



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

Report – May 2011

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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
14/06/2011	Hill Homes 'Extra care' scheme
20/06/2011	Meeting with Cllr Winskill and a Carer

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), 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.

Details of responses/meetings held with users, relatives and carers:

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	
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	191

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: 1416)	9

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 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% Heterosexual 2% Gay 2% Bisexual	84% Heterosexual 2% Gay 2% Bisexual	73% Heterosexual 5% Gay 5% Bisexual	70% Heterosexual 4% Gay 0% Bisexual

	0% Lesbian	0% Lesbian	0% Lesbian	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 35-60) 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 Centre), 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 on the proviso that the current home had been demolished and replaced by 4x 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 these 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 enough 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. There were four different questionnaires, reflecting the proposals concerned being (i) Older People's Residential Care Homes and bed based respite services for people with Learning Disabilities; (ii) the Alexandra Road Crisis Unit; (iii) Drop-in centres and (iv) Day Care centres. A detailed breakdown of results of each of these has been compiled and the applicable breakdown is attached as an appendix to the main report under consideration by

Members. **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	3 (62%) Meals

			activities	
	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 Vice Chair for Haringey	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
		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 People/Mental Health)
The Haynes/Grange	15 Feb 11	No one attended	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 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 People/Mental Health)
Woodside DC	18 Feb 11	23 users, relatives and carers, some of whom mentioned that they had	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
		been coming there for 10-15 years. Maureen Carey, Vice Chair of Haringey Older People's Forum	
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)
The Haven	7 Mar 11	15 users, relatives and carers	Councillor George Meehan Mun Thong Phung, Director, Adult and Housing Services

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
			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)
684	9 Feb 11	22 users, relatives and carers	Councillor Claire Kober, Leader of the Council Barbara Nicholls, Head of Commissioning, Adult Services

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
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. Dr Nuala Kiely representing	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
		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. Comfort knowing so well cared for. Request for notes/feedback etc as unable to travel to meetings.
Cranwood			
	7 Jan 11	Relative	Going to be abroad; wanting to be kept informed.
	9 Jan 11	Relative	Thanking staff for their dedication, explaining the impact and asking if there is anything they can do to halt the process
	11 Jan 11	Friends of the residents *	Wish to emphasise that loss of this service would be, (as they see it), a ‘disaster’ for residents and adversely viewed by the local community.
	16 Jan 11	2x Member of the public (N10)	Concerned at closure of a home with a good reputation. Calls for creative planning to ensure Cranwood survives. Wants council tax used for “humanitarian purposes”.
	16 Jan 11	Member of the public (N10)	Apprehension and concern locally. “Sad and appalled” if elderly through no fault of their own end up bearing brunt of cuts.
	16 Jan 11	Frequent visitor (N10 – age 9)	Look forward to going there and think visits have made residents happier. Please do not shut it down.
	16 Jan 11	Frequent visitor (N10 – age 11)	How aged 11, visiting Cranwood has made a real difference to their life. How church they attend would help with lunch clubs.
	16 Jan 11	Frequent visitor (N10 – age 12)	How the home is very important to them and friends who visit; please do not close it.
	16 Jan 11	Frequent visitor (N10 – age	Sad Cranwood might close. Loves the residents

		9)	and talking to them every week
	16 Jan 11	Frequent visitor (N10 – age 13)	Feels strongly that they and residents benefits from them and their friends going there. Has raised issue of running lunches at churches they attend.
	16 Jan 11	Frequent visitor (N10 – age 14)	How have grown close to residents and how getting to know older people has helped them to grow. Dreads to think what will happen. Knows there have to be cuts but doesn't want this group "targeted".
	17 Jan 11	2 x Members of the public (N6)	Appreciate need for cuts but not to most vulnerable in society. Concerned at closure of a home of such "excellence" at time of much criticism of NHS and private care homes.
	17 Jan 11	Member of the public (N10)	With a growing population of older people, wrong time to be making cuts of this kind. Invaluable source of contact, friendship and practical support.
	17 Jan 11	Member of St James Church involved with a number of local homes and facilities for older people (N10)	Understands financial difficulties but hopes much thought will be given before such an "excellent" home is considered for closure.
	17 Jan 11	Member of public (N22)	Couple concerned about the possible closure of this "jewel in the crown".
	18 Jan 11	Local family (N6)	Dismayed at proposed closure of Cranwood and other cuts. Hear second-hand residents well cared for and happy there. Worried at impact of these cuts on an ageing population. An "excellent" care home that should be spared from the cuts.
	19 Jan 11	Member of the public (N6)	Concerned at potential closure of this "well-run" service. Very much hopes councillors will

