

**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 Client s
		Yes		No		Unknown		
		No. servic e users	%	No. servic e users	%	No. servic e 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 Client s
		Indian		Pakistani		Bangladeshi		Other		Caribbean		African		Other		Chinese		Other		
		No. user s	%	No. user s	%	No. users	%	No. user s	%	No. users	%	No. user s	%	No. user s	%	No. user s	%	No. user s	%	
Drop-in Centre s	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 Client s
		Christian		Non practising Christian		Muslim		Hindu		Jewish		None		Other		Unknown/N ot 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	33
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 31<sup>st</sup> January to 30<sup>th</sup> 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. 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><b>All</b> 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><b>All</b> 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><b>Woodside Drop In</b> 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><b>Jackson's Lane luncheon club</b> <b>Cypriot Elderly &amp; Disability Project</b> <b>and three of the four OPDICS</b> White/White (Other) would be disproportionately affected</p>	<p><b>All</b> Older women 65+ are disproportionately impacted and in particular those who use Woodside House and Irish Drop In Centres</p>	<p><b>CEPD</b> Although Muslims are over-represented in the CEPD, their service will continue.</p> <p><b>Drop-ins</b> Christianity to be the prevalent religion across 3 of the 4 drop-ins (not Woodside)</p>	<p><b>All</b> 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"> <li>Provision of information on alternative venues and walk-in services elsewhere in the Borough</li> <li>Robust assessment, person-centred care management and safeguarding.</li> <li>A move toward community-based services/community hubs</li> <li>Development of neighbourhood networks to reduce isolation, maintain independence and promote uptake of self-directed support.</li> </ul>	Head of Provider Service  Head of Assessment and Personalisation	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Ongoing</li> <li>Phased implementation for specific service proposals.</li> <li>Underway with <a href="#">Bowes and Bounds Connected - A Community Network for Bowes Park and Bounds Green</a></li> </ul>	Existing resources
Risks of higher need for other forms of support and care services in future	<ul style="list-style-type: none"> <li>Identifying non-traditional respite options and improving take-up of personal budgets</li> <li>Commissioning more services in the independent sector</li> <li>Developing a diverse market in services</li> </ul>	Head of Assessment and Personalisation  Head of Adult Commissioning	Ongoing  July 2011-March 2012	Existing resources
Improve equality monitoring in relation to transformed services	<ul style="list-style-type: none"> <li>Ensure that all services users in transformed services are fully equality monitored against the Equality Act 2010 categories</li> </ul>	Heads of Services	Ongoing	Existing resources

<b>Drop-In site</b>	<b>Situation to date</b>	<b>Outstanding actions/issues</b>
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 <sup>th</sup> 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

	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	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
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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: