up constituted membership groups of older people, supported by organisations in the independent sector to apply for grants from the Millennium Lottery Fund, Comic Relief and so on which, combined with a low level of contributions from members, may enable them to continue as places where older people can meet to socialise. This will only work however if the Council/other organisations agree not to charge a commercial rent/hire charge for the space, even on an hourly basis, or opt to waive it.

Council Officers have been discussing a monthly membership service with

Metropolitan Support Trust that would offer a range of support, including access to horticulture courses, befriending support, exercise classes, minor repair services and advice on finances (£10/month). This service will be launched in July and would appear to be a viable alternative for some of the drop-in centre functions.

The foot care element of the service can be re-provided via the reablement service, free of charge, and/or basing 1-2 specific peripatetic workers in a range of locations and also at the same time increase the number of sessions available.

Information is being compiled on a wide range of other drop-ins/information points that displaced service users will be able to access, including the libraries/community hubs and existing small self-supporting groups such as Young at Heart (N8) who meet once a week. Information on alternative accessible transport possibilities will also be circulated widely.

Haringey Adult Learning Services offers a wide range of activities and supported sessions specifically targeted at older people, including drop-ins, coffee mornings, computer training and support, writing/poetry groups. The library service also offers staff who have been trained in reminiscence work and a comprehensive programme of activities are offered in addition to a monthly reminiscence café.

Drop-In site	Situation to date	Outstanding actions/issues
Abyssinia Court	Discussions held with provider team manager about possibility of Hornsey Housing Trust supporting a group of older people to run a club there. HHT have verbally offered space rent free to service users. HHT are also in discussion with a local church to see if they could support a group	Paper presented to HHT Board on 18 th May – no feedback on outcome to date
Woodside House	There are three groups in the Woodside House space, only one of which is under threat. The I-Can Care Asian women's group has its own staff and can continue. The Tuesday Dance group can also continue.	Dance group and I-Can care group may be liable for rent via Property Services, unless waived. Attendees at each group will not get a basic foot care service as is the case now. Utility costs are currently absorbed by Property Services
Irish Centre	It was anticipated that the parallel CARA (Central &	Notification to the Irish Centre management

	Cecil) day care/drop-in service would absorb the clients from the Council drop-in. However, the CARA service is also now proposed for closure in July. This is the least well used centre.	committee of the Cabinet decision required ASAP - will involve a loss of £10K/full-year rental income to the Irish Centre
Willoughby Road	There is a strong user group in this centre, who have expressed a wish to continue to meet on that site. Cllr Schmitz has been involved in working with them, but nothing concrete has yet emerged	25-year lease runs out on this building complex in 2013, only part of which is occupied by the Drop-In. It is currently unlikely that the lease will be renewed by the Council, even if it were affordable. The allocated cost of that space from Property Services, including energy, is some £90K

Other mitigations should the decision be taken to close the centres:

Issue raised	Mitigating Action
<p>Increased social isolation as social contact services withdrawn</p> <p>Address the needs of Asian service users</p>	<ul style="list-style-type: none"> • Provision of information on alternative venues and walk-in services elsewhere in the Borough • Robust assessment, person-centred care management and safeguarding. • A move toward community-based services/community hubs • Development of neighbourhood networks to reduce isolation, maintain independence and promote uptake of self-directed support. • Work closely with BME sector to find a solution to the needs of Asian users in order to match their Personal budget to their needs.
<p>Risks of higher need for other forms of support and care services in future</p>	<ul style="list-style-type: none"> • Identifying non-traditional respite options and improving take-up of personal budgets • Commissioning more services in the independent sector • Developing a diverse market in services

11.5. It is advised that Adult Services should:

- ensure that equalities information continues to be collected by providers and

- analysed, and improve the collection of disabilities data
- continue to monitor the impact of the changed services to maintain good quality of provision and outcomes for all service users

11.6 **The key findings from the staffing EqIA** highlight that this proposal has a negative impact on BME staff. In total 9 members of staff were affected by the proposals, who are all from BME groups. The breakdown in relation to each Centre is as follows; Irish Centre 1; Willoughby 2; Woodside 2; Abyssinia Court 2; and Cypriot Centre 2.

12. Consultation

- 12.1 There has been a detailed consultation process in relation to the Drop-In service, which is directly provided by the Council. The consultation ran for three months from 31st January to 30th April 2011. Meetings were held with users of services, relatives and carers as well as staff either immediately before and after Christmas 2010 and at the start of the New Year 2011 to alert them to the proposed budget cuts and that we would be consulting on the proposal. This was followed up, at various stages between January and April 2011, by letters and emails, notices in the local press, via the independent and voluntary sector, the local online community and NHS colleagues so that the message could be cascaded to as wide as possible an audience.
- 12.2 There have been several main channels for people to have their say in relation to the Drop-In service. Cabinet members and senior officers within Adult Services have met with service users, relatives, carers in each of the Council's Drop-In Centres, at least monthly – over a dozen meetings in all. More than 200 users, relatives and carers attended one of these meetings in the first month of the consultation alone. Of the total of 200+ letters, emails, members enquiries received to date on the Adults consultation proposals, over 20 concerned the OPDICs. In addition, interested parties have submitted petitions for the OPDICs collectively and individually.
- 12.3 Some 48 of the 200+ people who have, to date, completed questionnaire surveys have commented on plans to close the drop-ins. We also facilitated a workshop with Age (UK) in Haringey for OPDIC users from all 4 centres on 21st March 2011 which forms part of the consultation findings. We received petitions from 'The Haringey Day Care and Drop-in Centres' (79 signatures, Willoughby Road Drop-in (128 signatures), Woodside House drop-in (108 signatures), the Irish Centre (48 signatures), the Liberal Democrat Group in Haringey (586 signatures) and a further 99 signatures from a joint campaign to defend all adult social care services in the Borough.
- 12.4 There is also a routinely maintained consultation web page ([Adult Services Budget Savings Consultation Website](#)) which has had over 2,100 "viewings".

12.5 In addition, formal letters of consultation were sent to the Chief Executive of Jackson's Lane Arts Centre and the Chair of the Management Committee of the Cypriot Elderly and Disability Project (CEDP) as providers of the services in question.

12.6 Comments received have been considered and analysed. The full details of the consultation are contained in a separate more detailed consultation report (Appendix 1). However, in summary:

Impact for users, relatives and carers

Those who attended meetings or who wrote in have understandably expressed a range of emotions and strengths of feeling. Many people who participated in the consultation did so with personal stories and explained the impact of the cuts for them and/or their loved ones or the groups and individuals whose interests they represented. Many said that they looked forward to coming to centres, drop-ins etc. It was said that these preventative services provided a 'life line' for those who used them and that many people would be isolated or lose the only significant social contact they had without them. Closure of non-statutory services such as the drop-ins was also thought to increase the likelihood of a more serious intervention by the Council or NHS.

Understandably some queried what would happen to users of services should the proposed closures go ahead, worried as they were about not having enough time to make alternative arrangements. Relatives and carers worried where else their loved ones would go or receive a service

Impact for the future and the wider community

Some respondents worried that these savings would have lasting consequences for the community and those groups and individuals they supported and cared for. Others pointed to a potential extra demand for statutory and non-statutory services across the Borough and as they saw it the wider social impact of the proposals. There were worries too about current and future capacity if services closed or amalgamated or that the quality could not or would not be replicated in the independent sector or that prices would rise. The prevailing view was that every effort should be made to find suitable community based groups and organisations to take them over and they be offered practical support in doing so.

Comments on the proposal

The general view was that these organisations provided vital, much-needed services and support. People overwhelmingly would prefer it if they remained as they were and 'strongly opposed' or 'opposed' the proposal. Several respondents, including leading charities, expressed their opposition to any cuts in funding that threatened services for vulnerable people within the community and felt that savings could and should be found elsewhere even if they largely accepted and understood that funding shortages lay behind the proposal. Some people said that the proposed savings were a false economy and/or that it would cost more in the long run. Those in favour of the proposals said that the needs of all Haringey residents must be put ahead of the few and suggested a range of alternatives.

Many extended offers of help and/or suggested steps the Council should and could take to mitigate and/or monitor the impact were the cuts to go ahead. Some were pleased to see the personalisation programme moving forward and were keen to work with the Council in developing a diverse market in services. Others like the Unions were concerned that the personalisation agenda was being used to justify the proposal.

Comments on the consultation

Direct feedback would indicate that the meetings we held were sensitively run and generally positively received and that the Council had fulfilled its responsibility of keeping those who attended informed. Others we have heard from said they had struggled to comprehend or hear what was being said, felt the meeting has been dominated by others or that they lacked detailed enough feedback on which to participate effectively.

There were moreover views that the consultation was “seriously flawed, claims that users of services and others have found it difficult to challenge the Council’s figures or offer alternatives because of a lack of a detailed costs or that substitutes/replacements had not been properly costed. It was also stated that there appeared to be no transitional arrangements even though, as was explained, no decision has been taken.

Others suggested that proposals had been hastily arranged or that decisions had already been made, that the questionnaires were biased, queried the levels of advocacy or other support and/or asserted that the consultation was a formality, foregone conclusion or was even a ‘sham’. There was frustration at how long the consultation was lasting, and in the absence of a decision, the ‘lack of progress’ from one meeting to the next or that we’d not listened to specialists or have taken account of their views as service users, relatives or professionals from the outset.

Frequently asked questions

People frequently asked about the reason for the savings and wanted to discuss other ways of saving money, asked what would happen to the buildings or to other groups using the buildings, asked about the consultation, and for more information to enable them to propose alternative courses of action for consideration as part of the consultation. Understandably some queried what would happen to users of services should the proposed closures go ahead, worried as they were about not having enough time to make alternative arrangements.

Consultation on proposals for the Cypriot Elderly and Disability Project

As the Cypriot Elderly and Disability Project is not directly provided services, letters were written to the management committee informing them of the proposals and asking for comments. In the case of CEDP, a response was received purely noting the proposals but not raising any objections. There has been no formal consultation with service users in the CEDP in relation to the proposals to withdraw the funding.

Consultation on proposals for Jackson's Lane

Following a letter to the management committee, a meeting was held with the Chief Executive of Jackson's Lane who informed officers that the luncheon club service would be at significant risk if the funding were to cease as all activities were funded by specific grants which did not allow for cross-subsidy. A meeting was held with service users in Jackson's Lane in relation to withdrawing the funding in January 2011 to inform them of the proposal. Feedback from some 35 people present was against the proposal, with no dissenters. It was felt that the service was the only one of its type on the West of the Borough and that their lives would be made much the poorer were the service not to be there. Those corresponding with the Council about the proposed withdrawal of funding said that the luncheon club was an important if not unique part of community that has been in existence for many years. Moreover, it was argued, it was the only such venue for older people in the immediate area and (it is said) provided users with their main meal of the day. The Co-ordinator role was essential, it was argued, as number of members were frail or otherwise in need of support. Given the relatively small saving, people asked that the facility continue and that the Council find other ways to make these levels of savings and that to 'target' older people was unfair.

13. Service Financial Comments

- 13.1. A decision to close the services detailed above will allow savings to be achieved of £285k, full year effect. Delays in implementation will mean that part year savings are achieved in 2011/12, the exact amounts not known until the final decision is reached, with the full saving achieved in 2012/13. Any shortfall in 2011/12 will be delivered from existing budgets.
- 13.2. Efficiencies
N/A

14. Use of appendices /Tables and photographs

- 14.1. Appendix 1 - Adult Social Care Consultation Update
- 14.2. Appendix 2 – EqlAs:- Withdrawal of funding from Jackson's Lane Luncheon Club, Elderly and Disability Project at the Cypriot Centre and Abyssinia Court, The Irish Centre, Willoughby Road, Woodside House drop-in centres for Adults
- 14.3. Appendix 3: The public sector single equality duty

15. Local Government (Access to Information) Act 1985

- 15.1. January 2011, "Think Local, Act Personal", Cabinet Office
- 15.2. No reason for confidentiality or exemption

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Proposed closures of homes, centres, drop-ins and the Alexandra Road Crisis Unit – Consultation Results

Report – May 2011

Sections

- 1. Background**
- 2. Results**
- 3. Supporting Documentation**

Section 1 - Background

Introduction

This report sets out the main findings of the consultation regarding the proposed closure of homes, centres, drop-ins and the Alexandra Road Crisis Unit. The findings will form part of the reports presented to councillors in June and July 2011.

Consultation Details

The consultation ran for three months from 31st January to 30th April 2011. Meetings were however held with users of services, relatives and carers as well as staff either immediately before and after Christmas 2010 or at the start of the New Year 2011 to alert them to the proposed budget cuts and that we would be consulting on the proposal. This was followed up, at various stages in January through April 2011, by letters and emails (over 1200 or more were sent out), notices in the local press, via the independent and voluntary sector, the local online community and NHS colleagues and discussed and advertised via the five Adult Partnership Boards so that the message could be cascaded to as wide as possible an audience. The consultation around the proposed closure of the Alexandra Road Crisis Unit was moreover conducted with NHS Haringey. There was also a comprehensive web page where people could find up to date information, including feedback; this has received over 2100 viewings as follows:

Page	Page views
Budgetconsultation/general	995
budgetconsultation/daycarecentres	428
budgetconsultation/residentialhomes	272
budgetconsultation/alexroad	263
budgetconsultation/dropincentres	177

We also issued a reminder about the consultation (and the time remaining for people to have their say) midway through the consultation and have advised that, though, our three-month consultation, launched in January 2011, has now ended, consultation is an ongoing process and people can make further representation to Councillors when they are making their final decisions.

There were several main channels for the consultation. These included:

- Consultation surveys (printed and online versions were made available), where, participants could separately complete questionnaires for day care centres, drop-ins, residential care homes/bed based respite care or the Alexandra Road Crisis Unit and, in doing so, respond to specific questions and/or add comments of their own.

- email or other written correspondence directly to the council or via a councillor or local member of parliament, which allowed any comments whatsoever to be made on the proposed changes. We have also received responses from advocates acting on behalf of groups or individuals.
- a significant number of events were held with users, relatives and carers where individuals were presented with information about the proposals and the consultation and then given the opportunity to discuss and comment upon the various aspects including the potential impact upon them and to put forward their case or alternative propositions. **See pages 25-34 for details of these meetings.**

There were also opportunities for the five established partnership boards, reference groups, forums and other networks to consider formally the proposal and to respond to the consultation so that carers, older people's representatives, those representing people with learning and other disabilities, mental health issues, the BME community etc could have their say. Several, such as the Older Peoples and Learning Disabilities Partnership Boards, CASCH, a residents association in Crouch End and Haringey User Network taking the opportunity to do so.

16 Feb, 13 Apr 2011	Older People's Partnership Board
19 Jan, 31 Mar 2011	Carers Partnership Board
2 Feb, 23 Mar and 18 May 2011	Learning Disabilities Partnership Board
13 Jan, 14 Apr 2011	Mental Health Partnership Board
24 Jan, 16 May 2011	Autism Disorder Spectrum Group

In addition, in response to requests received, we met with a number of individuals or groups to discuss a number of alternative proposals. Users and other interested parties were also encouraged to begin their own consultation with officers attending or facilitating meetings. Details as follows:

16/02/2011	Muswell Hill Pensioners Action Group
9/03/2011	Cranwood Community Group
09/02/2011	Tom's Club
18/02/2011	Clarendon Centre
21/03/2011	Haringey Local Improvement Network (LINK)

21/03/2011	Older People's Drop-in Centres workshop
15/04/2011	Meet with Cllr Schmitz Options for Willoughby Rd
Planned for June	Young at Heart
Planned for June	Hill Homes 'Extra care' scheme

In respect of the Older People's Drop-ins and the half-day workshop with 40 service users (10 from each centre) facilitated by Age UK, key issues of concern raised by this group were around the loss of social contact, the hot meal in the middle of the day and foot-care and how Dial a Ride and similar were seen as less efficient than the Council service (provided from down-time in the middle of the day from Older People's Services day care-based vehicles).

Responses to the Consultation

Our consultation sought to reach a wide-ranging audience and we received a significant number and varied set of responses.

There were over **400** direct responses to the consultation including over **200** letters and emails and, at the time this report was produced, **191** completed surveys. On average, over **300** users, relatives and carers a month attended the various meetings that we held.

People said, in some cases, that they planned to fight the cuts and/or advised us that they had or would be submitting petitions to keep the service/venues open – those we have received have been logged as part of the consultation. We received petitions from 'Save the Woodside and Haven Day Centres' (31 signatures), 'The Haringey Day Care and Drop-in Centres' (79 signatures), 'Don't Close the Whitehall Street Centre' (168 signatures), Willoughby Road Drop-in (128 signatures), Woodside House drop-in (108 signatures), the Irish Centre (48 signatures), 'Save Alexandra Road Crisis Unit' (169 signatures), 'Save Broadwater Lodge' (58 signatures), the Liberal Democrat Group in Haringey (586 signatures) and a further 99 signatures from a joint campaign to defend all adult social care services in the Borough.