			reconsider.
	19 Jan 11	Member of the public (N6)	Saddened at prospect of closure of this “lovely” home.
	19 Jan 11	Frequent visitor (N6)	All very sad; they have become our friends. There must be other places cuts could be made. Please don’t do this.
	19 Jan 11	Member of public (N22)	Concerned for elderly residents in the borough
	20 Jan 11	Member of public (N10)	Concerned by proposal. Not only excellent facility, held in high esteem but a growing need for residential places for older people. Worried too at proposed cuts to drop-ins, lunch clubs and day centres. Urges council “to preserve or find other ways of providing these valuable services”.
	20 Jan 11	Member of the public (N10)	Concerned at impact of closure and how it would be viewed – one of many similarly-worded letters received
	23 Jan 11	Member of the public (N10)	Church member concerned about impact for both residents and local community
	18 Jan	2 x members of the public (N10)*	Realise funding cuts inevitable but concerned at cuts to Cranwood. Well-organised and supported by many friends and neighbours. Asks councillors to bear in mind how important these services are.
	26 Jan 11	Cranwood Community Group member(s)*	Request to meet/find out more about Cranwood and how it is run.
	29 Jan 11	Member of the public (N6)	Great asset. Terrible worry for those in the home who find it a safe and caring environment.
	31 Jan 11	Member of the public (N10)	Extolling the virtues of the home.
	4 Feb 11	St James Church Muswell Hill	Support for council and difficult decisions it faces. Offer of help and expression of interest in exploring

			alternative option.
	7 Feb 11	Member of the public (N6)	Extremely well-run and well thought of facility, asks councillors to consider carefully the consequences for residents.
	10 Feb 11	Member of church group	Expression of concern
	15 Feb 11	Cranwood Community Group member(s)*	Request to meet to discuss alternatives, including fund raising and how they would be campaigning.
	21 Mar 11 & 19 May 11	Solicitor (Acting on behalf of relative)	Alarmed at the proposed closure of the home and questioning the legal justification for depriving user of services of their home and talking about a judicial review.
	30 Mar 11	Relative, carers, friend*	Role of advocates at meetings. Concern about the risks of moving frail people. Request that councillors reconsider the proposal and examine the alternative that is being put forward by the Cranwood Community Group.
	2 Apr 11	Cranwood Community Group*	Mention of what a group of Christian young people have been doing to support the residents and campaign for the closures. Reiteration of their concerns for residents and their well-being and mention of the feasibility report they have commissioned for a community group to take over the running of the home.
	18 May 11	Cranwood Community Group*	Submission of the Group's options appraisal – see main report
Whitehall St	25 Jan 11	Carer (N8)	Understand tough decisions have to be made. Not happy about proposal. Respite facility saves council money 'by providing the bulk of care'.

			Gives user a regular experience of being away from carer and home for when carer no longer able to care for them and carer the only opportunity to visit family outside London.
	9 Feb 11	Relative (N17)	Relatives 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 difference to their loved one’s general health and well-being. How relative would have struggled to cope with help and support of staff at the centre.
	Undated	Young Adult Volunteer	Vital for people to get out of their house, go shopping, keep their independence, interact and avoid loneliness.
	Undated	User of Services (N17)	Only place can go because in a wheelchair and find other transport too difficult. Only time close relative who is a carer gets a break. [same letter written to several councillors]
	Undated	User of Services (N17)	Helps to overcome isolation and loneliness. Without centre (and its transport) service users lives will deteriorate and older people will be stuck at home which will lead, (as they see it), to higher levels of dementia. Trips, other activities enable users to lead a normal life. Plea to find a way to keep the centre open.
	Undated	User of Services (N22)	Strongly protesting at proposed closure and how news has affected their health. Outline what impact (misery, despair etc) would be of closure of this ‘life-line’ for all concerned. Angry that most vulnerable, (as they see it) are being made to pay for the mistakes of others. Spare the Haven;

