Appendix 1

HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT (EqIA) FORM

Service: **Adult and Community Services**

Directorate: **Adult and Housing Services**

Title of Proposal: **Setting the strategic direction for Adult services:** Proposed closure of council-run crisis unit for people with mental health problems – Alexandra Road Crisis Unit

Lead Officer : **Lisa Redfern**

Names of other Officers involved: Len Weir, Barbara Nicholls

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

1. Introduction

1.1 The proposals in this EqIA cover the Council-run crisis unit for people with mental health problems - Alexandra Road Crisis Unit.

1.2 The 2010 Comprehensive Spending Review and the subsequent local government settlement require Haringey Council to make savings of up to £81m or approximately 30% over the next four years. It is in the context of severe budget pressure that Haringey's Adult Social Care service is setting the strategic direction and priorities for the next three years. This has placed the Council in an unprecedented position and it is seeking to reduce spending and make savings where possible. This comes alongside the need to transform adult social care services in line with the **Putting People First** programme which aims to deliver personalised care through self-directed support, with the aim of ensuring that vulnerable adults have greater choice, control over their care, and over their lives. The proposed changes are designed to respond to the changing needs of older people, people with learning disabilities and those with mental health needs by providing more cost effective, individualised care and support packages, with the aim of ensuring they are able to live more independently in the community.

1.3 As part of the transformation of adult social care there is a need to shift focus to a more 'personalised' approach and offer all people assessed as requiring social care a personal budget (PPF-Putting People First and the updated policy: Think Local, Act Personal). The cost of running these Council services, partly as a consequence of higher administration and labour costs, is about 40% more than that for those owned by other sectors. We spend a high percentage of mental health social care budget on residential care, which means that there is less money to

spend on more personalised services, tailored to the needs of individuals.

1.4 While we regret that severe budget restraint makes it necessary, we welcome the opportunity to modernise our service provision. As a result of the pressures we face, we're proposing to make a number of changes that are designed to:

- Develop a programme of change that better meets the current and expected future needs of the people of Haringey.
- Increasing levels of service within a restricted budget envelope to meet increased levels of need associated with living longer (including people with mental health issues).
- Create services that are more flexible.
- Create care and support that people can access close to where they live.
- Have better long term outcomes for people at lower costs.
- Be ready for the changes of an ageing population.

1.5 Proposed changes

The original proposals in relation to the Alexandra Road Crisis Unit, was as follows:

- Close Alexandra Road Crisis Unit no later than 1 April, 2012.

This proposal was consulted on over a three month period from January to April 2011, with a summary of the consultation set out in section four of this EqIA.

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

1.6 Alexandra Crisis Unit

Alexandra Road Crisis Unit is a Council run service for people with mental health issues, based in a residential care setting. The home provides a residential service for people who are experiencing mental distress or severe emotional stress and are in need of short-term, 24 hours support as an alternative to hospital admission. The home also provides short-term respite stays for people with mental health difficulties or whose carers are in urgent need of respite. The number of users who Alexandra Crisis Unit have registered to use the service is 182, about 100 of this 182 have not accessed the service since 2010.

The service has been jointly funded by health (NHS Haringey) for a number of years, in particular because the service model at the Unit was therapeutic in nature, and supported a model of recovery from mental ill-health and supporting individuals remaining in the community and living as independently as possible;

The service is accessed by users directly (via self referral), or referrals received from care coordinators and other mental health professionals;

Also operating out of Alexandra Road Crisis Unit, is a 24 hour crisis telephone line, which users can contact at any time of the day or night and access a member of staff to assist with issues of immediate concern.

Whilst the service is Council run, NHS Haringey funded approximately 60% of the service through a formal joint commissioning/funding agreement made under s256 NHS Act 2006, and some funding was also provided through the Area Based Grant. The table below outlines the funding arrangements for Alexandra Crisis Unit for the financial year 2010/11:

Table 1

Adult Services provider services revenue budget	£136,800
Area Based Grant	£128,200
Adult Services Mental Health Commissioning	£11,800
NHS Haringey	£377,700
Total Budget for Alexandra Road Crisis Unit	**£654,500**

Cabinet members will be aware that the Area Based Grant terminated as from 31st March 2011 and that savings agreed from Area Based Grant included the removal of this funding from Alexandra Road Crisis Unit (£128,200).

Cabinet members will also be aware that NHS Haringey gave notice to the Council of termination on the formal joint commissioning agreement (referred to in 2.4 above) on 14th December 2011. NHS Haringey gave the Council six months notice of their intention to withdraw health funding from the Alexandra Road Crisis Unit with effect from the end of June 2011. However the notice period has been extended to no later than 31st December 2011, to allow both NHS Haringey and the Council to jointly consider the proposal for closure, and if agreed, a reasonable time period to close the service.

Funding Proposal for Council run residential care homes

It is proposed that the Council's Cabinet agree the recommendation to close Alexandra Road Crisis Unit.

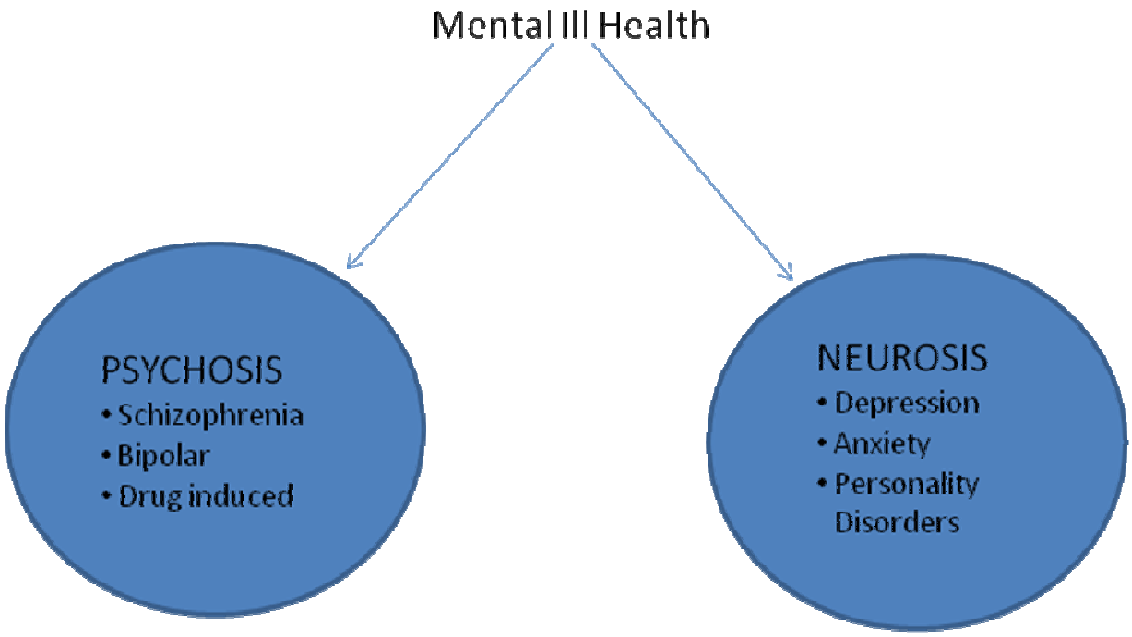
Step 2 - Consideration of available data, research and information

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

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

2.1 Defining severe and enduring mental health issues

This paper focuses on severe and enduring adult mental health. There are two main 'categories' of conditions – psychosis and neurosis.



Examples of severe and enduring mental health issues include:

- Psychosis - psychotic disorders (including schizophrenia) and bipolar affective disorder (manic depression), clinical depression and drug-induced psychosis. Depending on its severity, this may be accompanied by unusual or bizarre behavior (people with psychosis tend to experience delusions, hallucinations and hear voices), as well as difficulty with social interaction and impairment in carrying out the daily life activities
- Neurosis (non-psychotic) – depression, anxiety, compulsive obsessive disorder and personality disorders. Depending on its severity, a neurotic disorder may be accompanied by anger, irritability, mental confusion, low sense of self-worth, etc., behavioral symptoms such as phobic avoidance, vigilance, impulsive and compulsive acts, lethargy, as well as cognitive issues such as unpleasant or disturbing thoughts, repetition of thoughts and obsession, habitual fantasizing, negativity and cynicism. These are also known as 'Common Mental Health' issues.

2.2 Alexandra Road Crisis Unit – available data and information

Service User Equalities Information

Equalities monitoring information has been collected from each of the care homes affected, and also, where available, from relevant ACS managers with responsibility for commissioning and contracting external services. For comparison, the Haringey population data is taken from the Census 2001.

Another comparator used is to compare usage of Alexandra Road Crisis Unit with the profile of people with mental health issues who live longer term in specialist residential

care as part of their recovery from a period of mental ill health. Longer term can range from six months to one to two years or more, depending on the length of time individuals need to achieve higher levels of independence, and therefore move on from residential to alternate accommodation such as supporting people or supported living.