	(as at 19 May 2011)	
Number of meetings: users, relatives, carers		56
Number of other meetings attended or facilitated		10
Number of completed user questionnaires		
68 responses to the proposed closure of day care centres		191

48 responses to the proposed closure of drop-in centres 22 responses to the proposed closure of residential care homes and bed based respite services 53 responses to the proposed closure of the Alexandra Road Crisis Unit	
Number of supporting letters (service users, other organisation, MPs, Members Enquiries etc) 56 responses to the proposed closure of day care centres, of which 6 related directly to the proposed Haynes/Grange merger 23 responses to the proposed closure of drop-in centres 60 responses to the proposed closure of residential care homes and bed based respite services 21 responses to the proposed closure of the Alexandra Road Crisis Unit 62 general and other enquiries, including about the Jackson's Lane Luncheon Club	222
Petitions (total number of signatories: 1474)	10

There was also local and national press and television coverage and both local members of parliament visited a number of the homes and centres and met with users, relatives, carers and staff as did a number of ward councillors.

There was a deputation to Downing Street and there will be a motion in parliament seemingly.

Accessibility Issues

We produced information about the consultation in a number of accessible forms (other languages, audio, Braille, large print etc) on request and engaged independent advocates for those individuals and groups who needed it. Having listened, separate meetings were held with deaf people and the blind and partially sighted and, after the first meeting, we held separate meetings at Whitehall St for residential and respite users to discuss the proposals.

Advocates were on hand for individuals who may have mental or other capacity issues and who did not have an appropriate family member or friend to advocate on their behalf and/or separate meetings have been arranged with those individuals and/or groups concerned. Several responses received have been dictated to others and/or are resumes of meetings that advocates or others have had with service users in a number of locations.

Equalities

Voluntary sector organisations and users of services alike said it was important that the equalities impact of the proposed savings were fully taken into account and monitored. Equalities Impact Assessments (EQIAs) have been produced and accompany the final report.

Those who attended one or more of the regular monthly meetings and left feedback fell into the following categories:

Total number of respondents 72 (not all commented on all questions)	Gender	Age	Ethnicity	Disability (those who consider themselves to be a disabled person)
	51 women 11 male Gender differ from birth: 3	17 under 60 43 60 or over	White 42 Mixed 2 Asian/Asian British 9 Black or Black British 6 Chinese or other 3	37 – No 20 - Yes
	Sexual orientation	Religion		
	45 Heterosexual Remainder did not complete this section of the form	None 5 Christian 41 Buddhist 2 Hindu 5 Other 3 Jewish 1 Muslim 5 Other 3		

The following are the key characteristics of the 191 people who responded to the questionnaire surveys.

	Drop-ins	Day centres	Homes	ARCU
Over 60s/under 60s	Roughly 50:50	30:70	Roughly 40:60	High (88%) proportion in their 30, 40s and 50s
Those considering themselves to have a disability	42% (Y) 54% (N)	59%(Y): 37% (N)	14% (Y) 82% (N)	62% (Y) 38% (N)
Ethnicity	95% White just under 1:5 of them White Irish 4% Black or Black British Significantly no Mixed race, Asian, Asian British or Chinese respondents	54% White 11% Mixed 7% Asian or Asian British 28% Black or Black British 3% Chinese or other ethnic group	68% White 9% Mixed 0% Asian or Asian British 14% Black or Black British 0% Chinese or other ethnic group	43% White 8% Mixed 2% Asian or Asian British 21% Black or Black British 4% Chinese or other ethnic group
Gender	2:1 women and less than 5% whose genders different than at birth	60% women 30% men 4% whose genders different than at birth	73% women 23% men 0% whose genders different than at birth	55% women 32% men 2% whose gender differs from birth
Sexual Orientation	75% Heterosexua	84% Heterosexua	73% Heterosexua	70% Heterosexua

	1 2% Gay 2% Bisexual 0% Lesbian	1 2% Gay 2% Bisexual 0% Lesbian	1 5% Gay 5% Bisexual 0% Lesbian	1 4% Gay 0% Bisexual 6% Lesbian
Religion	56% Christian 21% None 6% Muslim 2% other	62% Christian 15% no religion 4% Muslim 2% Buddhist 2% Jewish 2% Other	59% Christian 5% Muslim 23% No religion	38% Christian 28% no religion 8% Muslim 2% Buddhist 2% Jewish 2% Rastafarian 4% Other

Given the relatively small numbers involved compared with the numbers who use the services, from an equalities aspect, the EQIAs are therefore a more reliable source of the impact of the proposed cuts on groups and individuals with specific protected characteristics.

Comments on the consultation

Direct feedback, including from 72 respondents who attended meetings for users, relatives and carers who took the trouble to complete feedback forms, would indicate that the meetings we held were sensitively run and generally positively received and that the Council had fulfilled its responsibility of keeping those who attended informed. Of these 72, 47 (65%) rated the meeting as good or very good with the remainder who indicated saying they were satisfied, unsatisfied with proceedings or expressing mixed opinions. There were 8 responses without comments.

Others we have heard from said they had struggled to comprehend or hear what was being said, felt the meeting has been dominated by others or that they lacked detailed enough feedback on which to participate effectively.

There were some views that the consultation was “seriously flawed”, should be suspended, reviewed and re-modelled so that it engaged more openly with service users, carers and representative organisations. There were claims that users of services and others have found it difficult to challenge the Council’s figures or offer alternatives because of a lack of a detailed costs or that substitutes/replacements had not been properly costed. It was also stated that there appeared to be no transitional arrangements even though, as was explained, no decision has been taken.

Others suggested that proposals had been hastily arranged or that decisions had already been made, that the questions in the questionnaire were ‘loaded’, queried the levels of advocacy or other support and/or asserted that the consultation was a formality, foregone conclusion or was even a ‘sham’. In the case of ARCU, there was a concern that plans for a new service would appear to have advanced to a fairly advanced stage, questions over the legal justification for the proposed closures of homes or requests for the proposals not to be looked at in isolation.

There was frustration at how long the consultation was lasting, and in the absence of a decision, the 'lack of progress' from one meeting to the next and that no one could tell them what specifically would be happening to them or their loved one or that councillors had not already 'reversed' the proposal. Others said the council should listen to specialists or have taken account of their views as service users, relatives or professionals from the outset.

Feedback

People asked a good many questions at the monthly meetings or in their correspondence. Formal responses to many of the recurring questions that were posed during the consultation have been placed on the consultation web page, displayed in homes and centre and/or made available on request or in responses to individual correspondence received. However, in summary, people asked about the reason for the savings and wanted to discuss other ways of saving money, asked what would happen to the buildings or to other groups using the buildings, asked about the consultation, and for more information to enable them to propose alternative courses of action for consideration as part of the consultation. Understandably some queried what would happen to users of services should the proposed closures go ahead, worried as they were about not having enough time to make alternative arrangements.

Section 2 - Results

Interpreting the Consultation Responses

A great deal of time and effort has been put into the responses by contributors to the consultation. Many individuals, particularly in their letters and at meetings, have described their personal experiences and how they have been using the services for a good many years, even decades in some cases.

Local voluntary organisations and other professionals have also discussed in detail the specific comments they have about the proposals. Plus there are the detailed responses to the various questionnaires. All of these responses have been considered and analysed.

For the purposes of assessing the impact where possible and appropriate within the report the different proposals have been considered separately.

Key findings

Throughout this section of the report, we have sought to include recurring themes emerging from stakeholder responses, rather than detailing specific, individual issues or outlining every point of view.

1. Views of users of services

Meetings with users of services and correspondence (pages 34-60) received:

Those who attended meetings or who wrote in have understandably expressed a range of emotions and strengths of feeling. Many were angry, upset, appalled, frightened, helpless, stressed or depressed by the proposal. Some said it was affecting their health. There was genuine sadness that this was happening. Others thought the proposal deeply unfair or that it would also have a 'knock on effect' for those they looked after or who looked after them and put extra pressure on them. Some sensed that no one really cared about the impact this would have on them or had their interests at heart. Some said how they did not deserve this.

Across each of the homes and centres and in correspondence received, more users of services understood the reasons for the cuts than did not, even if they did not necessarily agree with the cost-effectiveness of the proposal or why or how the changes were proposed to be implemented.

The general view of those present at meetings and writing-in was that these organisations provided vital, much-needed services and support. They overwhelmingly would prefer it if they remained as they were and 'strongly opposed' or 'opposed' the proposal. People also said how highly they valued and rated these services and for the most part had no complaints with them, making favourable comparisons with the help and support that they had previously received elsewhere and/or referred to their current services as 'beacons of excellence' and 'invaluable in a crisis'.

Many people who participated in the consultation did so with personal stories and explained the impact of the cuts for them and/or their loved ones or the groups and individuals whose interests they represented. We received 27 'impact statements' from users of the Haven about what the closure would mean for them personally. Many said how they would miss the social interaction, friendships they have struck with staff and other users of services or meals, outings and/or other activities on offer including foot care, dancing,

bingo etc. Many said how it was the only time they socialised or had contact with people outside of the home and that they looked forward to coming to centres, drop-ins etc. For those in residential care, this was “their home” and the staff “their family”.

Relatives and carers pointed to the transformation in their loved one demeanour and overall well-being and how the ‘stimulation’ they received from attending centres and drop-ins had helped them a lot since they started coming there. They worried where else they would go or receive a service or the impact that a move (and in some cases another move) would have on users, how their life was “hanging in the balance” or would, some claimed, deteriorate as a result or even result in their dying. Some said they would be become isolated in their homes, lonely, end up in residential care, on the streets or in hospital. Others worried that users of services would become less settled or that relatives and carers would no longer have time to do some of the things they liked or needed to do. Several people cited concerns that family members could have to give up jobs to look after them. The psychological factor and trauma, it was said, should be taken into consideration.

Alternatives proposals/sources of funding

Many said that they understood the Council needed to make savings but that it needed to be more creative or look at other ways of making cuts rather than ‘targeting’, as they saw it, the elderly or most vulnerable and that the council had a responsibility to care for elderly, treat them with dignity and involve them in society. Others felt that ,as one of the most deprived boroughs in London, Haringey was ‘bearing the brunt of the cuts’. Others thought that cuts to Adult Services were ‘disproportionate’, something of a soft option and the wrong place to be making cuts. Respondents also said we should support older people, they depend on these services and that they deserved to be treated better after a lifetime of work and paying taxes. Many stated that they were happy with the way things were.

Some people said that the proposed savings were a false economy and/or that it would cost more in the long run to provide them with support at home or in another setting, lead to over-crowding (684), a lack of capacity (dementia services) and/or even longer waiting lists (Alexandra Road/respite services). Others said that it was difficult to put a value on the emotional comfort and support that they received or did not believe that ‘relatively small sums’ could not be found to keep their service or these services generally open.

Included in the responses were suggestions that the Council use its reserves, money from the Icelandic banks, cut management posts, executive pay, communications/IT costs and waste and generally look elsewhere before cutting these ‘vital’, front-line services. Some queried the decision not to cut any of the Borough’s libraries and/or to expand these services. There were worries that for some, including those that were less mobile, ‘use of a library’ was not an effective option. Others suggested the council tender services out, they be run through a charity or trust or trained volunteers supervised by qualified staff, people pay-per-use. Others suggested that alternative sources

of funding be found: charities, lottery, local retailers etc. Some were prepared to pay more council tax. Others suggested that service users might attend different venues on different days or share venues and providers; that operating hours be reduced or saw the logic in amalgamating centres and homes (provided at least one of each type remained in existence) or that neighbouring authorities work together on finding a solution. Others said that what was wanted was more training to get back to work or voluntary work.

Those in favour of the proposals said that the needs of all Haringey residents must be put ahead of the few. Some pointed to what they called the duplication of older people's services or felt that the Alexandra Road Crisis Unit, for example, should close as it did not benefit service users in the long run, with some, as they saw it, simply using the service as a hotel with no lasting improvement in their situation afterwards. Others said the Council should be finding cheaper alternatives in the private sector and felt that the Independent sector was capable of providing care of equal quality. Others accepted that such things as day centres did not have to be run directly by the council provided standards were maintained and regularly monitored. For some, who the provider was, was less important than the quality of the care provided and how centres and homes were closed more important than their closure.

Those in favour also said by all means close centres but provide a safety net for emergencies and ensure that concrete alternatives were in place before changes should be considered. People also said that the Council ought to distinguish between "drug induced and genetic or inherited mental illness" with users being asked to pay rather than receive publicly-funded support for the former.

Others responded that whereas all services were important, that did not mean all of them had to be delivered at all of the centres. It was also suggested that services could be provided in community groups/sheltered housing or 'extra care' type settings and in retirement villages or delivered via personal assistants in the home or that there should be greater access to other statutory and trained professionals outside conventional office hours. One respondent confirmed that supported housing schemes organised events and that they were fairly under-used.

Others were reluctant or declined to comment saying that the savings should be found from elsewhere or that there was simply nowhere out there that matched their service and that it was unique, that we should maintain these existing 'centres of excellence' or that things should stay as they are.

Should the proposed mergers and closures go ahead, the prevailing view was that every effort should be made to find suitable community based groups and organisations to take them over and they be offered practical support in doing so. There was therefore support for discussion with other providers, faith groups and social clubs provided these were open and transparent and encouraged others to come forward and engage in alternative provision. Age UK mentioned it had already been working with church groups and others on

developing neighbourhood befriending schemes and that these could well support new small scales drop-in centres.

Others said they had asked their local church for support or that they could raise the money needed to keep the service open. There were both formal and informal offers by users and others to run the places themselves, for example that a Community Group be allowed to tender to run Cranwood residential care home once the current home had been demolished and replaced by 4 x 12-bed homes. There was a question however as to whether the high degree of dependency at day centres would result in voluntary groups being able to assume responsibility for them or with support to voluntary groups being cut how those groups could be expected to fill the gap.

Effects of the cuts – Service-Specific comments:

Residential and Respite Care

There were concerns about standards in the private sector and what would replace residential and respite services if the homes closed. Loss of continuity and consistency of service and that alternatives could be too far away for many people to travel to were also uppermost concerns.

There were worries too that moving residents out of the borough would make visiting loved ones more difficult.

Respite facilities save the Council money, it was said, 'by providing the bulk of the care'. They also it was argued gave users of services a regular experience of being away from home and their carer for when the carer was no longer able to care for them.

Drop-ins and Day Care centres:

It was said that these preventative services provided a 'life line' for those who used them and that many people would be isolated or lose the only significant social contact they had without them. People also considered that without the monitoring of vital signs and regular contact of staff in these centres, the physical and mental health of older service users and those with mental health issues, could worsen as service users could come to harm through neglecting to eat properly or take their medication leading to more demands on social care and health services.

Drops-ins, it was said, were vital for contact, friendship, a hot meal and stimulation and have served as hubs for older people in the local community for many years now. People would have nowhere else to go and nothing to do than sit at home if it facilities were to close, it was said.

Closure of non-statutory services such as the drop-ins was also thought to increase the likelihood of a more serious intervention by the Council or NHS and seen as being a "sound investment in the well being of older people".

Others thought that the journey from one side of the borough to the other would prove too much for some people or that there would be nothing left for them where they lived if their local centre or home were to close or amalgamate.

Several people spoke of the importance of a week-end service in places like the Grange and the Haynes or the profound impact that centres had on the lives and quality of life of people with dementia and their carers.

A number of people said that alternatives such as the Clarendon for day centres users or Recovery Houses or wards for those with mental health issues would have a very different feel about them or fail to adequately meet their needs. The 684 Centre had given people skills to cope and is financially and otherwise successful.

Stability was seen as important for people with dementia. Moreover, people with dementia, it was said, needed a stimulating environment and active and stable relationships and skilled staff that these centres offered. None of which, it was argued, could be sourced in the independent sector or provided in people's homes.

As carers of people with dementia representing themselves and service users who are unable to represent themselves, the Haynes Relatives Support Groups objections to the closure of what they called an 'excellent state of the art facility that had transformed their and their loved ones lives' was that the proposed merger of the Haynes and the Grange and the closure of Woodside Day Centre was contrary to the interest of people with dementia and their carers and would be harmful to them. They argued that the Haynes Centre does not have the capacity to accommodate current clients with dementia and that doubling the numbers (to 30 per day) would result in overcrowding and compromise the quality of care, even if staffing ratios are appropriate and "gross under provision". They cited a 1992 planning and design guide published by the Alzheimer's Society recommending a maximum of 16 clients per day.

As for the proposed closure of the Haven, re-provision proposals (amounting, it was stated, to 3 hrs additional homecare per week) was not seen as a substitute for the care users of services currently received.

Users of some groups and organisations (dance and luncheon clubs for example) could not understand why their centre might close when the activity they attended was, in their view, self-supporting.