			reminder we all grow old.
	Undated	User of Services (N17)	How the centre “means the world” to them and other users.
	12 May 11	Resident’s Association	Asking council to give priority to maintaining these “very much needed” facilities (passed via Cllr Winskill)
	13 May 11	Haynes Relatives Support Group	Formal response to consultation – see main report
	19 May 11	Relative	Dismayed at proposal and outlining how what it means for their relative and suggesting alternatives to closure
The Haynes/Grange	3 Feb 11	Relatives Support Group and Carers Unite*	Pleased at creation of additional ‘extra care’ places. Profound concern and strong objections however to proposed closures. Haynes has transformed their and their loved ones lives. Proposal unlikely,(as they see it), to generate the savings and short-sighted with demand growing. Closure/reduction in levels of dementia services completely unacceptable. “People with dementia and other mental and sensory problems need stimulation and varied specialist activity and the stable relationship that these day centres provide.” These services cannot easily be reproduced in the independent sector and lead, (it is argued), to reduced choice , gaps in provision and impact on people’s lives.
	7 Feb 11	Carer*	How stimulation through varied and appropriate activities is helping to transform both their lives. Dismay at thought of going back to how things were. Not right to remove existing capacity when

			the future demand will increase. This is not a service easily reproduced in the independent sector.
	4 Mar 11	The Lewis & Mary Haynes Trust	Understand the need for savings but welfare of people with dementia should be given highest priority in making final decision. Queries about opportunities for dialogue during the consultation and mention of impact of this and further financial demands on the Charity and its covenants.
	30 Mar 11	Relative, Carer*	Relative, carer 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 [identical to other correspondence received]
	4 Mar 11	The Lewis & Mary Haynes Trust	Objections to the proposed merger of the Grange and Haynes and proposed closure of Woodside DC. Trust does not accept a number of statements/premises behind the proposal “as compatible with an adequate level or quality of care”: Insufficient capacity at the Haynes to accommodate increased usage proposed. Transportation issues arising out of mergers and closures, “recreating exactly the problem [for users] that the Haynes was established to resolve”. Re-provision proposals Home care/personal budgets do not, (as they see it), meet user of services or future dementia day care needs. Proposals run counter to national dementia strategy and Haringey dementia

Alexandra Road			commissioning 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
Woodside DC	31 Jan 11	Relative (out of Borough)	How attending the centre has completely transformed their loved one's life. Appreciation for all the staff there do.
	1 Feb 11	2 x users of services (N10)	Essential if these two users of services are to lead independent lives as they would struggle to cope otherwise.
	20 Mar 11	Relative (N17)	How attending the centre and being with other people has contributed to their loved one's health and well-being on the day's s/he attends. How the relative would be unable to replicate the service offered.
	22 Mar 11	Carer (N15)	How, as sole carer, has seen condition of loved one with dementia get progressively worse and how the centre has given the user of services a 'new lease of life' and made a difference to his/her demeanour and afforded the carer "beneficial" respite. Concern that s/he will have no regular contact with others if the centre closes and the impact, (as they see it): depression, isolation and general deterioration in their condition. Centre provides an "invaluable and vital service".

	23 Dec 10	Provider	Querying the closure
	26 Jan 11	Member of the public	Disappointed at proposed closure of ARCU and 'replacement' by hospital setting. Concerned that NHS and Council have not renewed longstanding agreement in 2011/12, of which ARCU formed part. Consultation pointless.
	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 wards. Replacement provision hospital assessment unit and recovery house(s)) won't, (it is argued), be cheaper (figure work provided) and are not in survey returns favoured by users. "People don't want a medical model but a person-centred approach like ARCU."
	12 Feb 11	SARCU*	Health-related queries 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 lots of people there.
Woodside House	6 Jan 11	User of Services	Submission of petition to save the centre
	13 Jan 11	Dance Club members	Devastated by the news. Club self-supporting and been running for many years at no cost to the council. Request for someone to explain the situation to them.
	16 Jan 11	Member of public	Pointing out stress and concern the proposal is causing users of services and asking the council to reconsider
	1 Feb 11	User of Services	Member of the Dance Club worried at loss of venue
	15 Feb 11	User of Services (on behalf of 28 or more other signatories)	Served as a hub for older people in the local community for many years now. Opportunity to socialise, meet friends and feel part of the community. Realise need to make cuts but for sake of their well-being and independence hoping proposed closure will be quashed.
	14 Mar 11	User of Services	Concern at impact for members of the dance group and their health and well-being if Woodside closed.
	1 Mar 11	Relative (out of Borough)	Relative devastated by news. How another local authority has joined forces with a not for profit