Key findings:

- Age - well over half of users of Alexandra Road Crisis Unit are aged between 31 and 50 (with 21.4% aged between 31 and 40; and 36.8% aged between 41 and 50), indicating a disproportionate impact when compared with the borough profile of age. Refer Table 2.1.1;

- Sex - there is a high proportion of females who use the crisis unit as compared to the general population/profile of females in Haringey. The proportion of Alexandra Road Crisis Road who are female is 62%, against the general population of females in Haringey of 49%. It should be noted however the proportion of female users reflects the proportion of females in Haringey that are expected to have a 'common mental health disorder' which is 60%, and also reflects the prevalence of psychosis by gender (females 61.3%)[1]. Refer Table 2.1.2;

- Race – When looking at the subtotal of people from a 'White' background, there the profile of users of the crisis unit (65.9%) shows no overall disproportionate impact against the borough profile (65.6%). This is also the case for Black and Black British with 19.2% of users coming from this Race group, as against the borough profile of 20.0%. There is a slight over representation of Asian or Asian British, and under representation of Chinese and other ethnic groups. However when compared to the profile of users who access longer term mental health residential care, Black and Black British accessing the service is significantly underrepresented with 19.2% of Black and Black British users accessing the short term service as against 41.1% or users who are in longer term residential care placements. Using the same comparator White and White British are over represented in terms of accessing the crisis unit (65.9%) as against those in longer term mental health residential care (43.2%)

- As regards 'Disability', all older people in Council funded residential care services (including Council's Inhouse services), have meet Council eligibility criteria (critical and substantial) as per DoH guidance, and are considered to have a disability as defined by the Equalities Act 2010. Fair Access to Care Services has been replaced with Guidance on Eligibility Criteria for Adult Social Care (2010) from the Department of Health, with the guidance retaining the four eligibility bands set out in Fair Access to Care Services – that is, Critical, Substantial, Moderate and Low. Haringey Adult and Community Services will continue to provide services to individuals who are assessed as having needs that are Critical or Substantial. For users at Alexandra Road Crisis Unit, they may also be under CPA of the Mental Health Act 2007.

1 http://www.pansi.org.uk – Projecting Adult Needs and Service Information – national database developed by the Institute of Public Care

- Data is available in regards sexual orientation of users. Gay men (2.2%) are slightly over-represented against the national profile of 1.0% (refer Table 2.1.5).
- No disproportionate impact was identified in respect of 'Religion' (refer table 2.1.4), 'Marriage or Civil Partnership'. No residents using Alexandra Road Crisis Unit identified themselves as going through 'Gender Reassignment'. In terms of the protected characteristic of 'Pregnancy and Maternity' one user identified that she is currently pregnant.

Table 2.2.1 Age of people in Council run residential care crisis unit

Age group	mental health residential crisis unit total	Mental Health residential profile (inhouse)	Haringey Borough Profile (all mental health users in residential care)*	Haringey Borough Profile (all adults)*
18-20	10	5.5%	0%	4.5%
21-30	26	14.3%	8.4%	26.8%
31-40	39	21.4%	15.8%	28.9%
41-50	67	36.8%	24.2%	22.2%
51-60	33	18.1%	43.2%	12.8%
61-65	7	3.8%	8.4%	4.8%
subtotal	182	100.0%	100%	100.0%

Table 2.2.2 Sex of people in Council run residential care crisis unit

Sex	Mental Health Residential crisis unit total	Mental Health residential profile (inhouse)	Haringey Borough Profile (all mental health users in residential care)*	Haringey borough profile - general population	Haringey Borough Profile (proportion of M/F with 'common mental disorder)*
Male	70	38%	73.4%	51%	40.0%
Female	112	62%	26.6%	49%	60.0%
total	**182**	**100%**	**100%**	**100%**	**100%**

Table 2.2.3 Race of people in Council run residential care crisis unit

Race		mental health residential crisis unit total	Mental Health residential profile – crisis unit	Haringey Borough Profile (all mental health users in longer term residential care	Haringey borough profile - general population
White British		66	36.3%		45.3%
White Irish		15	8.2%		4.3%
	White Greek / Cypriot	4	2.2%		
	White Turkish	5	2.7%		
	White Gypsy	0	0.0%		
	White Irish Traveller	0	0.0%		
	White Turkish/Cypriot	0	0.0%		
	Kurdish	0	0.0%		
	White Other	30	16.5%		
Other White		39	21.4%		**6.1%**
Subtotal white		**120**	**65.9%**	**43.2%**	**65.6%**
White and Black Caribbean		0	0.0%		1.5%
White and Black African		0	0.0%		0.7%
White and Asian		0	0.0%		1.1%
Other Mixed		2	1.1%		1.3%
Subtotal mixed/white		**2**	**1.1%**	**5.3%**	**4.6%**
Asian or Asian British Indian		5	2.7%		2.9%
Asian or Asian British Pakistani		2	1.1%		1.0%
Asian or Asian British Bangladeshi		1	0.5%		1.4%
Asian or Asian British East Asian African		0	0.0%		
Asian or Asian British Other		6	3.3%		1.6%
Asian or Asian British		**14**	**7.7%**	**4.2%**	**6.7%**
Black or Black British Caribbean		20	11.0%		9.5%
Black or Black British African		14	7.7%		9.2%
Black or Black British Other		1	0.5%		1.4%
Black or Black British		**35**	**19.2%**	**41.1%**	**20.0%**
Chinese		1	0.5%		1.1%

Other Ethnic Group		0	0.0%		2.0%
Chinese or Other Ethnic Group		1	**0.5%**	**4.2%**	**3.1%**
Not stated/not known		10	5.5%	2.1%	
	TOTAL	**182**	**100%**	**100%**	**100%**

Table 2.2.4 Religion of people in Council run residential care crisis unit

Religion	mental health residential crisis unit total	Mental Health residential profile (inhouse)	Haringey Borough Profile (all mental health users in residential care)*	Haringey Borough Profile (all adults)*
Buddhism	3	1.6%	0.0%	1.1%
Christian	43	23.6%	25.3%	50.1%
Hindu	1	0.5%	1.1%	2.1%
Jewish	3	1.6%	4.2%	2.6%
Muslim	10	5.5%	3.2%	11.3%
Sikh	2	1.1%	0.0%	0.3%
Non-religious	13	7.1%	1.1%	20.0%
Other religions	3	1.6%	0.0%	0.5%
Not stated	104	57.1%	65.3%	12.1%
subtotal	**182**	**100.0%**	**100%**	**100%**

Table 2.2.5 Sexuality of people in Council run residential care crisis unit

Sexual Orientation	mental health residential crisis unit total	Mental Health residential profile (inhouse)	Haringey Borough Profile (all mental health users in residential care)*	National data *
heterosexual	152	83.5%	not known	94.5%
bisexual	1	0.5%	not known	0.5%
gay	4	2.2%	not known	1.0%
lesbian	0	0.0%	not known	0.5%
Other		0.0%	not known	0.5%
Not disclosed / Unknown	25	13.7%	not known	3.0%
subtotal	**182**	**100%**		**100.0%**

* Office for National Statistics, Integrated Household Survey, September 2010

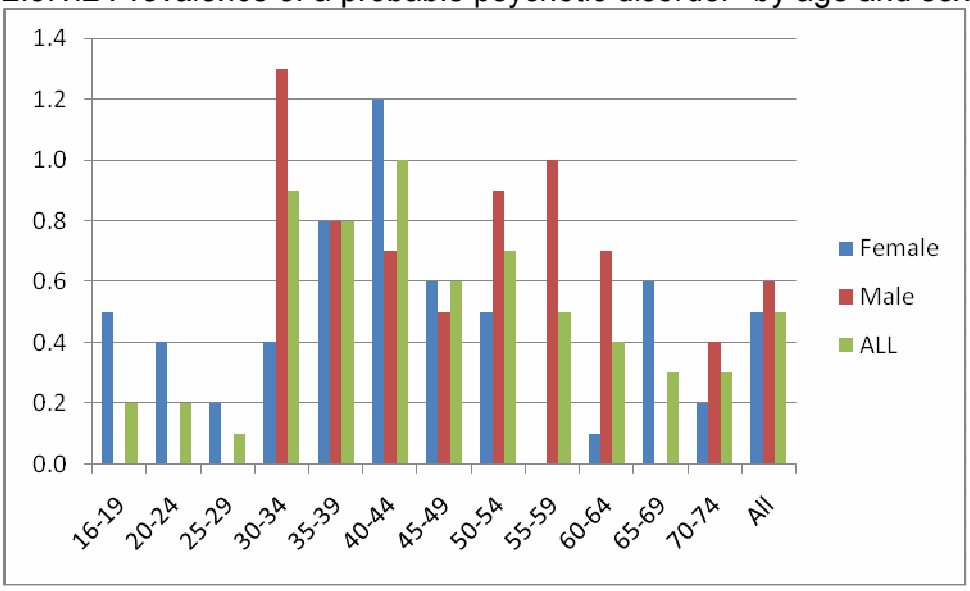
2b) What factors (barriers) might account for this under/over representation?

2.3 USERS OF ALEXANDRA CRISIS UNIT

2.3.1 Age

There is a higher proportion of people aged 31-40 accessing services at Alexandra Crisis Unit than other age groups (36.8%), although from the ages of 31-40 and 51-60 the proportions are also high (21.4% and 18.1% respectively). The National data suggests that there is overall greater prevalence of psychotic disorders between the ages of 30-54 when compared to younger and older age groups[2] (see chart 2.3.1.1 below). Common mental health issues are most prevalent between the ages of 25-29 and 50-54[3], with high reported prevalence between 30-49 (see chart 2.3.1.2 below), therefore the age profile of people who use the Unit is consistent with the national prevalence rates of mental health issues.