Alexandra Road Crisis Unit:

ARCU was seen as an extremely important part of the mental health service in Haringey providing a positive pathway to avoiding hospital admissions, pressure on GPs etc. Closing ARCU would, it was argued, be short-sighted and high in both financial and human terms. A short stay at ARCU can, it was argued, prevent some people from needing to go onto more serious units for more serious conditions, make a real difference and save lives and was

preferable to locked wards and a hospital setting which were not viewed as viable or preferred alternatives and about which there was genuine anxiety. People it was said, did not want a medical model but a person-centred approach like ARCU.

People were uncertain of the strategy behind the closure arguing that the replacement(s) as they saw it being advocated would be very different to now and based on a medical model that services users did not want. Recovery Houses, it was said, worked along different lines such that ARCU's demise would not pick up on the need for a community based crisis and respite unit with 24hr telephone support leading to gaps in crisis services making it difficult for services users to move quickly from a crisis back into normal life.

People said they appreciated that the NHS rather than council cuts precipitated closure of ARCU but felt the Council should be helping to save the place from closing.

Haringey Users Network as part of its work in supporting service users, having consulted users, said there was a clear conclusion that the service was popular and effective and that service users would be most concerned about the loss of respite care; the skills and empathetic support of staff and the loss of the 24 hr support phone line.

Other comments:

People with learning disabilities or mental health issues, it was said, needed a secure and stable environment.

Many expressed concerns for the future of staff working in the homes and centres and asked us what we are doing for them.

Comments on the Way Ahead – the Future

Some respondents worried that these savings would have lasting consequences for the community and those groups and individuals they supported and cared. Some worried that certain users would have fewer opportunities or a reduced voice in the community. Others pointed to the extra demand for statutory and non-statutory services across the Borough and as they saw it the wider social impact of the proposals.

There were worries too about current and future capacity if services closed or amalgamated or that the quality could not or would not be replicated in the independent sector or that prices would rise. Those worried about future capacity, pointed to a rise in both the ageing population in Haringey and the numbers of those with dementia and how current service user numbers was but a fraction of those in Haringey diagnosed with dementia and that this was therefore the wrong time to be making cuts of this kind. One centre for the people with dementia it was said, would not be enough.

They were also concerned that, with the proposed closure of day centres, the Council would not be able to commission the day care needed and that people with personal budgets would not be able to access day care. Care at home, they argued, was an unsatisfactory alternative.

Finally without the specialist care these day centres provide, there will be additional costs in the future due to the loss of these preventative services. Moreover, setting up an independent sector in Haringey (currently lacking) could prove costlier plus it might in due time lead to an increase in placement prices hence comparative costs were meaningless.

Some Mental Health respondents did not have high hopes for future of crisis services in Haringey. They were worried that even if crisis services still existed that the threshold to access them would be much higher such that the only MH services available would be for those who are seriously ill.

User Survey Questionnaires:

(where numbers do not tally this equates to the fact that people for whatever reason did not answer all of the questions) Percentages also rounded up and down. Where returns are identical and obviously written by the same hand and not by an advocate or someone acting on behalf of someone else, the results have not been counted.

A total of **191** responses were received about proposed changes to services. Detailed results are attached as appendices to this report; **pages 20-24** includes some of the analysis that has been drawn out.

2. Providers and Voluntary Sector organisations, including advocacy services, and others

Some comments are raised by others (and so not repeated here) and/or are covered elsewhere in the report.

Commenting on the proposal, several respondents expressed their opposition to any cuts in funding that threatened services for vulnerable people within the community or as in the case of the Unions were opposed to the closure of homes and centres but accepted that funding shortages lay behind the proposal.

Leading charities such as Age UK voiced their opposition to some or all of the proposals but at the same time extended offers of help and/or suggested steps the Council should and could take to mitigate and/or monitor the impact were the cuts to go ahead. Some were pleased to see the personalisation programme moving forward and were keen to work with the Council in developing a diverse market in services. Others like the Unions were concerned that the personalisation agenda was being used to justify some of

the proposed closures and or questioned how we could be advocating more choice and control if we were at the same time proposing to reduce services. They were concerned too that personalisation was being used to generate a market in social care.

Age UK thought that, in the context of the overall savings that had to be found, that Adult Social Care had not fared too badly although this needed to be seen in the context of other Council/NHS reductions, including in its own funding. Having said that, they suggested that cutting back on services that promoted a full and healthy life in older age risked putting short term financial gain ahead of sound long term policy.

Age UK had no objection in principle to outsourcing of home and residential care services to the independent or voluntary sectors and recognised the Council's policy to use only those providers rated 'excellent' or 'good' by the Care Quality Commission. There was concern however about the self-assessment procedures used by providers and that there should be robust monitoring arrangements in place.

Haringey User Network (HUN) acknowledged services needed to be fit for purpose and of value to individuals. From consultation they carried out, HUN was of the view that the 684 Centre and the Alexandra Road Crisis Unit were beneficial to the mental well being of service users. There was however a perception that 684 was under-used, but, should it close, that this should not be at the expense of the needs of current users.

According to HUN, and other responses received, Service Users have expressed the opinion that the Clarendon Centre and 684 are not fully comparable.

The Lewis & Mary Haynes Trust's objections can be summarised as: concerns about the capacity of the Haynes to accommodate the increased usage proposed; highly unsatisfactory transport arrangements if service users had to be bussed from one side of the borough to another recreating, they argued, exactly the problem for users that the Haynes was established to resolve. There were concerns too that re-provision proposals would not meet clients needs or future dementia care needs and that the proposals ran counter to both the National Dementia Strategy and the Haringey Dementia Commissioning Strategy.

In all our conversations with staff, their principal concern has been for the welfare of residents of homes and users of centres. They were particularly concerned where service users would go and the effect the proposals were having on them now. There were worries too that work they had undertaken to build relationships and develop people's confidence and improve their physical and mental well-being would be undermined and could not easily or quickly be replicated.

Supported by the member of parliament for Hornsey and Wood Green, the Haringey Liberal Democrat Group believes the day centres, drop-ins and luncheon clubs for older people in Haringey should not close and is

suggesting that the money to run the centres can be found from savings in other parts of the council budget and that they are “inexpensive and represent excellent value for money”. There were concerns too that there has been no comprehensive assessment of the effects these closures would have on the lives of those who used them nor the financial impact for the council or others of their closure.

Section 3 - Supporting Documentation

Notes on Interpreting the data

Qualitative research

There are a number of issues to bear in mind when interpreting the data. First, a consultation such as this is predominantly qualitative in nature and has involved listening to what people have said and the way in which they have said it and interpreting their completed surveys.

This does not devalue their evidence – far from it. Qualitative methods based on ‘themes’ and ‘concerns’ are much-used and well-respected in research.

A number of verbatim comments are included to illustrate and highlight key issues that were raised. These are attributed, where appropriate to specific audiences or sectors.

Quantitative research

Statistical data is included in order to illustrate the relative importance of particular issues compared with others and to specific groups with protected characteristics as well as to assist commissioners and others shape a future potentially without some or all of the services or levels of funding.

Some figures/response rates in the report are relatively small given the potential sample size or overall numbers consulted; they must therefore be treated with caution.

- **Other Caveats and assumptions**

In reading this report, the following other caveats and assumptions need to be taken into account:

1. It is important to bear in mind that responses may be based on differing levels of knowledge.
2. There were submissions from providers, voluntary organisations etc. This group of stakeholders is likely to be particularly engaged and have much expertise in the subject area, and as a result, many of the submissions comprised detailed, well-researched responses.
3. Many of the users, relatives and carers and providers who have responded would be directly affected by the proposals and thus have a personal interest in the outcome.
4. Not all participants, for whatever reason, chose to answer all questions.
5. While every attempt has been made to classify each participant into the correct category for reporting purposes and capture equalities data, it is not always possible to be certain to which specific category respondents belong. There were for example a number of surveys that could not be attributed to a group or sector or problems interpreting hand-writing.
6. While the consultation was open to everyone, the respondents were self-selecting, and certain types or groups of people have inevitably been more disposed to contribute than others.
7. It is recognised that a number of forms will have been completed on behalf of users of services users by relatives, carers, advocates or, in some cases, service providers. However, there are a number of identical submissions in the same hand-writing; where this is obviously the case, these have been discounted.

Analysis of Questionnaire Responses

About the respondents:

- **Drop-ins** – 45% of those who completed Drop-in questionnaires indicated that they used the centres or were a relative/unpaid carer of someone who did. Of those who did, almost 50% used the Irish Centre, 20% of them used Woodside House, and 4% of respondents apiece attended either Willoughby Road or Abyssinia Court. Almost 38% of respondents said they were members of the public thereby possibly accounting for the ambivalence about the drop-ins retention.
- **Day centres** – 60% stated that they used one of the council-run day care centres. Just under a fifth of respondents were relatives or carers of someone who used the centres and just under 1 in 10 described themselves as members of the public and 6% were health or social care professionals or working in the independent sector. There was a high response rate from users of the Haven (40 people or some 59% of respondents) and not surprisingly given the nature of the centres, much lower percentages for the Haynes and the Grange.

- Over 50% of **Residential and respite care** respondents did not live in or use the homes affected by the proposal or access the respite service with relatives and unpaid/carers understandably accounting for majority of respondents. Of those who did, just under 20% came from Broadwater Lodge with a further 9% of users coming from each of the other 3 homes.
- 45% of **ARCU** respondents were living in accommodation they rented from the Council or a Housing Association, 11% from a private landlord, 9% lived in sheltered housing and 21% owned or part owned their own home. 9% of respondents were currently at ARCU and over half of respondents had previously used the Centre. Relatives and unpaid carers made up 6% and members of the public almost 20% of the respondents. Just under 10% were social care, mental health or other professionals.

Responses to specific questions:

Asked to what extent they supported the proposal, the overwhelming majority of respondents across the majority of the homes and centres either opposed or strongly opposed the proposals.

	Day centres	Drop-ins	Homes	ARCU
Opposed, strongly opposed	82%	54%	75%	94%
Support, strongly support	10%	30%	20%	6%
Neither	8%	16%	5%	0

Any differences in views between the different day centres and homes are within accepted tolerances or in the case of the Haven can be accounted for by the high number of returns or the emphatic view of those commenting upon the ARCU who, when asked, most wanted or strongly wanted a safe place to go when unwell or in crisis, one which did not remind them of hospital and provided respite. There is a marked difference when it comes to the drop-ins, with respondents still broadly opposed but by only a small margin when those who support or expressed no opinion are added together.

Asked if they understood why Haringey Council was proposing to reduce or cease funding to organisations in some instances, a high percentage (roughly 60-80%) appear to have understood why the Council was proposing to close or merge services. Of those who were unsure or said they did not understand, this had as much to do with the fact that people wanted things to stay the way they were than that they did not understand the proposal or what lay behind it.

Sector	Yes	Not Sure	No
Homes	82%	0%	18%

Centre	78%	9%	13%
Respite for people with LD	73%	5%	18%
Drop-ins	67%	6%	23%
ARCU	57%	11%	30%
Respondents	133	15	40

Asked what factor(s) councillors should take into account when making their final decision, two-thirds to three quarters thought continuity of care and quality of care the most important factors - significantly higher (80-90%) in case of day centre and homes.

Value for money and using resources to offer more care to more people was rated by roughly a third or more.

Asked what independence meant to them, around 80% of drop-in respondents said it meant maintaining their health and being able to pursue their interests and hobbies. Over 70% cited being able to keep in contact with friends and family or being able to choose and make decisions on how they led their lives and remain in their own home. Fewer than 50% said having their own budget to exercise greater control and choice – not surprising given personalisation's infancy.

Maintaining their health, keeping in contact with friends and family or being able to pursue interests and hobbies or make their own decisions on how they led their lives and remain in their own home were important to over three-quarters of day care and residential home respondents.

Respondents were invited to reflect on a future without Council-run homes, centres and drop-ins and the Alexandra Road Crisis Unit in order, should the decision be taken to close or merge them, to help commissioners of services to work with the voluntary, independent sector and others to look at the most appropriate alternative sources of provision.

Asked to rate in order of importance which services were the most important to them respondents almost universally valued virtually all of the services they received.

Day centre respondents, lunch clubs/other meals and social activities and transport and trips were the services that they rated as 'most important'. Hairdressing was the least important to respondents followed (in ascending order) by foot care/healthcare and art/craft activities. A safe and secure environment, well-trained and friendly staff and home cooked nutritious food was important for 50-60%+ of residential home and bed-based respite respondents.

The surprising result was the low level of support for foot care/health care services given the numbers of people (00s) using the service but then the samples were low.

Over two-thirds of those commenting on ARCU felt a mix of psychiatric user-led self help social groups and adult social care would best help support their futures rather than anyone service on its own.

Asked what has enabled people to remain independent and active or in the case of Alexandra Road, best achieve recovery and return home:

Somewhere to meet others in safety and social activities were viewed by over 80% of drop-in respondents as the things that most enabled them to remain independent and active. Day centre respondents said something similar. Of the services currently provided at Alexandra Road, respondents considered accommodation, the support of other with similar experiences and social activities were the top 3 most important things to people in crisis.

	Day Centres	Drop-ins	Homes	ARCU
	1 (96%) Safe place to go	1 (81%) Safe place to go	1 (78%) Well- trained friendly staff	1 (74%) Accommodation
	2 (84%) Social Activities	2 Social Activities (79%)	2 (59%) Home cooked food	1 (74%) Social support
	3 (78%) Transport	3 Meals (64%)	3 (46%) Social activities	3 (62%) Meals
	4 (75%) Meals	4 Transport (50%)	4 (36%) Outdoor space	4 (55%) Social activities
	5 (60%) Break for relative and carers	5 Refreshments (41%)	5 (32%) Space for own furniture and possessions	5 (53%) Creative activities
	6 (54%) Refreshments	6 Healthcare /foot care (35%)	5 (27%) Good-sized bathroom	6 (38%) Physical activities
	7 (49%) Art/craft activities	7 Break for relative and carers (35%)	6 (23%) Space to entertain in private	7 (36%) Housing benefit and debt advice
	8 (31%) Health/foot care			8 (30%) Education or training
				9 (21%) Help to stay in work
				10 (17%) Help back to work

Looking to the future, friendship (reminiscing), hot and cold lunches and trips out were the services/activities most drop-in respondents wanted in the

future. Keeping fit, health care and refreshments were next. 4 in 10 wanted access to advice and information in the future with hairdressing and light snacks least highly rated.

Friendship (reminiscing) and lunchtime meals were the services 9 out of 10 day care centre respondents wanted in the future closely followed by keeping fit (84%) and trips out (82%).

A safe secure environment, help and support when they needed it and being able to maintain links with family and friends were the services/support that care home respondents wanted most (60-80%) going forward rather than such things as the size of accommodation, being with people from the same culture or staying at home with appropriate care and support although suitable communal facilities and being able to live among people of a similar age were still important.

The respite options people most wanted into the future were short breaks and bed-based respite (around 60% apiece); close to half wanted holidays, support day activities and week-ends away. Just over 30% wanted a sleep-in service.

For ARCU respondents, the key services they think must be provided in the future are a safe place to go (over 80%); helping those in a crisis to manage their own mental health (79%); and information and advice (53%) followed by the support of other users/survivors (42%).

Asked if the service or activity currently provided by the Council were to cease, people thought that the best way to provide services and activities currently provided by the homes and centres in future would be as follows:

Drop-ins	
1 (41.7%)	Run, funded and managed by a charity or trust
2 (37.5%)	Run and funded as a social enterprise
3 (27.1%)	Delivered in sheltered housing
4 (22.9%)	Run and funded by the private sector
5 (14.6%)	Run, funded and managed by users themselves
6 (8.3%)	Delivered to users in their own homes
7 (8.3%)	Other

Day centres	
1 (51.5%)	Other
2 (17.6%)	Run, funded and managed by a charity or trust
3 (11.8%)	Run and funded as a social enterprise
4 (8.8%)	Run, funded and managed by users themselves
5 (4.4%)	Delivered in sheltered housing
5 (4.4%)	Delivered to users in their own homes

Homes	
1 (50%)	Residential care delivered by the Council
2 (27.3%)	Care delivered in a residential care setting

3 (13.6%)	Delivered to users in their own homes
3 (13.6%)	Delivered in sheltered housing
5 (9.1%)	Maintain own independence, stay in community, get access to 24-hr care
6 (4.5%)	Residential care delivered by the private sector
6 (4.5%)	Other

ARCU	
1 (47.2%)	A local mental health charity
2 (39.6%)	Alexandra Road run by someone else
3 (34%)	A national mental health charity
4 (26.4%)	Other
5 (18.9%)	A local survivor/user-led group
6 (15.1%)	Clinic/ward within a local hospital

In the case of ARCU, the most favoured alternative, should the Council-run centre close was a local mental health charity, the least favoured option was a clinic/ward within a local hospital. Half of residential care home respondents felt that the council should continue to provide these services and of the 50-plus per cent of day care respondents who said other, a good many said things should stay as they are.