			organisation to, a sheltered housing scheme and volunteers to provide an alternative. Suggested way forward.
Willoughby Road			
	6 Jan 11	Relative	Seeking clarification of what has been said at meetings, future dates and correspondence
	12 Jan 11	User of Services	Petition
	18 Jan 11	User of Services (N4)	Wanting the drop-in kept open and how provides only meal some people get.
	Undated	User of services (N22)	Writing to ask councillors to reconsider and including a petition from users of the drop-in outlining their case for the service remaining open
	20 Jan 11	General Practitioner (N4)	How the drop-in provides much valued resource for many of their patients and asking council to reconsider
	28 Apr 11	Relative	Opposed to closure and why these 'essential' services should not close.
	13 May 11	Users of services	Group of users wanting to work with Council on keeping the centre open
Consultation	19 Jan 11	SARCU*	Notification of their formation and request to be added to contact list
	23 Feb and 1 Mar 11	Haringey Federation of Residents Associations	Nature of the meetings at homes and centres – intended audiences, assertion public know nothing of the closures, assurances that views of the most vulnerable will be taken into account and any changes would be tailored to an individual's needs.
	26 Mar 11	Member of the public (N22)	Seeking confirmation that the decision has not already been made and questioning the general nature of the consultation: publicity, meetings etc

			Outlining (as they saw it) the impact of closing 684, ARCU: loneliness, loss of place of refuge etc. Anxiety at a reliance on St Ann's or for people with mental health issues future well being (self-harm, suicidal tendencies). Disagreement for how the cuts are proposed to be implemented.
	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	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 *	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

22 Mar 11			representation to full Council in Feb 11)
31 Mar 11	Relative, carer		Request for financial information – the Haven
4 Apr 11	User of services		Request for further information
6 Apr 11	Faith leader		Request for further information
6 Apr 11	Freelance photographer		Request to take photos of buildings proposed for closure
6 Apr 11	Relative*		Details of what council spends its money on
6 Apr 11			Details of Broadwater Lodge ward councillors
7 Apr 11	Relative, user, carer		Request for consultation questionnaire(s)
13 Apr 11	Relative, user, carer		Take off mailing list – not a user of services
	Member of the public		Double check closing dated for the consultation
	Member of the public (N22)		Request for consultation questionnaire
	Charity		
18 Apr 11	Member of the public (N10)		Request for financial information - ARCU
27 Apr 11	Member of the public		Request for future information via email
28 Apr 11	Relative (out of borough)		How to submit proposals
2 May 11	Member of public		Asking where to send the feasibility study
	Cranwood Community		
5 May 11	Group *		Details of how soon after any ‘closure’ decision changes would be implemented
	Relative (out of borough)		Querying where to drop off petition and more completed questionnaires
5 May 11	SARCU*		Further details about the Haynes/Grange and about EQIAs and final decision
8/11/12			Copy of previous updates/feedback
May 11	Haynes Relatives Support		
13 May 11	Group*		Asking for information about policies and procedures
	Voluntary Sector		
16 May 11	organisation		
	member of public (out of borough)		
18 May 11			

		Voluntary Sector organisation	request for details of submitting a deputation
		Members Enquiries: Lynne Featherstone MP	
	11 Jan 11		Request for rundown on the proposed closures
	12 Jan 11		Correspondence from constituent concerned about dementia services and how their needs will be taken into consideration
	25 Jan 11		
	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

	<p>3 Mar 11</p> <p>25 Mar 11</p> <p>28 Apr 11</p>		<p>to request for information on the budget</p> <p>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.</p> <p>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 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>
	<p>20 Jan 11</p> <p>25 Mar 11</p>	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> <p>Request for details of the source of the funding (Formula grant, Department of Health etc) that has been cut.</p>

	13 Apr 11		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.
	7 Apr 11	Cllr Bull	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 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