2.3.1.2 Prevalence of a probable psychotic disorder* by age and sex

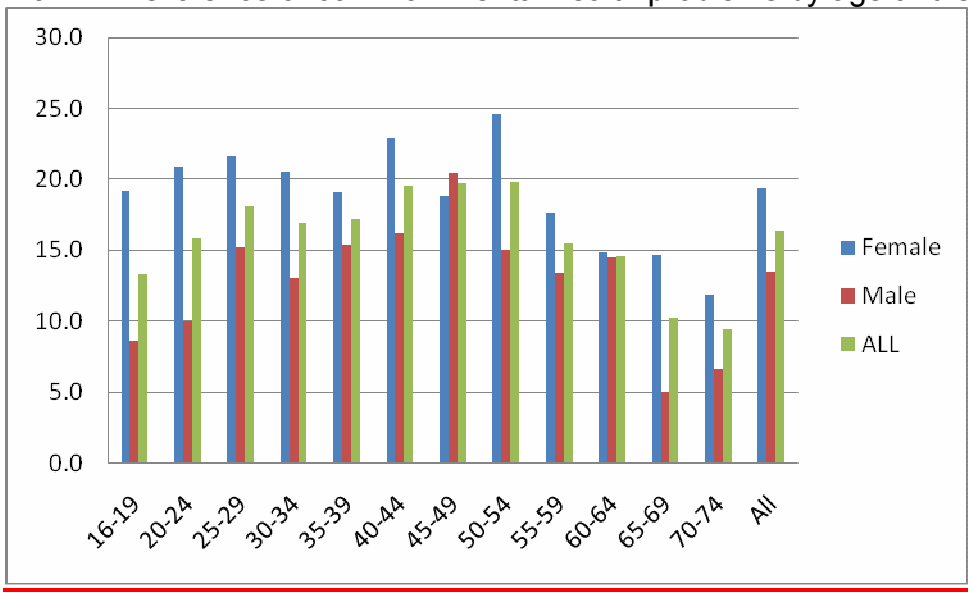


Source, London Health Observatory

** Psychotic disorder includes schizophrenia, schizotypal and other delusional disorders, manic episodes and bipolar affective disorder, and other affective disorders with psychotic symptoms.*

2 http://www.lho.org.uk/LHO_Topics/Health_Topics/Diseases/MentalHealthPrevalence.aspx#1
3 http://www.lho.org.uk/LHO_Topics/Health_Topics/Diseases/MentalHealthPrevalence.aspx#1

2.3.1.2 Prevalence of common mental health problems by age and sex



Source, London Health Observatory

2.3.2 Sex

There are higher numbers of females accessing the services at Alexandra Road Crisis (73%), much higher than their profile in the general population. This is reflected across the age range – see Table 2.3.2.1 below. As can be seen from the charts above, much higher proportions of females are predicted to experience common mental health problems (such as depression, anxiety and personality disorders). Crisis services can be seen as part of a package of support in keeping people living in the community for as long as possible. It is indicated therefore that there are proportionately more men with longer term mental health residential care than women, with women accessing crisis services as part of their community support package.

2.3.2.1 Usage of the Crisis Unit by age and sex

Age	Female	Male	Grand Total
18-20	5	5	10
21-30	16	10	26
31-40	28	11	39
41-50	41	26	67
51-60	18	15	33
61-65	4	3	7
Grand Total	**112**	**70**	**182**

2.3.3 Race

There is no race group that is significantly over or under-represented in terms of people who access the Crisis Unit, when compared to the general population. However the race profile of people who access the short term crisis service when compared to those who access longer term mental health residential care shows over representation of people from a White background and under representation of people from a Black or Black British background. As noted in the introductory section of this EqIA, longer term residential care may be for periods of up to two years or more, depending on the recovery journey of the individual, with more Black and Black British users accessing longer term residential care. Some explanation comes from national prevalence data - the prevalence of psychotic disorders is significantly higher in black men (3.1%) and

there is a strong link with deprivation[4]. The Haringey Mental Health Needs assessment completed in 2010[5], shows that the admission rates (to St Ann's Hospital) by diagnosis are highest amongst psychotic disorders, with schizophrenia accounting for 59% of admission, following by mood affective (18%) and personality disorders (15%)[6]

2.3.4 Disability

All service users have a form of disability, as defined by the Equalities Act 2010, and are eligible for services following a needs assessment that assessed their eligibility as critical or substantial under the national Eligibility Framework.