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
The Red House	23 Feb 11	23 Service Users/Relatives/Carers	Lisa Redfern, Assistant Director Adult Services and Commissioning
The Red House	16 Mar 11	15 Service Users/Relatives/Carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Lisa Redfern, Assistant Director Adult Services and Commissioning
The Red House	20 Apr 11	4 Service Users/Relatives/Carers	Lisa Redfern, Assistant Director Adult Services and Commissioning
Whitehall Street	10 Feb 11	16 Service Users/relatives/Carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Beverley Tarka, Head of Service, Learning Disabilities Partnership Khusboo Puri (Service User Advocate)
Whitehall Street	10 Mar 11	14 Service Users/relatives/Carers	Beverley Tarka, Head of Service, Learning Disabilities Partnership Mark Heath (Service User Advocate)

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
Whitehall Street	7 Apr 11	14 Service Users/relatives/Carers - Respite meeting 10 Service Users/relatives/Carers - Residential meeting	Beverley Tarka, Head of Service, Learning Disabilities Partnership Mark Heath (Service User Advocate)
Broadwater Lodge	9 Feb 11	15 Service Users/Relatives/Carers Sue Hessel, Haringey Federation of Residents Association.	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Beverley Tarka, Head of Service, Learning Disabilities Partnership
Broadwater Lodge	9 Mar 11	6 Service Users/Relatives/Carers	Beverley Tarka, Head of Service, Learning Disabilities Partnership
Broadwater Lodge	6 Apr 11	10 Service Users/Relatives/Carers	Mun Thong Phung, Director, Adult and Housing Services Beverley Tarka, Head of Service, Learning Disabilities Partnership

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
Cranwood	15 Feb 11	15 Service users/relatives and carers Sue Hessel, Haringey Federation of Residents Association.	Mun Thong Phung, Director, Adult and Housing Services Bernard Lanigan, Head of Assessment and Personalisation
Cranwood	14 Mar 11	23 Service Users/Relatives/Carers Highgate/Muswell Hill Pensioners' Group 3 Members of the public	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Bernard Lanigan, Head of Assessment and Personalisation
Cranwood	11 Apr 11	23 Service Users/Relatives/Carers	Beverley Tarka, Head of Service, Learning Disabilities Partnership
Abyssinia Court	10 Feb 11	28 Service Users/Relatives/Carers Sue Hessel, Haringey Federation of Residents Association. Age Concern	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Len Weir Head of Provider Service (Older People/Mental Health) Cllr David Winskill Cllr Katherine Reece
Abyssinia Court	23 Mar 11	48 Service Users/Relatives/Carers	Len Weir Head of Provider Service (Older People/Mental Health)

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
Abyssinia Court	13 Apr 11	30 Service Users/ Relatives/Carers	Beverley Tarka, Head of Service, Learning Disabilities Partnership
Woodside House	21 Feb 11	Approx 100 Dance group; Bingo	Cllr Claire Kober, Leader of the Council; Councillor Meehan Len Weir Head of Provider Service (Older People/Mental Health)
Woodside House	21 Mar 11	Approx 77-80 users, relatives and carers	Councillor George Meehan Mun Thong Phung, Director, Adult and Housing Services Len Weir Head of Provider Service (Older People/Mental Health)
Woodside House	18 Apr 11	85 users, relatives and carers	Lynne Featherstone MP Councillor David Winskill Len Weir Head of Provider Service (Older People/Mental Health)
Willoughby Road	14 Feb 11	42 users, relatives and carers	Cllr Claire Kober, Leader of the Council Len Weir Head of Provider Service (Older People/Mental Health)
Willoughby Road	14 Mar 11	39 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services.

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
		Vice Chair for Haringey Forum for Older People	Len Weir Head of Provider Service (Older People/Mental Health)
Willoughby Road	11 Apr 11	34 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Irish Centre	15 Feb 11	50 users, relatives and carers Vice Chair for Haringey Forum for Older People	Councillor George Meehan Len Weir Head of Provider Service (Older People/Mental Health)
The Irish Centre	15 Mar 11	8 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Councillor George Meehan Len Weir Head of Provider Service (Older People/Mental Health)
The Irish Centre	14 Apr 11	10 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Haynes/Grange	9 Feb 11	6 users, relatives and carers Chair of the Lewis & Mary Haynes Trust	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Councillor Joe Goldberg, Cabinet Member for Finance and Sustainability Len Weir Head of Provider Service (Older

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
			People/Mental Health)
The Haynes/Grange	15 Feb 11	No one attended	Len Weir Head of Provider Service (Older People/Mental Health)
The Haynes/Grange	15 Mar 11	10 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Len Weir Head of Provider Service (Older People/Mental Health)
The Haynes/Grange	15 Mar 11	5 users, relatives and carers Sue Hessel, Haringey Federation of Residents Association.	Mun Thong Phung, Director, Adult and Housing Services Len Weir Head of Provider Service (Older People/Mental Health)
The Haynes/Grange	19 Apr 11	10 users, relatives and carers Patrick Morreau, Lewis & Mary Haynes Trust Haynes Relatives Support Group	Councillor Jim Jenks Len Weir Head of Provider Service (Older People/Mental Health)
Woodside DC	9 Feb 11	19 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Len Weir Head of Provider Service (Older

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
			People/Mental Health)
Woodside DC	18 Feb 11	23 users, relatives and carers, some of whom mentioned that they had been coming there for 10-15 years. Maureen Carey, Vice Chair of Haringey Older People's Forum	Beverley Tarka, Head of Service, Learning Disabilities Partnership
Woodside DC	11 Mar 11	23 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
Woodside DC	6 Apr 11	32 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
Woodside DC	8 Apr 11	20 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	9 Feb 11	16 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	14 Feb 11	13 users, relatives and carers, 1 advocate, 1 volunteer Haringey Carers Forum	Len Weir Head of Provider Service (Older People/Mental Health)

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
The Haven	7 Mar 11	15 users, relatives and carers	Councillor George Meehan Mun Thong Phung, Director, Adult and Housing Services Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	10 Mar 11	18 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	11 Apr 11	10 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	15 Apr 11	13 users, relatives and carers	Councillor Gideon Bull, Chair of Overview & Scrutiny Councillor Anne Stennett Len Weir Head of Provider Service (Older People/Mental Health)
Woodside/Haven	16 Feb 11	10 - users, relatives and carers Vice Chair for Haringey Forum for Older People	Councillor Claire Kober, Leader of the Council Len Weir Head of Provider Service (Older People/Mental Health)
Woodside/Haven	23 Mar 11	5 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
Woodside/Haven	13 Apr 11	8 users, relatives and carers	Councillor Gideon Bull, Chair of overview & Scrutiny Councillor Anne Stennett Len Weir Head of Provider Service (Older People/Mental Health)

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
684	9 Feb 11	22 users, relatives and carers	Councillor Claire Kober, Leader of the Council Barbara Nicholls, Head of Commissioning, Adult Services
684	10 Feb 11	5 users, relatives and carers	Barbara Nicholls, Head of Commissioning, Adult Services
684	8 Mar 11	22 users, relatives and carers	Mun Thong Phung, Director, Adult and Housing Services Barbara Nicholls, Head of Commissioning, Adult Services
684	6 Apr 11	7 service users, relatives and carers	Barbara Nicholls, Head of Commissioning, Adult Services
684	6 Apr 11	23 service users, relatives and carers	Barbara Nicholls, Head of Commissioning, Adult Services
Alexandra Road Crisis Unit (ARCU)	11 Feb 11	5 service users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Barbara Nicholls, Head of Commissioning, Adult Services Duncan Stroud, Assistant Director of Communications for Haringey NHS
Alexandra Road Crisis Unit (ARCU)	14 Feb 11	7 service users, relatives and carers Sue Hessel, Haringey Federation of Residents Association.	Barbara Nicholls, Head of Commissioning, Adult Services Duncan Stroud, Assistant Director of Communications for Haringey NHS

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
		Dr Nuala Kiely representing Save Alexandra Road Crisis Unit (SARCU)	
Alexandra Road Crisis Unit (ARCU)	2 Mar 11	10 users, relatives and carers	Barbara Nicholls, Head of Commissioning, Adult Services Stephen Deitch, Assistant Director Commissioning, Haringey Primary Care Trust
Alexandra Road Crisis Unit (ARCU)	3 Mar 11	5 users, relatives and carers	Barbara Nicholls, Head of Commissioning, Adult Services Stephen Deitch, Assistant Director Commissioning, Haringey Primary Care Trust
Alexandra Road Crisis Unit (ARCU)	14 Apr 11	8 users, relatives and carers	Barbara Nicholls, Head of Commissioning, Adult Services Stephen Deitch, Assistant Director Commissioning, Haringey Primary Care Trust
Winkfield	29 Mar 11	9 Blind/partially sighted service users (Phoenix Group)	Bernard Lanigan, Head of Assessment and Personalisation
Winkfield	29 Mar 11	6 deaf service users	Bernard Lanigan, Head of Assessment and Personalisation Signers in attendance

Location	Date	Correspondent	Substance of Correspondence received
Cuts general			
	7 Jan 11	Member of public	Asking why other centres are not being closed down
	17 Jan 11	User of Services	Copy of letter from a concerned user of services highlighting the cuts.
	11 Feb 11	User of Services	Jackson Lane luncheon club – important part of community that has been in existence for many years. Only such venue for older people in the immediate area and (it is said) provides users with their main meal of the day. Co-ordinator role essential, (it is argued) as number of members frail or otherwise in need of support. Given relatively small saving, ask that the facility continue.
	14 Feb 11	Member of the public	Opposition to unfair cuts and how “the elite”/“richer councils” and not “the hated poorer councils” or “poor, disabled, old and young in our society” should “pay the price for failed past policies”.
	28 Feb 11	Employee	Jackson Lane – “unique”, longstanding service to the community. Cuts unavoidable but other ways to make these levels of savings and unfair older people are targeted.
	1 Mar 11	User of services (N22)	Cuts unfair and raising Equalities concerns, including petition
	22 Mar 11	Member of the public	Plea not to cut services for older people and what life would be like for them (isolation etc) if that care or support were not there or in its present form
		User of services	Dissatisfaction with proposal to cuts services which are, (as they see it), unfair, immoral, unlawful and unnecessary and “deliberately targeted” at most

			vulnerable and disadvantaged.
	9 Mar 11	Relative*	Alarm as proposed cuts to those with learning disabilities
	19 Apr 11	Users of services	How number of users of Jackson lane Luncheon club are very elderly and frail and how presence of co-ordinator is essential to their welfare and that this is a relatively small amount of funding.
	28 Apr 11	Liberal Democrat Group	<p>Formal response to consultation asking that the process be immediately halted for two reasons:</p> <ul style="list-style-type: none"> • the relatively small amounts of money, (as they see it), needed to run these centres can be found from savings in other parts of the Council budget. • no comprehensive impact assessment has been made about the effects of these closures on either the lives of those who use them nor the financial impact on Haringey and partner agencies of re-provisioning these services or the consequences of closure. <p>Also attached a petition - a paper one as well as an online version containing 586 signatures.</p>
	28 Apr 11	Age UK Haringey	Formal response to consultation – see main report
	28 Apr 11	Haringey User Network	Formal response to consultation – see main report
	13 May 11	Member of public (N17)	worried by the cutbacks in services proposed for their ward
	9 May 11	UNISON	Formal response to consultation – see main report
The Red House	31 Jan 11	Relative (out of Borough)	Concerned about impact on their loved one.

	16 Jan 11	Frequent visitor (N10 – age 14)	How that growing close to residents are requests getting to be fed back to people has helped them to greet.
Cranwood			Dreads to think what will happen. Knows there have
	7 Jan 11	Relative	to be cut but doesn't want his geoke "targeted".
	9 Jan 11	Relative	Appropriate staff for one to do it all to explain vulnerable
	11 Jan 11	Friends of the residents *	private care places that loss of this service would
	17 Jan 11	Member of the public (N10)	With a greying population of older residents, very
	16 Jan 11	2x Member of the public	concerned about friendship and practical support.
	17 Jan 11	Member of St James Church involved with a number of local homes and facilities for	Understand financial difficulties but hope sureh
	16 Jan 11	Member of the public (N10)	Apprehension and concern locally. "Sad and
	17 Jan 11	Member of public (N22)	Apprehension and concern locally. "Sad and
	18 Jan 11	Local family (N6) (N10 – age 9)	Disappointed that proposed closure of unit will have
	16 Jan 11	Frequent visitor (N10 – age 11)	for and happy, there is worried impact of these cuts
	10 Jan 11	Member of the public (N6) (age 12)	Concerned at potential closure of this "well run" friends
	16 Jan 11	Frequent visitor (N10 – age 11)	Sad Cranwood might close. Loves the residents
	19 Jan 11	Member of the public (N6)	Sad and angry at prospect of closure of this "lovely"
	16 Jan 11	Frequent visitor (N10 – age 11)	Feels strongly that they and residents benefits from
	19 Jan 11	Frequent visitor (N6)	They are sad they have become our friends. These

	10 Feb 11	Member of church group	Expressing concern
	19 Feb 11	Member of public (N12) Group	Requested for elderly resident alternative housing
	20 Jan 11	Member(s)* public (N10)	Concerning and proposing to be exercised in priority,
	21 Mar 11 & 19 May 11	Solicitor (Acting on behalf of relative)	Addressing the proposed closing of the home and essential needs for justification for proposed use of services of the id homes and talking about judicial review. Urges council "to preserve or find other
	30 Mar 11	Relative, carers, friend*	Ways of providing the essential services about the
	20 Jan 11	Member of the public (N10)	Asks for mediation for people who require that it would be reviewed in the proposal and to avoid the alternative that is being put forward by the Cranwood
	23 Jan 11	Member of the public (N10)	Community Group concerned about impact for both
	2 Apr 11	Cranwood Community	Residents and a group of Christian young people
	18 Jan	Group members of the public (N10)*	Review funding to support the residents and at cuts to a group for the welfare of the residents of the by care of friends and relatives and the well-being of the residents of the facility and the services are.
	26 Jan 11	Cranwood Community Group member(s)*	Requesting for a community group to take over and the running of the home.
	20 May 11	Member of the public (N6) Group*	Submission of the Group's opinion on the home to be maintained safe and caring environment.
Whitehall St	25 Jan 11	Member(s) of the public (N10)	Endorsing the proposed changes to be made. Not
	4 Feb 11	St James Church Muswell Hill	Support about proposal and Respite facility services council offer of help providing the bulk of care. Gives strong negative opinion of being away from carer and home for when carer no longer able to care for them
	7 Feb 11	Member of the public (N6)	and carer, the only opportunity to visit family, asks council to consider carefully the consequences for residents.
	9 Feb 11	Relative (N17)	Relative in condition such that unable to care for self,

			live independent life and totally dependent on the care of others. "Prospect of move will probably have an enormous adverse effect on behaviour and quality of life". Leave Whitehall St and other care homes 'out of the equation'.
	16 Feb 11	Member of the public	Concerned about closure after spending money on its refurbishment
	28 Feb 11	Carer (N10)	Proposal causing stress and lead, (as they see it) to crisis at home with families/carers unable to cope. Respite not easy to find once it closes down; already people waiting. Take months/years to resolve. Please save Whitehall St.
	23 Mar 11	Relative	Ever-lasting appreciation for the service provided and how it has played such an important part in their and their loved one's lives for a good many years. Would be a great loss and implore councillors to think again.
	5 May 11	User of services (N8)	Saying what excellent help they receive from the centre and asking for this to be taken into consideration
Broadwater Lodge	10 Jan 11	Relative	So called "cutbacks" hitting the defenceless – "easy pickings". Users of services have 'paid into the system' over many years and are being badly let down. Concerned at what will happen to people in the home. Wanting more information on our plans.
Day Centres			
	24 Jan 11	Member of the public *	Treatment of people with dementia and asking if council had explored innovative ways of keeping

			them open,
The Haven			
	30 Dec 10	Member of the public (N6) *	Disturbed at prospect of closure and urging council find a more acceptable solution.
	16 Jan 11	User of Services (N17)	Very upset at news of possible closure and worried about the impact. Outlines how going to the centre has improved well-being. Suggests leaving at least one centre/lunch club in the borough. [same letter received by several councillors]
	2 Feb 11	User of Services (N22)	Do not support proposal. A 'very good service' (as they see it) which enables them to leave the house and interact with other people.
	3 Feb 11	User of Services (N17)	Does not want centre to close. Lots of things to do and would be "depressed", isolated, bored and "devastated" if it were to close. [same letter written to several councillors]
	3 Feb 11	User of Services (N15)	Personal story of how trips and other activities the centre lays on have made a difference to them. "Know all centres cannot be saved but the Haven means so much to me"
	10 Feb 11	User of Services (N10)	Personal story of how activities the centre lays means everything to them: health, getting out. Suggest put charges up as an alternative.
	22 Feb 10	User of Services (N10)	Upset at proposal. Believe people will suffer if centre closed. Plea to keep it open
	3 Mar 11	Carer	Grave concerns at closure. Outlining their experiences and appreciation for the support and what it would be like for their close relative if centre were to close in terms of their health and well-being