2.3.5 Religion

No disproportionate impact identified

2.3.6 Gender Reassignment

No disproportionate impact identified

2.3.7 Sexual Orientation

No disproportionate impact identified

2.3.8 Maternity and Pregnancy

No disproportionate impact identified

4 NHS Information Centre (2009). *Adult psychiatric morbidity in England 2007*. http://tinyurl.com/apms2007
5 http://harinet.haringey.gov.uk/index/council/hsp/ourplace/healthier_people_with_a_better_quality_of_life.htm
6 http://harinet.haringey.gov.uk/index/council/hsp/ourplace/healthier_people_with_a_better_quality_of_life.htm

Step 3 - Assessment of Impact

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

	Increase barriers?	Reduce barriers	No change
Alexandra Road Crisis Unit	**X**		

3.1 Summary of impact of current proposals – mental health

3.1.1 Impact on Age:
There would appear to be a disproportionate impact of the proposals on people aged between 31 and 50 using the crisis unit.

3.1.2 Impact on Sex:
The main users of the Council run crisis unit are women, who outnumber men approximately 2:1, therefore the proposed closure is more likely to have a disproportionate impact on females.

3.1.3 Impact on Disability:
All users of the crisis unit are considered to have a disability, namely a mental health issue. Therefore it is to be expected that the proposed changes will adversely affect users.

3.1.4 Impact on Race:
In broad terms the groups affected by these changes are consistent with the overall borough profile for ethnicity, however when compared to the profile of users in longer term residential care, the highest impact would be for White and White British..

***3.1.5 Impact on other protected characteristics**:* There is no adverse impact identified in respect of the other protected characteristics – that is: religion, sexual orientation, gender reassignment, marriage and civil partnership. There is no adverse impact anticipated against the protected characteristic of pregnancy and maternity.

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

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

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

person-centred support planning, and the use of personal budgets. The overarching drive of personalisation and using personal budgets is to support more people to live at home for longer, thereby reducing the need for residential care.

However where the assessed need of the individual is such that short term 'crisis' residential care is considered the most appropriate option for them, this will be arranged for them. Should the proposals to close the Council run crisis unit for people with mental health issues be agreed by Cabinet, a review of their current level of care need will be arranged (and have been started), involving the service user/resident and their families, as well as access to independent advocacy where necessary.

Through self-directed-support and the wider transformation of social care individuals, with the help of those that support them will have the opportunity to manage their own care arrangements and achieve a better quality of life. We have also been in the forefront of putting in place efficient personalised services that support people to live independently, with an improved quality of life, for longer.

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

- A move toward community-based services including service available at community hubs
- Commissioning services – working with the current and future provider market to ensure the right levels of capacity and at the right quality are available to support people's needs – both community based and residential care based services.
- Enabling more personalised care through increasing use of personal budgets which gives increased choice and control for clients assessed as being in need of care and support.
- Robust assessment, person-centred care management and safeguarding.
- Developing a 'universal offer' based on volunteering and social responsibility.

The residential care homes, including Alexandra Road Crisis Unit managed by the Council, are provided in the wider context of a well developed independent sector care home market. Haringey Adult Services has strong commissioning practice in terms of residential care placements; in early 2011, the Care Quality Commission judged Haringey's commissioning practice, in terms of the quality of residential care for adults, to be the best in London and we have performed in the top national quartile for the quality of residential care that we commission for the last two years;

There is no planned 'shift' from this robust approach to the quality of care that Haringey commissions; Haringey is moving from a model of directly provided adult care services to one where such services are commissioned from a wide range of providers in the independent sector. This proposal is consistent with that strategic approach and the wider requirements of "Putting People First" and "Think Local, Act Personal";

In terms of the care home market for mental health, there are 38 Care Quality Commission registered residential care home services in the independent sector in the borough offering a total of 224 residential beds. There are also a significant number of residential care homes close to the borough boundary. The Council currently commissions all mental health residential care in the private sector, both within the borough and out of borough (for example where a person prefers to live in

another area to be closer to family, or where specialist provision is required in the case of forensic services). Within mental health services, there is clear ethos of recovery and move on from residential care, and the providers within the market are used to working with people who are in crisis;

In addition, Haringey Adult Services have a strong and proven track record of good, well-embedded commissioning and contracting practice, on a solid foundation of strong management of the social care market; current practice is to avoid large block contracts and large numbers of people being placed with any one provider. This mitigates against the potential collapse of particular providers and maximises the choice for clients and their families, within a system of benchmark pricing in the residential care home market; and,

Within this context we anticipate no apparent difficulties in working with the private and voluntary sector in being able to provide an appropriate intervention/placement where the primary need is social care, such as respite and dealing with crisis situations. Indeed the range of options available for users is anticipated to increase. As per 12.14 below, consultation respondents indicated clearly that should the proposal to close Alexandra Road Crisis Unit be agreed by Cabinet, there is a strong preference for a mental health charity (or voluntary organisation to be involved in any re-provision. It is anticipated that where alternate provision should be provided by social care, there is s strong provider base available already to ensure the Council is able to respond to this user preference

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

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

Step 4 - Consult on the proposal

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

When we consulted
The consultation ran for the best practice period of three months from 31st January to 30th April 2011 to enable sufficient time to talk to people about the proposals and give them time to respond

How we consulted
There were several main channels for the consultation, as set out below:

Pre-consultation activity
Emails and letters were sent to users, relatives, carers and staff in all of the homes and centres affected by the proposed budget cuts as well as providers, health, voluntary sector colleagues and others once it was clear Cabinet would be considering proposed changes to the delivery of adult care services when it met on 21st December 2011. This correspondence was sent out on 20th, 22nd and 23rd December to coincide with information about these proposals being published on the Councils website and Cabinet's decision to consult.

These e-mails and letters were followed up with face-to-face meetings were with users of services, relatives and carers as well as staff at each of the affected locations either immediately before or after Christmas 2010 or at the start of the New Year 2011 to alert them to the proposed budget cuts (if they'd not already heard) and that we would be consulting on the proposal. The opportunity was taken to explain what was happening and why and what the next steps would be.
Details as follows:

Date	Location
Staff – 20th, 21st and 22nd December 2011	Alex House and Civic Centre
Users, relatives, carers – 4th January through 13th January 2012	Various homes and centres

Consultation web page, email address and telephone helpline
A comprehensive web page (www.haringey.gov/ budgetconsultation) was created to ensure people were able to read about the proposals and were kept informed of the consultation and what people were saying in feedback. The web pages have regularly been updated since their launch; 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 didn't, however, rely on this electronic means of communication, especially for those without access to the internet.

Consultation Questions
We produced four targeted consultation questionnaires for day care centres, drop-ins, residential care homes/bed based respite care or the Alexandra Road Crisis Unit and, enabling people to respond to specific questions and/or add comments of their own.

This was done in recognition of the fact that the meetings would only capture the views of those users, relatives and carers who attended one of more of the monthly meetings in the homes and centres. We needed to be able to capture the views of those who would be unable to attend such as relatives who lived some distance away as well as hear from members of the public, voluntary sector colleagues and others who either did not chose to write-in or provide a formal response to the consultation.

It was also a way of capturing equalities data that would help us to determine alongside the other information we had collated, the Equalities Impact of our proposals and allowed people who wanted to, to have their say anonymously.
The other reason for the questionnaire was that we not only wanted to know what people thought of the proposal but for people to help commissioners of services and others shape future services in the Borough if the proposed changes went ahead.

We identified the need for separate questionnaires: one for residential/bed-based respite care services, one for drop-ins, one for day centres and one for the Alexandra Road Crisis Unit to reflect the differences between the services and the very different nature of the provision (preventative services versus statutory ones and day opportunities versus residential care). Doing so will allow decision-makers to analyse the results in more detail and provide commissioners and others with more specific information tailored to different users of services needs.

Overall structure of the questionnaires

The questionnaires followed a similar format inviting respondents to indicate:

1. Their support or opposition to the proposal
2. Say what's important to them
3. Say what they wanted future services to provide
4. Provide details about themselves

Each questionnaire had between 20-25 questions in all, including several free-text boxes to enable people to have their say.

In total, some 3000 questionnaires were produced in all according to the perceived needs of each service user group. These were produced in both printed and electronic forms with copies made available for completion via the web page, handed out at the monthly meetings, made available in the homes and centres or sent out on request. The availability of these questionnaires was communicated via the fact sheet, webpage, mentioned at the monthly meetings and highlighted in correspondence (posters, updates etc). Freepost envelopes were made available so that people could return completed questionnaires 'free of charge'.

Press notices
Background material was produced for the press explaining the services and the proposed cuts.

Letters and e-mails
The Council recognised the anxiety caused by the proposals and the need to keep people informed as a way of minimising this.
A total of 1200 inaugural letters were sent to users, carers, relatives, providers, faith groups, churches followed by a similar number of others during various stages of the consultation:

- January 2011 – letters were sent to users, relatives and carers setting out details of the consultation and timetable of meetings with senior council officers and Cabinet members including a fact sheet;
- February 2011 – letters were sent to providers, health and voluntary sector colleagues setting out the consultation, inviting organisations and individuals to have their say and explaining potential impact of any proposed changes and the steps we would be taking to mitigate the effect;
- March 2011 – letters were sent to users, relatives and carers as well as others providing feedback and reminding them that the consultation had reached the halfway point;
- June 2011 – letters were sent to users, relatives and carers and others of drop-ins advising them of the results of the Cabinet decision on drop-in services and separate letter to uses, relatives, carers and others notifying them of the timetable residential homes, centres and the Alexandra Road Crisis Unit and pointing to where full details of the consultation could be found.

Other correspondence included standard acknowledgements / specific responses to several hundred emails and letters received from people directly or via a councillor or local member of parliament about the proposed cuts.