			(depression, loneliness, happiness, mental stimulation etc). Cuts ill-advised and short-sighted (as they see it) with impact for NHS etc. Debt owed to wartime generation. "All be old one day".
	3 Mar 11	Relative (N22)	How haven has transformed loved ones life, worried on impact on both of them if no respite.
	25 Apr 11	Relative (email)	Relative concerned that without the day centre, and the lunch club their immediate relative attends, s/he will become housebound, and therefore their physical and mental well-being will suffer, leading to extra costs to NHS and Council "who would find itself picking up the pieces in other ways". Worries too about the choice of cuts and their use as "political footballs".
	15 Apr 11	Relative *	Vital to maintaining health and quality of life of older and disabled residents of the borough. Debt owed to older people by present generation.
	Undated	User of Services	Concern at closure and loss of opportunity to socialise and interact with people like themselves
	Undated	Relative	Personal life story and how life has been changed for the better by attending the centre: "the transformation has been miraculous" and the impact on users of services of taking the facility away (as they see it): deprived, neglected and forgotten with nothing to look forward to. Dispute claim that provision could be replicated by a personal budget.
	Undated	Relative (out of Borough)	"Different kind of care that family cannot give" "Staff go the extra mile". Personal story of how trips and other activities the centre lays on have made a

	13 May 11	Haynes Relatives Support Group	Difficulties for those involved in the general health report well-being. How relative would have struggled to cope with help proposals from staff at the centre.
	19 May 11	Relative	Views for their relative and suggestions alternatives to housing, keep their independence, interact and
	Undated	Young Adult Volunteer	Views on the provision of additional 'extra care' places.
The Haynes/Grange	3 Feb 11	Relatives Support Group and Users of Services (N17)	Views on the provision of additional 'extra care' places. Proposed substitutes. Difficulties with transition relative who their loved ones have. [Proposal letter written to the relevant councillors] the savings and short-
	Undated	User of Services (N17)	Views on the provision of additional 'extra care' places. Proposed substitutes. Difficulties with transition relative who their loved ones have. [Proposal letter written to the relevant councillors] the savings and short-
	Undated	User of Services (N22)	Views on the provision of additional 'extra care' places. Proposed substitutes. Difficulties with transition relative who their loved ones have. [Proposal letter written to the relevant councillors] the savings and short-
	7 Feb 11	Carer*	Views on the provision of additional 'extra care' places. Proposed substitutes. Difficulties with transition relative who their loved ones have. [Proposal letter written to the relevant councillors] the savings and short-
	Undated	User of Services (N17)	Views on the provision of additional 'extra care' places. Proposed substitutes. Difficulties with transition relative who their loved ones have. [Proposal letter written to the relevant councillors] the savings and short-
	4 Mar 11	The Lewis & Mary Haynes	Views on the provision of additional 'extra care' places. Proposed substitutes. Difficulties with transition relative who their loved ones have. [Proposal letter written to the relevant councillors] the savings and short-
	12 May 11	Resident's Association	Views on the provision of additional 'extra care' places. Proposed substitutes. Difficulties with transition relative who their loved ones have. [Proposal letter written to the relevant councillors] the savings and short-

Woodside DC	31 Jan 11	Relative (out of Borough)	How the timing of the part of this and fully financial transformed their lives. Appraisal for
	30 Mar 11	Relative, Carer*	Relative staff the ruling what the impact of closure
	1 Feb 11	2 x users of services (N10)	Essential if the services were not there (as they would be) for people with dementia that they would find it difficult to cope on the way to limited places, confusion [identical to other
	20 Mar 11	Relative (N17)	How to respond to the received and being with other
	4 Mar 11	The Lewis & Mary Haynes Trust	Deputation to the purpose of the merger of the Grange and Haynes and the proposal for Woodside DE. Relative could accept to be the service offered
	22 Mar 11	Carer (N15)	How to be with an, and see level of quality of care": with sufficient capacity to be able to accommodate increased usage proposed for a number of years of life and a different one to be "decreasing our and all the other for" useful that the Haynes Trust established to assess the provision of proposals if the mental health and rights do not (as they see it), depression services and general dementia care trends. Proposals to provide to national dementia strategy and Haringey dementia commissioning
Alexandra Road			strategy.
Crisis Unit (ARCU)		Interested party	Proposal is a short term one and a 'soft option' that would be difficult to reverse as and when the financial situation improves.
	28 Apr 11	Haynes Relatives Support Group *	Formal response – see details main report
	22 May 11	Secretary, Lewis & Mary Haynes Trust *	Notification of deputation to Cabinet meeting in Jul 2011

	30 Jan 11	User of Services	Extremely concerned and anxious at the prospect of closure. No viable alternative, (as they see it), being offered. Many delighted to come there because of its ethos and first class service. "Disastrous and fundamentally wrong thing to do". The option to stay at ARCU and talk to someone helping user to keep it together. Need more support not less in Haringey. This proposal, (it is argued), goes against the ethos of equal opportunities the council claims to support.
	7 Feb 11	User of Services (former)	Makes comparisons with other types of provision. ARCU "treats you like a human being". A person-centred, non-overly medical approach to a crisis situation. Asks us to think about improving the experience for people who have to be admitted to hospital in a crisis if ARCU closes.
	10 Feb 11	SARCU*	ARCU an extremely important part of the mental health service in Haringey. High user satisfaction. More acceptable than hospital. Recovery Unit would not, (it is argued), pick up on need for a community based crisis and respite unit with 24hr telephone support preventing out of hours contact with GPs and other health professionals. Preferable to locked
	23 Dec 10	Provider	Quality of the proposed provision hospital assessment unit and recovery house(s)) won't, (it is argued), be
	26 Jan 11	Member of the public	Disappointed that proposed closure of ARCU is a replacement by hospital based "People do not want Medical or Mental health services that are like ARCU" in 2011/12, of which ARCU formed part.
	12 Feb 11	SARCU*	Health care providers for the PCT to address about

			Oak House and recovery houses, respite care and the telephone support service.
	1 Mar 11		99-signature Petition. Deprived borough; provision already stretched (Office of National Statistics). Disadvantaged people need as much choice and independence as others. Cuts reckless, unfair and disproportionate. With equalities at the heart of its policies, contradictory for council to be targeting, (as they see it), the most deprived. Not convinced that reliance on private and independent sector can fill gap. Urges councillors to not implement the cuts and 'defend the borough's vital public services' and pleads with council to reconsider its position.
	20 Mar 11	Save Alexandra Road Crisis Unit*	Request for council help with setting up ARCU as a social enterprise and information on costs and demand levels.
	20 Apr 11	Service User (N17)*	ARCU a valuable role to play in preventative provision, providing a short period of support away from home. Proposal should not be looked at in isolation and that strategy (mental health) and facts not set out at the beginning making it difficult to consider the proposal properly. Fundamental that there is sufficient supply/quality/alternative provision and overlap between existing and any new provision. Greater certainty needed about Recovery House(s) and other alternatives before firm decisions on ARCU. Worries for self-referrals , those ' below the threshold' of recovery Houses and about respite for carers. Increased risk of spending

			elsewhere.
	29 Apr 11	SARCU	Formal response to consultation – see details main report
	2 May 11	Social Care Professional	Worried at this loss of positive pathway to avoiding hospital admissions.
684 Centre	11 Feb 11	Mind in Haringey (at request and with permission of service users at the Centre)	Of those users spoken to, nearly all (two wished it to close and one did not say), wished the centre kept open. Personal experiences and explanations of how the centre enabled people to overcome boredom, avoid hospital, lead normal lives and help with daily tasks: trips out, computing classes, use internet, washing, eating etc, go onto get work with the experience and qualifications gained there). Queries over whether it could be re-sited at St Ann's and what would happen to the building. Concerns from users about where they would go. How services it offers save users money: on lunches, on transport.
	15 Feb 11	Service User (anon)	ARCU should close as brings only short term benefits and people use it 'as a hotel'. There is St Ann's Hospital for those who are unwell. Should be looking at closing the Clarendon Centre instead – benefits few, is expensive to run and does not empower service users. Retain 684, on whatever basis. 684 has given people skills to cope and is financially and otherwise successful.

	20 Apr 11	User of Other MH Services (N17)*	Acknowledges does not have detailed knowledge of provision there. Concerned threshold to access social care will be changing and personal budgets will be inadequate to meet future needs. Worries that remaining/alternative provision won't be adequate and people will fall through the 'gap'. Any closure needs to be accompanied by a proper, non-stigmatized assessment of needs.
Drop-ins			
Unnamed Drop-in	Undated	User of Services (N22)	Without drop-in would not get out, socialise or provide respite for close relative/carer.
	15 Jan11	User of services (N22)	Concerned and disappointed and urging councillors to reconsider
	28 Apr 11		
Abyssinia Court		Relative*	Questioning whether decision had already been made and how the cuts were to be implemented. Enquiring how they might participate in the process. Concerned about its potential impact ad a regular user of the service on their loved-one's health and well-being.
	7 Jan 11	Relative (N21)	Explaining what impact would be for their loved-one and hoping the Council would keep drop-in open
Abyssinia Court	27 Apr 11	50 Something Service	Relaxed comfortable atmosphere, accessible venue and with the necessary space and place where 50 something service users made to feel at home. Adds to their general well-being and fulfilment. Venues like this hard to come by.
	Undated	User of Services	Dramatic blow. Centre is close to home and met

	Undated	User of services (N22)	Wish to go back to councillors to reconsider and including
Woodside House	6 Jan 11	User of Services	Submit a list of people of the care home and their
	13 Jan 11	Dance Club members	Case for the service remaining open - supporting and
	20 Jan 11	General Practitioner (N4)	been the driving force for providing services and valued the service for many of the residents and asking to explain the situation to them.
	26 Apr 11	Relative of public	Pointing out stresses and why the 'essential' is causing users of services and asking the council to
	13 May 11	Users of services	Groups of users wanting to work with Council on
	1 Feb 11	User of Services	Keeping the Dance Club worried at loss of venue
Consultation	19 Feb 11	SAROU Services (on behalf of 28 or more other	Notification of the information that it would be added to the list of services years now. Opportunity to
	23 Feb and 1 Mar 11	Signatories Federation of Residents Associations	Nature of the threats and how part of the residents intended to make a case to make it out of the bag of their clothes and make a case of the most proposed closure to be taken into account and any
	14 Mar 11	User of Services	Changes would be a failure of the council's group
	26 Mar 11	Member of the public (N22)	Seeking to find a way to help the council's group
	1 Mar 11	Relative (out of Borough)	Relative has stated by questioning the council authority of the consultation with the city of Nottingham etc organisation to, a sheltered housing scheme and outlining the impact of the cuts on the council's group and loneliness, loss of place of refuge etc.
Willoughby Road			Anxiety at a reliance on St Ann's or for people with
	6 Jan 11	Relative	Seeking health issues of what has been (self-harm, suicides, etc) Disagreement for how the cuts are proposed to be implemented.
	12 Jan 11	User of Services	
	16 Mar 11	User of Services (attending a meeting at Cranwood)	Difficult to hear and understand what is going on - "a waste of time" people "only interested in what the

			plans are for Cranwood.”
	10 Feb 11	SARCU*	Notification of letter from SARCU to GP’s on the commissioning executive committee.
	16 Feb 11	SARCU*	Request for information and statistics concerning ARCU
	11 Mar 11	SARCU*	Request for notes from meetings at ARCU
	5 Jan 11 11 Jan 11 25 Jan 11 5 & 12 Jan 27 Jan 11 3 Feb 11 7 Feb 11 22 Feb 11 1 Mar 11 2 Mar 11 22 Mar 11 31 Mar 11 4 Apr 11 6 Apr 11 6 Apr 11 6 Apr 11 6 Apr 11 7 Apr 11	General Enquiries: Member of the public* Voluntary group SARCU* Member of the public* Cranwood Community Group member* Relative Local GP Haringey Older Peoples Forum Hayen Relatives Support Group * Relative, carer User of services Faith leader Freelance photographer Relative* Relative, user, carer	Request for budgetary information Querying what will happen to Jackson’s Lane building Details of NHS involvement in consultation Request for information and follow-up Querying rumour building had already been sold. Further details meetings etc Woodside DC Request for further information Request for feedback from meetings Request for information (occupancy figures, design standards etc) – Day Centres [preceded by representation to full Council in Feb 11] Request for financial information – the Haven Request for further information Request for further information Request to take photos of buildings proposed for closure Details of what council spends its money on Details of Broadwater Lodge ward councillors

	<p>13 Apr 11</p> <p>18 Apr 11</p> <p>27 Apr 11</p> <p>28 Apr 11</p> <p>2 May 11</p> <p>5 May 11</p> <p>5 May 11</p> <p>8/11/12</p> <p>May 11</p> <p>13 May 11</p> <p>16 May 11</p> <p>18 May 11</p>	<p>Relative, user, carer Member of the public Member of the public (N22) Charity</p> <p>Member of the public (N10)</p> <p>Member of the public</p> <p>Relative (out of borough)</p> <p>Member of public Cranwood Community Group *</p> <p>Relative (out of borough)</p> <p>SARCU*</p> <p>Haynes Relatives Support Group*</p> <p>Voluntary Sector organisation</p> <p>member of public (out of borough)</p> <p>Voluntary Sector organisation</p>	<p>Request for consultation questionnaire(s) Take off mailing list – not a user of services Double check closing dated for the consultation Request for consultation questionnaire</p> <p>Request for financial information - ARCU Request for future information via email How to submit proposals Asking where to send the feasibility study</p> <p>Details of how soon after any ‘closure’ decision changes would be implemented Querying where to drop off petition and more completed questionnaires Further details about the Haynes/Grange and about EQIAs and final decision Copy of previous updates/feedback</p> <p>Asking for information about policies and procedures request for details of submitting a deputation</p>
	<p>11 Jan 11</p> <p>12 Jan 11</p>	<p>Members Enquiries:</p> <p>Lynne Featherstone MP</p>	<p>Request for rundown on the proposed closures</p> <p>Correspondence from constituent concerned about</p>

	25 Jan 11		dementia services and how their needs will be taken into consideration
	11 Feb 11		Feedback and follow-up questions following visit to Cranwood. Constituent concerned at proposed closure of Whitehall St and Edwards Drive and the impact on people with learning disabilities having no respite or residential care. Hugely concerning, cannot be easily replaced or left to the personal budget system leading to concerns over potential costs and ability to meet future needs quickly and flexibly enough if at all. Need a mix of provision and not total reliance on the private sector. [also submitted as a representation to councillors to Feb's full Council]
	18 Feb 11		Constituent (N10)* not satisfied by earlier response to request for information on the budget
	3 Mar 11		Constituent (N22) concerned about the impact of closure of the Haven day centre on her immediate relative, how it has made a difference to both their lives.
	25 Mar 11		Constituent (social care professional in Central London) worried about the quality of services that would be provided by a social enterprise and the impact of any change of Mental Health provision on

	28 Apr 11		<p>service users: (as they see it) homelessness, hospital admissions, health issues.</p> <p>Formal submission from the MP supporting Haringey Liberal democrat's response</p>
	20 Jan 11	David Lammy MP	<p>Letters from a number of constituents concerned at proposed closure of Willoughby Road lunch club saying how they value facility and how it would be impossible to conduct current way of life without: safe environment (outside the home), social interaction, health care, food. Financially ineffective, (as they see it), as they'd turn to other services for assistance.</p>
	25 Mar 11		<p>Request for details of the source of the funding (Formula grant, Department of Health etc) that has been cut.</p>
	13 Apr 11		<p>Carer (N17) concerned about impact of cuts on their loved one and stating what the impact would be for her and pointing to rising levels of dementia.</p>
	7 Apr 11	Cllr Bull	<p>Request from carer * for Overview and Scrutiny Committee to consider the proposed closures in advance of Cabinet/full Council concerned about the loss of 'much valued' day care and respite services and its impact, particularly on other services such as the Haynes. [encouraged to make representations</p>

			on 9 May 11]
	24 May 11	Cllr Bull	Asking to meet with Cabinet member to discuss proposals and raising concerns on behalf of a deputation to Overview & Scrutiny.
	22 Mar 11	Cllr Allison	What will happen to the building (Cranwood)
	16 Mar 11	Cllr Davies	Parent of disabled adult * querying proposed amendments to Fairer Contributions Policy and questioning the savings generated
	8 Jan 11	Cllr Egan	Query from relative re-the Haven and the facilities that would be provided if the closure went ahead
	25 Jan 11	Cllr Egan	Request for financial information and about review/assessment process
	16 Jan 11	Cllr Gibson	Correspondence from constituent how everyone at meeting confused and stressed by proposed changes and wanted to know where to turn for support
	12 May 11	Cllr Goldberg	Request for financial information – Abyssinia Court
	16/17 Mar	Cllrs Kober, Khan and Mallet	Multiple letter to councillors from carer (N15)* about the proposed closure of the Haven and how its closure would impact on both user (fall, end up in hospital) and relative (who works part-time).
	10 Feb 11	Cllr Mallett	Admissions policy and how care homes will be run down.
	28 Feb 11	Cllr Mallett	Sustainability of the proposal and equalities implications for day centres being run by community groups.
	21 Mar 11	Cllr McNamara	Volunteer at one of the homes concerned that

			homes are under threat of closure and what can be done to prevent them.
	1 Mar 11	Cllr Newton	intended audiences at meetings in homes and centres, assurances that views of the most vulnerable will be taken into account and any changes would be tailored to an individual's needs.
	5 Jan 11	Cllr Schmitz	Breakdown of costs – Willoughby Road
	3 Feb 11	Cllr Schmitz	Additional material and details in Harringay ward, particularly Willoughby Road
	17 Feb 11	Cllr Schmitz	Request for information regarding the lease on Willoughby Road
	15 Apr 11	Cllr Schmitz	Interest from users of services, (it is said), in running Willoughby Road themselves. Request for meeting to consider.
	3 Feb 11	Cllr Vanier	User of the Haven * begging councillors not to close the centre.
	26 Mar 11	Cllr Watson	Older Person/user of services (N15) worried about the impact of the proposed closure of the Haven and asking councillors to reconsider.
	22 Mar 11	Cllr Wilson	Written Question (4 Apr 11) – how many responses have been received to the consultation
	10 Feb 11	Cllr Winskill	Request for some sort of forum of drop-in users
	18 Feb 11	Cllr Winskill	Enquiry from constituent regarding accessibility of information about the proposed cuts for blind and partially sighted people
	21 Mar 11	Cllr Winskill	Concerns from a local voluntary organisation at 'late notice' (as they saw it) of remaining consultation dates and why ward councillors not aware [the notification referred to was a reminder notice at

			the mid-point of the consultation of dates issued in Jan 11]
	4 Apr 11	Cllr Winskill	Relative living in Muswell Hill outlining what the impact of closure of day care centres would mean, (as they saw it), for people with dementia: isolation, further pressures on already limited places, confusion, together with requests for answers to specific questions about capacity, staffing levels etc at the Haynes/Grange. [identical to other correspondence received]
	8 Apr 11	Cllr Winskill	Feedback on workshop with Drop-in Centre users on 21 Mar 11
	28 Apr 11	Cllr Winskill	Details of other changes in adult provision
	22 May 11	Cllr Winskill	Request for opportunity to discuss proposed changes to provisions for residents with mental issues

* Multiple

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ID Password used by respondent
 .pass 0 (0.0%)
 word

ID Name, login or ID of respondent
 .name 0 (0.0%)

Proposed closure of drop-in centres

Haringey Council is undertaking a programme of consultation about the future of adult services. The consultation takes place between 31st January and 30th April 2011.

The Council is facing unprecedented Government cuts to its budget and these have very serious potential consequences for adult social care services. Proposed changes include the closure of Council-run residential care homes, day and drop-in centres and mental health services, which we run with NHS Haringey and Barnet, Enfield and Haringey Mental Health Trust, as appropriate. This includes the Alexandra Road Crisis Unit where the current service would potentially cease.

The Council recognises the value and importance of these services to current users, relatives and their carers but has no alternative than to consider their closure as it is no longer able to directly provide and/or pay for some adult social care services in future.

We want you to have your say about our proposals; and a future of adult social care in Haringey potentially without drop-in centres/services provided by Haringey Council. Please help us by completing this short survey. **The closing date for the survey is 30 April 2011.** Please start the survey on the next page.

Please note, the survey needs session cookies enabled on your browser, otherwise you may experience problems filling in the survey. We use session cookies to allow you to page through the survey without losing any information. No personal information is stored or obtained from your computer. If you're unsure how to enable session cookies, please visit www.haringey.gov.uk/cookies.

Q1 To what extent do you support our proposal to close the following drop-in centres owned, run and/or supported by the Council?

	Strongly support	Support	Neither support nor don't support	Do not Support	Strongly do not support
Abyssinia Court	3 (6.3%)	2 (4.2%)	7 (14.6%)	5 (10.4%)	12 (25.0%)
The Irish Centre	14 (29.2%)	1 (2.1%)	0 (0.0%)	1 (2.1%)	20 (41.7%)
Willoughby Road	3 (6.3%)	5 (10.4%)	7 (14.6%)	5 (10.4%)	11 (22.9%)
Woodside House	11 (22.9%)	2 (4.2%)	7 (14.6%)	5 (10.4%)	13 (27.1%)

Q2 Please tell us the reason(s) for your answer:

31 (64.6%)

Q3 Do you understand why Haringey Council is proposing to close its drop-in centres?

32 (66.7%) Yes

11 (22.9%) No

3 (6.3%) Not sure

Q4 If you do not understand the reasons, or are unsure, please tell us why?

12 (25.0%)

Q5 Which of the following do you think we should take into account when making our final decision?
(Please tick all apply)

- 35 (72.9%) Continuity of services
- 15 (31.3%) Value for money
- 31 (64.6%) Quality of day care
- 15 (31.3%) Using resources to offer more care to more people
- 28 (58.3%) Opinion of service users
- 8 (16.7%) Other
- Other, please specify 5 (10.4%)

The main purpose of Haringey Adult Services is to help the people of Haringey to live independent, safe and fulfilled lives in their local communities.

Q6 What does being independent mean to you? (Please tick all that apply)

- 38 (79.2%) Maintaining my health
- 31 (64.6%) Not relying on anyone else
- 39 (81.3%) Being able to continue to pursue my interests and hobbies
- 35 (72.9%) Being able to continue to keep in contact with friends and family
- 28 (58.3%) Being seen as making a valuable contribution to my local community
- 34 (70.8%) Being able to choose and make decisions on how I lead my life
- 34 (70.8%) Being able to remain in my own home
- 22 (45.8%) Having my own budget to exercise greater control and choice over the services I need

About the Future

The following questions are designed to help shape a future of services potentially provided by others to meet your needs.

Q7 Which of the following provided by current council-owned, run and/or supported drop-in centres do you feel are important (Please rate each of them from 1 to 5 with 1 being the least important and 5 being the most important)

	1	2	3	4	5
Transport	11 (22.9%)	3 (6.3%)	5 (10.4%)	3 (6.3%)	19 (39.6%)
Meals (lunch clubs)	13 (27.1%)	3 (6.3%)	6 (12.5%)	3 (6.3%)	20 (41.7%)
Refreshments	16 (33.3%)	2 (4.2%)	10 (20.8%)	2 (4.2%)	6 (12.5%)
Social activities	12 (25.0%)	2 (4.2%)	3 (6.3%)	6 (12.5%)	20 (41.7%)
A break for relatives and carers	6 (12.5%)	1 (2.1%)	7 (14.6%)	5 (10.4%)	15 (31.3%)
Healthcare (foot care)	8 (16.7%)	3 (6.3%)	2 (4.2%)	10 (20.8%)	12 (25.0%)
Social interaction	8 (16.7%)	2 (4.2%)	1 (2.1%)	8 (16.7%)	12 (25.0%)

Q8 Is there anything not listed above which is really important to you?

- 7 (14.6%)

Q9 Thinking about your drop-in centre, which of the following do you feel have enabled you to remain independent and active? (Please tick all that apply)

- 39 (81.3%) A safe environment outside of the home, somewhere to go, a place to associate/meet others
- 24 (50.0%) Transport
- 31 (64.6%) Meals
- 20 (41.7%) Refreshments
- 38 (79.2%) Social activities
- 16 (33.3%) A break for my relatives and carers
- 17 (35.4%) Healthcare(foot care)

Q10 Which of the following services do you think people should have access to in future? (Please tick all that apply)

- 21 (43.8%) Games (board, card, table-top,bingo)
- 15 (31.3%) Quizzes
- 15 (31.3%) Art and craft activity (painting, drawing, knitting)
- 24 (50.0%) Keep fit physical activity
- 24 (50.0%) Healthcare (foot care)
- 33 (68.8%) Lunchtime meals (hot and cold)
 - 8 (16.7%) Light snacks (sandwiches, cakes)
- 23 (47.9%) Refreshments (tea and coffee)
- 36 (75.0%) Friendship (reminiscing)
- 25 (52.1%) Day trips to places inside and outside Haringey (gardens, museums)
- 18 (37.5%) Listening to people from inside and outside Haringey (speakers)
- 20 (41.7%) Advice and support on individual problems
- 7 (14.6%) Hairdressing
- 1 (2.1%) Other
 - Other, Please specify 2 (4.2%)

Q11 How do you think drop-in centre services and activities could be provided differently?

- 26 (54.2%)

Q12 How do you think services and activities currently provided by drop-in centres would best be provided in future? (Please tick all that apply)

- 7 (14.6%) Drop-in centre services run, funded and managed by users themselves
- 20 (41.7%) Drop-in centre services run, funded and managed by a charity or trust
- 11 (22.9%) Drop-in centre services run and funded by the private sector
- 18 (37.5%) Drop-in centre services run and funded as a social enterprise
 - 4 (8.3%) Some drop-in centre services delivered to users in their own home
- 13 (27.1%) Some services and activities delivered in sheltered housing
 - 4 (8.3%) Other

Other, please specify 3 (6.3%)

Q13 Use the space below to tell us any other ideas or suggestions about the future of drop-in centre services for people in Haringey

13 (27.1%)

About You

Puzzled as to why we ask you so many personal questions?

Well, we're not just being nosy. Asking personal questions can help to improve the services we deliver to the community. Diversity is a key strength of our borough, and the following questions will help us monitor what different groups of people think about a particular service or issue. We'll use this information to ensure people have their say and can influence decisions that affect them - regardless of their age, disability, gender, race, religion, belief or sexual orientation.

Remember that all the information you provide is confidential under data protection legislation; your information is not passed onto anyone else; it's not used to check nationality or citizenship status; and you're not obliged to provide information - but it is our duty to ask all the questions.

Q14 Which drop-in centre do you use?

2 (4.2%) Abyssinia Court

23 (47.9%) The Irish Centre

2 (4.2%) Willoughby Road

10 (20.8%) Woodside House

9 (18.8%) Not applicable

Q15 I am completing this survey as.....

17 (35.4%) Someone currently using a council-owned and run and/or supported drop-in centre

5 (10.4%) A relative/unpaid carer for someone using a drop-in centre

18 (37.5%) A member of the public

0 (0.0%) A social services employee

1 (2.1%) A health services employee

Other, Please specify 3 (6.3%)

2 (4.2%) A council employee

0 (0.0%) An employee of a charity or voluntary sector organisation

1 (2.1%) An employee of a private care or social enterprise provider

1 (2.1%) Other

Age

Q16 What is your age group?

0 (0.0%) Under 19	0 (0.0%) 60-64
1 (2.1%) 20-24	8 (16.7%) 65-74
1 (2.1%) 25-29	15 (31.3%) 75-84
5 (10.4%) 30-44	2 (4.2%) 85-89
14 (29.2%) 45-59	1 (2.1%) 90+

Disability

Under the Disability Discrimination Act a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. Since 2005, people with HIV, cancer and multiple sclerosis (MS) are covered by the DDA.

Q17 Do you consider yourself to be a disabled person?

- 20 (41.7%) Yes
- 26 (54.2%) No

Ethnic Group

Below we are asking you to let us know which ethnic group best describes you? (Please tick one box from the appropriate section)

Q18 White

- | | |
|---|--------------------------|
| 30 (62.5%) British | 0 (0.0%) Irish Traveller |
| 1 (2.1%) Greek Cypriot | 3 (6.3%) Turkish/Cypriot |
| 1 (2.1%) Turkish | 0 (0.0%) Kurdish |
| 0 (0.0%) Gypsy | 1 (2.1%) Other |
| 8 (16.7%) Irish | |
| Other, please write in the box 1 (2.1%) | |

Asian or Asian British

- 0 (0.0%) Indian
- 0 (0.0%) Bangladeshi
- 0 (0.0%) Pakistani
- 0 (0.0%) East African Asian
- 0 (0.0%) Other
- Other, please write in the box 0 (0.0%)

Mixed

- 0 (0.0%) White and Black Caribbean
- 0 (0.0%) White and Asian
- 0 (0.0%) White and Black African
- 0 (0.0%) Other
- Other, please write in the box 0 (0.0%)

Black or Black British

0 (0.0%) African
 2 (4.2%) Caribbean
 0 (0.0%) Other
 Other, please write in the box 0 (0.0%)

Chinese or other ethnic group

0 (0.0%) Chinese
 0 (0.0%) Other
 Other, please write in the box 0 (0.0%)

Gender

Q 19 Are you?

14 (29.2%) Man
 30 (62.5%) Woman

Gender identity

Q 20 Does your gender differ from your birth sex?

2 (4.2%) *Yes*
 33 (68.8%) *No*

Religion

Q21 Do you have a religion or belief that you would like to mention?

10 (20.8%) No religion	3 (6.3%) Muslim
27 (56.3%) Christian	0 (0.0%) Sikh
0 (0.0%) Buddhist	0 (0.0%) Rastafarian
0 (0.0%) Hindu	1 (2.1%) Other
0 (0.0%) Jewish	
Please write in 2 (4.2%)	

Sexual orientation

Q22 How would you describe your sexual orientation?

36 (75.0%) Heterosexual	1 (2.1%) Gay
1 (2.1%) Bisexual	0 (0.0%) Lesbian

Thank you for taking the time to complete this survey

Appendix 2
HARINGEY COUNCIL

**EQUALITY IMPACT ASSESSMENT (EqIA)
 FORM**



Service: Adult and Community Services

Directorate: Adult and Housing Services

Title of Proposal: Setting the strategic direction for Adult services: closure of council-run Drop-in Centres and withdrawal of funding and support from the Jacksons' Lane Luncheon Club and Cypriot Elderly and Disability Project.

Lead Officer : Lisa Redfern

Names of other Officers involved: Len Weir

Step 1 - Identify the aims of the policy, service or function

1. Introduction

- 1.1 The proposals in this EqIA cover the Drop-ins, Jacksons' Lane Luncheon Club, these walk-in services are preventative services that the council has no legal responsibility to supply. Hence no assessment under Fair Access to Care Services (FACS) eligibility criteria is made of those who attend and there is no charge beyond the cost of a meal. In addition, this EqIA covers withdrawal of funding for two management posts seconded to the Cypriot Elderly and Disability Project – a FACS eligible service.
- 1.2 The 2010 Comprehensive Spending Review and the subsequent local government settlement require Haringey Council to make savings of up to £80m or approximately 30% over the next four years. It is in the context of severe budget pressure that Haringey's Adult Social Care service is setting the strategic direction and priorities for the next three years. This has placed the Council in an unprecedented position and it is seeking to reduce spending and make savings where possible. This comes alongside the need to transform adult social care services in line with the **Putting People First** programme which aims to deliver personalised care through self-directed support, with the aim of ensuring that vulnerable adults have greater choice, control over their care, and over their lives. The proposed changes are designed to respond to the changing needs of older people, people with learning disabilities and those with mental health needs by providing more cost effective, individualised care and support packages, with the aim of ensuring they are able to live more independently in the community.
- 1.3 To address the increasing needs of an older population (including higher needs as people with learning disabilities also live longer), but with less money, we need to find other ways of delivering care and housing in the future. The **Dilnot Commission** is currently reviewing how we as a nation we will pay for care in the future given the rapidly increasing ageing population and subsequent demand. The cost of running these services, partly as a consequence of higher administration and labour costs, is about 40% more

than that for those owned by other sectors. We spend a high percentage of our older people's social care budget on residential care, which means that there is less money to spend on more personalised services, tailored to the needs of individuals.

1.4 In January 2009, the Care Quality Commission (CQC) Inspection said that whilst our services for older, vulnerable people were good, they commented that they were rather 'traditional' in outlook. While we regret that severe budget restraint makes it necessary, we welcome the opportunity to modernise our service provision. As a result of the pressures we face, we're proposing to make a number of changes that are designed to:

- Develop a programme of change that better meets the current and expected future needs of the people of Haringey.
- Increasing levels of service within a restricted budget envelope to meet increased levels of need associated with living longer.
- Create services that are more flexible.
- Create care and support that people can access close to where they live.
- Have better long term outcomes for people at lower costs.
- Be ready for the changes of an ageing population.
- Have a system where older people are able to retain the equity on their own homes so that their care needs can be met without resorting to selling their homes in order to fund their ongoing care costs.

1.4 Proposed changes

As part of the transformation of adult social care there is a need to shift focus to a more 'personalised' approach and offer all people assessed as requiring social care a personal budget (PPF-Putting People First and the updated policy: Think Local, Act Personal. The council needs to offer re-ablement, early intervention and extra care services.

In terms of the required budgetary savings we considered our priorities i.e. targeting services to those most vulnerable. Our four drop-in centres and Jacksons' Lane are non assessed services i.e. any adult accessing adult social care services in this Borough needs to meet Haringey's FACS (Fair Access to Care Criteria) at the level of **Substantial or Critical need**. Therefore in the face of having to find savings, services currently provided to those least vulnerable are the ones that we felt we had to look at with a view to our contribution to the overall Council-wide savings programme. We have consulted about these proposed savings/closures widely over the last few months and both the process and the outcome of all of this is summarised below.

Overall the following proposals are being made in relation to the services in the list below. **Those listed in bold are covered in this EqlA**. The proposals relating to the Day Care Centres, Residential Homes and the Alexandra Road Crisis Unit are the subject of separate EqlAs and will be considered by Cabinet when it makes its final decision about these services in October 2011.

- **Withdraw funding from the luncheon club at Jacksons' Lane by 1 April, 2011 or as soon after as possible after a decision is made.**
- **Withdraw management from the Cypriot Elderly and Disability Project at the Cypriot Centre from 1 April, 2011 or as soon as possible thereafter.**

- **Close the four drop-in centres: at Abyssinia Court, The Irish Centre, Willoughby Road and Woodside House. The plan is that this service would stop by 1 October 2011.**
- Close The Woodside Day Centre no later than 1 April, 2012.
- Close Alexandra Road Crisis Unit no later than 1 April, 2012.
- Close The Haven no later than 1 April, 2012.
- The closure of the Homecare Service no later than 1 April, 2012.
- Close The Whitehall Street Centre no later than 1 April, 2012.
- Merge the services at The Grange and the Haynes Centre, to come into effect no later than 1 April, 2012.
- Close The Red House residential care home no later than 1 April, 2013.
- Close Cranwood residential care home no later than 1 April, 2013.
- Close Broadwater Lodge residential care home no later than 1 April, 2013.

We do not underestimate the anxiety and concern that many will feel about these proposals. Our consultation with those affected has helped us better understand the impact on individuals of any possible closures and how we might mitigate this, where possible.

Step 2 - Consideration of available data, research and information

2a) Using data from equalities monitoring, recent surveys, research, consultation etc. are there group(s) in the community who:

- *are significantly under/over represented in the use of the service, when compared to their population size?*
- *have raised concerns about access to services or quality of services?*
- *appear to be receiving differential outcomes in comparison to other groups?*

Equalities information based on service users

There are about 600 drop-in service users, although about 35% (200 people) of them actually live outside of the Borough. The figures on those coming from the centre and east and west are as follows: roughly a quarter are from the East of the Borough, just under 10% from the Centre and almost a third are from the West, mostly N6 and N8.

Age

Between 90% and 100% of services users are aged over 65 across all services with some in their 70s and 80s and even 90s. The services affected by these proposals are mainly provided to older people. 2009 Mid Year Population Estimates showed that there were 21,200 people aged 65+ which is approximately 9.4% of the total population.

Service	Age		Total Client
	Under 65	Over 65	

		No. of service users	%	No. of service users	%	s
Drop-in Centres	Woodside House DIC	0	0.0	274	100.0	274
	Abyssinia	0	0.0	115	100.0	115
	Willoughby	7	6.9	94	93.1	101
	Irish DIC	0	0.0	63	100.0	63
Jackson's Lane		0	0.0	33	100.0	33
Cypriot Centre		6	10	54	90	60
Total number of service users		13	2.0	633	98	646
Haringey Population		-	90.6	-	9.4	-

Sex

Across Haringey the percentage of females in the 65+ age group increases from 49.9% to 56.6% (predominantly service users are 65 and over). However, when compared with the wider Haringey population the overall gender profile of service users shows that females are over-represented for drop-in centres (particularly Woodside House and Irish DIC). Across all services approximately 140 users are male and 506 are female. 2009 Mid Year Population Estimates showed of the people aged 65+ about 43% (9100) male and 56% (12,100) female. Therefore this proposal will have a disproportionate impact on women, as they appear to be the higher service users.

Service		Gender				Total Clients
		M		F		
		No. service users	%	No. service users	%	
Drop-in Centres	Woodside House DIC	37	13.5	237	86.5	274
	Abyssinia	38	33.0	77	67.0	115
	Willoughby	29	28.7	72	71.3	101
	Irish DIC	6	9.5	57	90.5	63
Jackson's Lane		8	24.2	25	75.8	33
Cypriot Centre		22	36.6	38	63.3	60
Total number of service users		140	27.6	506	72.4	646
Haringey Population		-	50.1 43	-	49.9 57	-

Disability

Disability data is available for two services: Willoughby drop in centre where 27% of users have a disability and the Elderly and Disability Project at the Cypriot Centre where 100% of users have a disability. The available data does not allow us to make a detailed analysis, and therefore we are unable to draw any firm conclusions on the impact of our proposals on people with a disability.

Service		Disability						Total Clients
		Yes		No		Unknown		
		No. service users	%	No. service users	%	No. service users	%	
Drop-in Centres	Woodside House DIC	-	-	-	-	274	100.0	274
	Abyssinia	-	-	-	-	115	100.0	115
	Willoughby	27	26.7	74	73.3	0	0.0	101
	Irish DIC	-	-	-	-	63	100.0	63
Jackson's Lane		-	-	-	-	33	100.0	33
Cypriot Centre		60	100	0	0.0	-	-	60
Haringey Population (life long limiting illness)		-	15.5	-	84.5	-	-	-

Ethnicity

There were 644 Clients using the drop in centres in total. The next highest ethnic group that is disproportionately represented to use the drop in centres are the Indian group, with 14.8% of the total clients in this ethnicity, the bulk of the Indian clients attended Woodside House (86 out of 95). 44.1% were White British which reflects the Haringey population of 45.3% 16.9% were Other White which reflects the Haringey population of 16.1%. There was only 0.6% of clients from the Mixed group, although they form 4.6% of Haringey's population. The group which has the least amount of clients according to their Haringey population is the African group (2.6% clients, 9.2% pop), closely followed by the Caribbean group (3.1% clients, 9.5%). The Cypriot centre only had Other White category clients.

		White						Mixed							
		White British		Irish		Other White		White and Black Caribbean		White and Black African		White and Asian		Other Mixed	
		No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	No. users	%
Drop-in Centres	Woodside House DIC	90	32.8%	10	3.6%	26	9.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Abyssinia	87	75.7%	9	7.8%	6	5.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Willoughby	50	49.5%	17	16.8%	6	5.9%	0	0.0%	0	0.0%	0	0.0%	4	4.0%
	Irish DIC	39	61.9%	18	28.6%	3	4.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Jackson's Lane	18	58.1%	2	6.5%	8	25.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
Cypriot Centre	0	0.0%	0	0.0%	60	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
Total Service users	284	44.1%	56	8.7%	109	16.9%	0	0.0%	0	0.0%	0	0.0%	4	0.6%	
Haringey Population	-	45.3%	-	4.3%	-	16.1%	-	1.5%	-	0.7%	-	1.1%	-	1.3%	

		Asian or Asian British								Black or Black British						Chinese or other ethnic group				Total Clients
		Indian		Pakistani		Bangladeshi		Other		Caribbean		African		Other		Chinese		Other		
		No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	
Drop-in Centres	Woodside House DIC	86	31.4%	10	3.6%	5	1.8%	36	13.1%	9	3.3%	2	0.7%	0	0.0%	0	0.0%	0	0.0%	274
	Abyssinia	2	1.7%	1	0.9%	0	0.0%	2	1.7%	3	2.6%	3	2.6%	2	1.7%	0	0.0%	0	0.0%	115
	Willoughby	7	6.9%	0	0.0%	0	0.0%	1	1.0%	5	5.0%	11	10.9%	0	0.0%	0	0.0%	0	0.0%	101
	Irish DIC	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	3.2%	1	1.6%	0	0.0%	0	0.0%	0	0.0%	63
Jackson's Lane	0	0.0%	0	0.0%	0	0.0%	2	6.5%	1	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	31	
Cypriot Centre	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	60	
Total Service users	95	14.8%	11	1.7%	5	0.8%	41	6.4%	20	3.1%	17	2.6%	2	0.3%	0	0.0%	0	0.0%	644	

Haringey Population	-	2.9%	-	1.0%	-	1.4%	-	1.6%	-	9.5%	-	9.2%	-	1.4%	-	1.1%	-	2.0%	-
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Religion

Data on religion is not available for Jackson's Lane and the Drop-In services. These services are walk-in services where a minimal equalities data set is collected. The CEPD service has a mixture of Greek Orthodox (33) and Muslim (27) service users, where religion follows ethnicity in this culturally mixed service where those who attend do so following a social work assessment.

Service		Religion														Total Clients			
		Christian		Non practising Christian		Muslim		Hindu		Jewish		None		Other			Unknown/Not stated		
		No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	No. users	%	No. users	%		No. users	%	
Drop-in Centres	Woodside House DIC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	274	100.0	274
	Abyssinia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	115	100.0	115
	Willoughby	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	101	100.0	101
	Irish DIC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	63	100.0	63
Jackson's Lane		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	333	100	333
Cypriot Centre		33	55.2	-	-	27	44.8	-	-	-	-	-	-	-	-	-	60	100	60
Haringey Population		-	50.1	-	-	-	11.3	-	2.1	-	2.6	-	20	-	1.9	-	-	12.1	-

2b) What factors (barriers) might account for this under/over representation?

Age

The nature of the provision affected is such that it predominantly impacts on the vulnerable groups for which it is intended – older people – as well as on the carers, formal and informal, who support them.

Sex

Women are possibly over-represented in the drop-in centres due to the spectrum of activities in place which might be less attractive to older men, hence this proposal will have a disproportionate impact on women, as they appear to be the higher service users.

Ethnicity

The information shows that Asian service users at the Woodside Drop In would be disproportionately impacted on by reductions in this service. Woodside Drop-In Centre works in partnership with I-Can Care, a voluntary sector organisation, in providing support to a large group of Asian older women.

Services users at Jackson's Lane luncheon club and the Cypriot Elderly & Disability Project and three of the four OPDICs are mainly White/White (Other) and would be disproportionately affected.

Disability

The available data does not allow us to make a detailed analysis, and therefore we are unable to draw any firm conclusions on the impact of our proposals on people with a disability. However in general terms the Drop ins have a council transport service as a proportion of those attending have mobility problems.

Religion

The CEDP provides a service to a mixture of Greek and Turkish Cypriot older people which is why there is a significant number of Muslim older people on that site.

Step 3 - Assessment of Impact

3a) How will your proposal affect existing barriers? (Please tick below as appropriate)

	Increase barriers?	Reduce barriers	No change
Drop in centres	X		
Jackson's Lane	X		
Cypriot Centre			X

Whilst it is likely that those using the Drop In Centres and Jackson's Lane will experience increased barriers to services; **there will be no change to existing barriers to FACS-eligible services.** In the case of Jackson's Lane and the Drop-Ins the Council has no legal responsibility to supply a service as these are walk-in services. No assessment is made to attend and there is no charge beyond the cost of a meal. In the case of the Cypriot Centre, though funding for two managers is being withdrawn, the service will continue and clients will continue to be referred, following a social-work assessment of need and a decision on the part of the client that they wish to spend their personal budget in this manner.

Summary of impact of current proposals

Impact on Age: As the main focus of all these services in terms of equalities protected characteristics is older people, the adverse effects of these changes will be felt across the age range under and 65+. However, as the data shows, the adverse impact will fall mostly on the 65+ as they are predominant in the use of the service.

Impact on Sex: In terms of gender within the age characteristic, the adverse impact will be felt more among older women 65+ as they outnumber men by a factor of approximately 3:1. This is true for all of these services and in particular Woodside House and Irish Drop In Centres.

Impact on Disability: On disability, given that the main focus of the service is older people many of whom would have some form of age-related disability, it is to be expected that disabled users will also be adversely affected by the proposed changes. This is the case for the Elderly and Disability Project at the Cypriot Centre where 100% of users have a disability. However, for the other services as only a few people provided information on disability, it is not possible to say whether or not disabled people would disproportionately affected by the proposals.

Impact on ethnicity:

In broad terms the groups affected by these changes are consistent with the overall borough profile for ethnicity. The main exceptions to this however are Woodside Drop In and the CEPD. Amongst Asian service users in Woodside Drop-In 11.4% of users are Indian and 5.8% are Asian Other or Asian British Other, compared to figures for Haringey of 2.9% and 1.6% respectively. However, as these operate under separate management and with their own workers, they are not directly affected by the proposed closure of the Council arm of the Drop-In and can continue to use that space. The CEPD project which supports Cypriot users will continue.

When the figures are broken down by individual centres it is possible to identify significant variations in the ethnicity of service users. Indeed, there are few groups that are not disproportionately affected by the changes at one service centre or another. However the diverse nature of the borough means that this would be largely impossible to avoid given the number of centres affected by this change.

Overall, when compared to the Haringey profile, the following ethnic groups are over-represented amongst service users:

- White –Abyssinia, Willoughby and Irish drop-in centres and Jacksons' Lane
- Irish –Willoughby and Irish drop-in centres
- White Other (Cypriot) – Jackson's Lane and the Cypriot Centre
- Indian – Woodside House drop in centre
- Asian Other –Woodside House drop-in centre

Impact on religion: Data is not collected in relation to the clients in Jackson's Lane and the Drop-Ins but equalities monitoring from consultation meetings with users, relatives and carers of the Drop-ins would indicate Christianity to be the prevalent religion across 3 of the 4 drop-ins in question. The CEPD service has a mixture of Greek Orthodox (33) and Muslim (27) service users.

Impact on other protected characteristics: There is no data on characteristics of sexual orientation, gender reassignment, marriage and civil partnership. The protected characteristic of pregnancy and maternity is not relevant in this instance as all the service users are older people aged under and 65+.

Impact on staff: The workforce implications of the proposed changes are covered in separate organisational restructure EqIAs.

Note: There are certain conditions such as social isolation and dementia which are age-related and tend to increase with age across other protected characteristics. It is not clear if and to what extent the rates age-related social isolation differ across other equalities characteristics or how the changes proposed could produce a change in rate of social isolation generally or differentially. However, closure of the Drop-Ins and Jackson's Lane could increase the risk of social isolation, especially for those Drop-In clients who have mobility problems and who come in on transport.

3b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

The existing model of social care provision can act as a barrier to people exercising choice and control, and achieving / maintaining their independence: for example, specific BME groups/individuals may find that a personal budget more easily lends itself to meet their needs. The objective of personalisation is to ensure that individuals are able to achieve their desired outcomes, through self-assessment, person-centred support planning, and the use of personal budgets

Through self-directed-support and the wider transformation of social care individuals, with the help of those that support them will have the opportunity to manage their own care arrangements and achieve a better quality of life. Although there is likely to be an increase in the population of older people in Haringey over the next 20 years,

access to effective, efficient and personalised enablement services will reduce the need for residential care in the future. This is especially so for people who are physically frail but want to live in their own homes. We have also been in the forefront of putting in place efficient personalised services that support people to live independently, with an improved quality of life, for longer.

In the long-run, these barriers will be removed by the following:

- A move toward community-based services/community hubs
- Commissioning services
- Enabling more personalised care through increasing use of personal budgets which gives increased choice and control for clients assessed as being in need of care and support.
- Robust assessment, person-centred care management and safeguarding.
- Developing a 'universal offer' based on volunteering and social responsibility.
- Sharing assets and services.
- Development of new focused occupational driven Re-ablement service.
- Provision of information on alternative venues and walk-in services elsewhere in the Borough

In addition the quality of service provided to users of the CEDP will continue to be monitored through the social work and contract monitoring systems as well as through the Council's safeguarding procedures.

Drop-ins

Going forward, should the decision be taken to close the drop-in centres, the approach with the drop-ins will be to attempt to set up constituted membership groups of older people, supported by organisations in the independent sector to apply for grants from the Millennium Lottery Fund, Comic Relief and so on which, combined with a low level of contributions from members, may enable them to continue as places where older people can meet to socialise. This will only work however if the Council/other organisations agree not to charge a commercial rent/hire charge for the space, even on an hourly basis, or opt to waive it.

Council Officers have been discussing a monthly membership service with Metropolitan Support Trust that would offer a range of support, including access to horticulture courses, befriending support, exercise classes, minor repair services and advice on finances (£10/month). This service will be launched in July and would appear to be a viable alternative for some of the drop-in centre functions.

The foot care element of the service can be re-provided via the reablement service, free of charge, and/or basing 1-2 specific peripatetic workers in a range of locations and also at the same time increase the number of sessions available.

Information is being compiled on a wide range of other drop-ins/information points that displaced service users will be able to access, including the libraries/community hubs and existing small self-supporting groups such as Young at Heart (N8) who meet once a week. Information on alternative accessible transport possibilities will also be circulated widely.

Haringey Adult Learning Services offers a wide range of activities and supported sessions specifically targeted at older people, including drop-ins, coffee mornings, computer training and support, writing/poetry groups. The library service also offers staff who have been trained in reminiscence work and a comprehensive programme of activities are offered in addition to a monthly reminiscence café.

3c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

We do not envisage that there are barriers arising from existing delivery model that would be addressed by a move to the delivery model in 3(b) above. However, there will be continuous monitoring through contact with social workers, consultation with service users via organisations such as the Haringey LINK and the Older Peoples Forum, carers and other stakeholder groups on how the new model is working. We will use the feedback from these in the years to come to identify areas that will need market development, and where necessary, corrective measures will be put in place.

Step 4 - Consult on the proposal

4a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

Consultation on the proposals for the Drop-in Centres

There has been a detailed consultation process in relation to the Drop-In service, which is directly provided by the Council. This has been written up as part of the consultation report. We have limited data from the equalities monitoring we undertook at the consultation meetings we held with the older persons drop-in centres users, relatives and carers.

The consultation ran for three months from 31st January to 30th April 2011. Meetings were however held with users of services, relatives and carers as well as staff either immediately before and after Christmas 2010 and at the start of the New Year 2011 to alert them to the proposed budget cuts and that we would be consulting on the proposal. This was followed up, at various stages between January and April 2011, by letters and emails, notices in the local press, via the independent and voluntary sector, the local online community and NHS colleagues so that the message could be cascaded to as wide as possible an audience. There was also a comprehensive web page where people could find up to date information, including feedback.

There were several main channels for the consultation. These included:

- Consultation surveys (printed and online versions were made available) for drop-ins.
- Email or other written correspondence directly to the council or via a councillor or local Member of Parliament.
- A significant number of events were held with users, relatives and carers where individuals were presented with information about the proposals and the consultation and then given the opportunity to discuss and comment upon the various aspects including the potential impact upon them and to put forward their case or alternative propositions.
- There were also opportunities for established partnership boards, reference groups, forums and other networks to consider formally the proposal and to respond to the consultation.
- In addition, in response to requests received, we met with a number of individuals or groups to discuss a number of alternative proposals. A

half-day working party of 40 service users (10 from each centre) was facilitated by Age UK. A report was produced as a result. Key issues of concern were around loss of social contact, the hot meal in the middle of the day and foot-care. Dial a Ride and similar are seen as less efficient than the Council service (provided from down-time in the middle of the day from Older People's Services day care-based vehicles).

- Users and other interested parties were also encouraged to begin their own consultation with officers attending or facilitating meetings with a number choosing to do so.

Impact for users, relatives and carers

Those who attended meetings or who wrote in have understandably expressed a range of emotions and strengths of feeling. Many people who participated in the consultation did so with personal stories and explained the impact of the cuts for them and/or their loved ones or the groups and individuals whose interests they represented. Many said that they looked forward to coming to centres, drop-ins etc. It was said that these preventative services provided a 'life line' for those who used them and that many people would be isolated or lose the only significant social contact they had without them. Closure of non-statutory services such as the drop-ins was also thought to increase the likelihood of a more serious intervention by the Council or NHS.

Understandably some queried what would happen to users of services should the proposed closures go ahead, worried as they were about not having enough time to make alternative arrangements. Relatives and carers worried where else their loved ones would go or receive a service

Impact for the future and the wider community

Some respondents worried that these savings would have lasting consequences for the community and those groups and individuals they supported and cared for. Others pointed to a potential extra demand for statutory and non-statutory services across the Borough and as they saw it the wider social impact of the proposals. There were worries too about current and future capacity if services closed or amalgamated or that the quality could not or would not be replicated in the independent sector or that prices would rise. The prevailing view was that every effort should be made to find suitable community based groups and organisations to take them over and they be offered practical support in doing so.

Comments on the proposal

The general view was that these organisations provided vital, much-needed services and support. People overwhelmingly would prefer it if they remained as they were and 'strongly opposed' or 'opposed' the proposal. Several respondents, including leading charities, expressed their opposition to any cuts in funding that threatened services for vulnerable people within the community and felt that savings could and should be found elsewhere even if they largely accepted and understood that funding shortages lay behind the proposal. Some people said that the proposed savings were a false economy and/or that it would cost more in the long run. Those in favour of the proposals said that the needs of all Haringey residents must be put ahead of the few and suggested a range of alternatives.

Many extended offers of help and/or suggested steps the Council should and could take to mitigate and/or monitor the impact were the cuts to go ahead. Some were pleased to see the personalisation programme moving forward and were keen to work with the Council in developing a diverse market in services. Others like the

Unions were concerned that the personalisation agenda was being used to justify the proposal.

Comments on the consultation

Direct feedback would indicate that the meetings we held were sensitively run and generally positively received and that the Council had fulfilled its responsibility of keeping those who attended informed. Others we have heard from said they had struggled to comprehend or hear what was being said, felt the meeting has been dominated by others or that they lacked detailed enough feedback on which to participate effectively.

Others suggested that proposals had been hastily arranged or that decisions had already been made, that the questionnaires were biased, queried the levels of advocacy or other support and/or asserted that the consultation was a formality, foregone conclusion or was even a 'sham'. There was frustration at how long the consultation was lasting, and in the absence of a decision, the 'lack of progress' from one meeting to the next or that we'd not listened to specialists or have taken account of their views as service users, relatives or professionals from the outset.

Frequently asked questions

People frequently asked about the reason for the savings and wanted to discuss other ways of saving money, asked what would happen to the buildings or to other groups using the buildings, asked about the consultation, and for more information to enable them to propose alternative courses of action for consideration as part of the consultation. Understandably some queried what would happen to users of services should the proposed closures go ahead, worried as they were about not having enough time to make alternative arrangements.

Consultation on proposals for the Cypriot Elderly and Disability Project

As the Cypriot Elderly and Disability Project is not directly provided services, letters were written to the management committee informing them of the proposals and asking for comments. In the case of CEDP, a response was received purely noting the proposals but not raising any objections.

Consultation on proposals for Jacksons' Lane

Following a letter to the management committee, a meeting was held with the Chief Executive of Jackson's Lane who informed officers that the luncheon club service would be at significant risk if the funding were to cease as all activities were funded by specific grants which did not allow for cross-subsidy. An informal meeting with Jackson's Lane users found all who attended universally in opposition to the proposal. Those corresponding with the Council about the proposed withdrawal of funding said that the luncheon club was an important if not unique part of community that has been in existence for many years. Moreover, it was argued, it was the only such venue for older people in the immediate area and (it is said) provided users with their main meal of the day. The Co-ordinator role was essential, it was argued, as number of members frail or otherwise were in need of support. Given the relatively small saving, people asked that the facility continue and that the Council find other ways to make these levels of savings and that to 'target' older people was unfair.

The full details of the consultation are contained in a separate more detailed consultation report published in May 2011.

4b) How, in your proposal have you responded to the issues and concerns from consultation?

We have responded to many issues/concerns raised during the consultation including meeting with a number of individuals and groups who wished to discuss alternatives to the Council's proposals. These included an event for Older People's Drop-in Centre users facilitated by Age (UK) in Haringey. Having listened, we will also hold a couple of specific meetings for people with sensory impairment.

We set out our assumptions and plans as to how we would move forward at the outset of the consultation and/or have updated these as we have gone along. This has included contacting religious and faith groups, the voluntary sector and others in the community asking them what they might provide and/or whether they are able or willing to fill in the gaps or help in any other way. Discussions have included looking at the feasibility of running user-led organisations, encouraging neighbourhood networks and volunteering, setting up similar groups in libraries, sheltered housing and such like. We will shortly set out the results of this and what we are planning to do or are doing as part of an overall prevention strategy, describing what is there and what is being planned should the decision be taken to close or withdraw support from services.

Just to be clear, there is no change to Haringey's Council's eligibility criteria to access adult social care services generally, so if a vulnerable adult is assessed as needing services s/he will continue to receive services, even if the services close.

As far as the drop-ins are concerned we have been clear from the outset that we would not be re-providing or funding these services if they close and do not anticipate replacement services being on a like for like basis and that it is for the management of the Cypriot project and the Jackson's Lane luncheon club to determine the future of these services in the light of the withdrawal of council funding and support.

4c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

In order to respond to the many questions raised during the consultation period without delay:

- Formal responses to many of the recurring questions that were posed during the consultation have been placed on the consultation web page, displayed in residential homes and centres, and disseminated in follow up meetings and/or made available on request or in responses to individual correspondence received.
- We also published an update in March and produced a set of responses to the most frequently asked questions and concerns.
- The final report summing up the consultation will be published on the council's website.

We will provide further feedback, and face to face meetings with individuals and organisations that took part in the consultation, as soon after the decision is taken as possible.

Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

Future training is not relevant in relation to these proposals. The CEPD service will be continuing – the other services will close.

Step 6 - Monitoring Arrangements

What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?

We will be using the Council's equalities monitoring form and reporting procedures to track the actual effects of the new delivery model when implemented and where adverse impacts are identified steps will be taken to address them. The form has been recently updated to include the new equalities protected characteristics identified by the Equality Act 2010.

▪ ***Who will be responsible for monitoring?***

The relevant Heads of Service will be responsible for monitoring the equalities impacts of the proposals.

▪ ***What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?***

The 'personalisation' of social care process has built in systems for review, risk assessment and quality assurance for those clients who require an assessed service as a result of the proposals. Data relating to those clients will be collected and analysed by equalities strands.

▪ ***Are there monitoring procedures already in place which will generate this information?***

Standard equalities monitoring documentation already exist and will be used.

▪ ***Where will this information be reported and how often?***

This information will be reported quarterly to Adult and Community Services DMT.

Step 7 - Summarise impacts identified

Age	Disability	Ethnicity	Sex (Gender)	Religion or Belief	Sexual Orientation
<p>All Increased social isolation as social contact services withdrawn</p> <p>Risks of higher need for other forms of support and care services in future</p>	<p>All Increased social isolation as services withdrawn</p> <p>All the services have older people many of whom have some form of age-related disability</p>	<p>Woodside Drop In Asian service users would be disproportionately impacted on by reductions in this service; this is a group which does not typically access mainstream services.</p> <p>Jackson's Lane luncheon club Cypriot Elderly & Disability Project and three of the four OPDICs White/White (Other) would be disproportionately affected</p>	<p>All Older women 65+ are disproportionately impacted and in particular those who use Woodside House and Irish Drop In Centres</p>	<p>CEPD Although Muslims are over-represented in the CEDP, their service will continue.</p> <p>Drop-ins Christianity to be the prevalent religion across 3 of the 4 drop-ins (not Woodside)</p>	<p>All There is insufficient data on sexual orientation of users and it is not expected that the changes proposed would produce any disproportionate effects on this group.</p>

Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Issue	Action required	Lead person	Timescale	Resource implications
Increased social isolation as social contact services withdrawn	<ul style="list-style-type: none"> • Provision of information on alternative venues and walk-in services elsewhere in the Borough • Robust assessment, person-centred care management and safeguarding. • A move toward community-based services/community hubs • Development of neighbourhood networks to reduce isolation, maintain independence and promote uptake of self-directed support. 	<p>Head of Provider Service</p> <p>Head of Assessment and Personalisation</p>	<ul style="list-style-type: none"> • Ongoing • Ongoing • Phased implementation for specific service proposals. • Underway with Bowes and Bounds Connected - A Community Network for Bowes Park and Bounds Green 	Existing resources
Risks of higher need for other forms of support and care services in future	<ul style="list-style-type: none"> • Identifying non-traditional respite options and improving take-up of personal budgets • Commissioning more services in the independent sector • Developing a diverse market in services 	<p>Head of Assessment and Personalisation</p> <p>Head of Adult Commissioning</p>	<p>Ongoing</p> <p>July 2011-March 2012</p>	Existing resources
Improve equality monitoring in relation to transformed services	<ul style="list-style-type: none"> • Ensure that all services users in transformed services are fully equality monitored against the Equality Act 2010 categories 	Heads of Services	Ongoing	Existing resources

Drop-In site	Situation to date	Outstanding actions/issues
Abyssinia Court	Discussions held with provider team manager about possibility of Hornsey Housing Trust supporting a group of older people to run a club there. HHT have verbally offered space rent free to service users. HHT are also in discussion with a local church to see if they could support a group	Paper presented to HHT Board on 18 th May – no feedback on outcome to date
Woodside House	There are three groups in the Woodside House space, only one of which is under threat. The I-Can Care Asian women's group has its own staff and can continue. The Tuesday Dance group can also continue.	Dance group and I-Can care group may be liable for rent via Property Services, unless waived. Attendees at each group will not get a basic foot care service as is the case now. Utility costs are currently absorbed by Property Services
Irish Centre	It was anticipated that the parallel CARA (Central & Cecil) day care/drop-in service would absorb the clients from the Council drop-in. However, the CARA service is also now proposed for closure in July. This is the least well used centre.	Notification to the Irish Centre management committee of the Cabinet decision required ASAP - will involve a loss of £10K/full-year rental income to the Irish Centre
Willoughby Road	There is a strong user	25-year lease runs out on this building complex in 2013, only part of which is

	<p>group in this centre, who have expressed a wish to continue to meet on that site. Cllr Schmitz has been involved in working with them, but nothing concrete has yet emerged</p>	<p>occupied by the Drop-In. It is currently unlikely that the lease will be renewed by the Council, even if it were affordable. The allocated cost of that space from Property Services, including energy, is some £90K</p>
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Step 9 - Publication and sign off

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

When and where do you intend to publish the results of your assessment, and in what formats?

On the Council's website after all the EqlAs has been approved and signed off.

Assessed by (Author of the proposal):

Name: Lisa Redfern

Designation: Deputy Director

Signature:

Date: 24 May 2011

Quality checked by (Equality Team):

Name: Arleen Brown

Designation: Senior Policy Officer

Signature: *A.J.brown*

Date: 24 May 2011

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date:

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Appendix 3
THE NEW DUTY – THE SINGLE EQUALITY DUTY

EQUALITY ACT 2010

Introduces the **Single Equality Duty** which covers all eight strands, namely **race, disability, sex, gender identity, pregnancy and maternity, religion/belief, age** and **sexual orientation** and which came into force on 06 April 2011.

Section 149 of the Equality Act 2010 Public Sector Equality Duty states

(1) A public authority must, in the exercise of its functions, have due regard to the need to –

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(2) – A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

(3) – Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to –

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(4) – The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) – Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to –

- (a) tackle prejudice, and
- (b) promote understanding.

(6) – Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

(7) – The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

(8) – A reference to conduct that is prohibited by or under this Act includes a reference to –

- (a) a breach of an equality clause or rule;
- (b) a breach of a non-discrimination rule.

THE COUNCIL'S EQUALITIES SCHEME 2010-2013 AND DELIVERY PLAN

The Council's current Equality Scheme includes the three existing equality duties, namely race, disability and gender as well as the additional equality strands, namely religion or belief, age and sexual orientation, introduced by the Equality Act 2006, The Employment Equality (Age) Regulations 2006 and The Equality Act (Sexual Orientation) Regulations 2007.

TYPES OF DISCRIMINATION

Types of discrimination by way of an overview only include

- direct discrimination that is when someone (falling within one or more of the equality strands) is treated less favourably than others in the same circumstances
- indirect discrimination is when a provision, criterion or practice is applied to all but which puts a person (falling within one or more of the equality strands) at a disadvantage
- victimisation is when a person (falling within one or more of the equality strands) is treated less favourably than others having complained about discrimination in some way whether by way of proceedings or providing information or the making of allegations
- harassment is where there is unwanted conduct which has the purpose or effect of violating the person's (falling within one or more of the equality strands) dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.

FOR INFORMATION

STATUTORY CODES OF PRACTICE

These are statutory codes relevant to each of the duties and whilst a breach of the code does not of itself make a person liable in any proceedings it will be taken into account by a court in certain types of proceedings. This means that they are admissible in evidence and if any provision of one of the codes appears to a court or a tribunal to be relevant to any question arising in the proceedings it has to be taken into account.

The existing codes continue to have effect until revoked by the Secretary of State at the request of the Equality and Human Rights Commission. The Commission has the power to issue new codes.

The draft code of practice on the Public Sector Equality Duty is scheduled to be laid before Parliament in Summer 2011.

GUIDANCE

The Commission has also produced non statutory guidance which includes the guidance on how to complete the assessments