These formed part of an ongoing communications plan designed to keep all those affected updated on progress and to minimise anxiety following consultation by keeping people informed, as necessary, until decisions are made.
They were also one of a wide range of ways/channels for people to have their say:

Meetings
A significant number of events (56 in all) 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.

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
19/05/2011	Mental Health Carers Association Carers Support Group
17/06/2011	Hill Homes 'Extra care' scheme

Reminders
We also issued a reminder about the consultation (and the time remaining for people to have their say) midway through the consultation, advised people when the consultation ended, and reminded people of their right to make further representation to Councillors when they are making their final decisions.

Partnership working

Community and voluntary sector
A network of the local independent and voluntary sector, the local online community and NHS colleagues were also engaged to promote the consultation with the likes of Haringey Association of Voluntary and Community Organisations (HAVCO) reaching a membership of over 1400 and Harringay Online, the Haringey Health and Social Care Local Involvement Network (LINK) and local NHS reaching a wide range of others, including GPs, members of the online community and individuals and community group representatives in Haringey working to improve the way Health and Social Care Services are delivered.

Adult Partnership Boards
The consultation was raised, discussed and promoted via the five Adult Partnership Boards so that the message could be cascaded to as wide as possible an audience. See below for the dates on which these meetings took place. The consultation around the proposed closure of the Alexandra Road Crisis Unit was undertaken in partnership with NHS Haringey.

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, Haringey User Network and the Mental Health Carers Support Association Carers Support Group in Haringey 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

We made sure that details of the web page as well as other details, including how people could contact a single point of contact within the council (FeedbackandSupport@haringey.gov.uk and telephone query line: 020 8489 1400) about the consultation should they wish to, for more information or in order to have their say were also made widely available and ensured that this information was included in fact sheets, posters and other forms of correspondence.

Consultation – Summary of what people said

Overall comments

Impact for users, relatives and carers

Those who attended meetings or who wrote in have understandably expressed a range of emotions and strengths of feeling. Many people who participated in the consultation did so with personal stories and explained the impact of the cuts for them and/or their loved ones or the groups and individuals whose interests they represented. 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. Services were considered 'invaluable in a crisis'. Closure of services was also thought to increase the likelihood of a more serious intervention by the Council or NHS.

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

Impact for the future and the wider community

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

Comments on the proposal

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

Many extended offers of help and/or suggested steps the Council should and could take to mitigate and/or monitor the impact were the cuts to go ahead. Some were pleased to see the personalisation programme moving forward and were keen to

work with the Council in developing a diverse market in services. Others like the Unions were concerned that the personalisation agenda was being used to justify the proposal.

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

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

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

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

Consultation on proposals for the Alexandra Road Crisis Unit
Alexandra Road Crisis Unit 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 Alexandra Road Crisis Unit would, it was argued, be short-sighted and high in both financial and human terms. A short stay at Alexandra Road Crisis Unit 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 Alexandra Road Crisis Unit.

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 provided by Alexandra Road Crisis

Unit and 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 Alexandra Road Crisis Unit 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.

Unison provided comments in respect of the service changes (staffing comments are addressed in a separate staffing EqIA), which echoed views expressed by other respondents as set out above, including comments on NHS proposals around recovery houses (including concerns about a medical model of service), the high value of the Alexandra Road Crisis Unit to service to users, and the loss of a preventative community based service in the borough.

In the case of Alexandra Road Crisis Unit (ARCU), there were some 5 meetings with users, relatives and carers; 53 questionnaire responses, a further 21 written responses and 263 specific viewings of the webpage. A petition was also received with 169 signatures from the group 'Save Alexandra Road Crisis Unit'.

Looking to the Future

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

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. 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.

For Alexandra Road Crisis Unit 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%).

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

Just to be clear, there is no change to Haringey Council's eligibility criteria to access adult social care services, so if a vulnerable adult is assessed as needing services s/he will continue to receive services but, these services will be provided in the independent sector, or via the NHS, as appropriate to a person's needs.

NHS Haringey, the Council and Barnet Enfield and Haringey Mental Health Trust will be working closely with the market (including independent sector providers) to develop concrete, alternative and appropriate options should councillors ultimately decide to close the Unit. NHS Haringey and Barnet Enfield and Haringey Mental Health Trust are already working to develop alternative provision for people with mental health issues who experience crisis and have already started looking at the development of Crisis and Recovery Houses. Both the consultation outcomes and Unison concerns as set out above have been provided to NHS Haringey for consideration in coming to their decision around the proposal at the end of September 2011. Staffing matters raised by Unison are addressed in a separate EqIA.

We anticipate no apparent difficulties in working with the private and voluntary sector in being able to provide an appropriate intervention/placement where the primary need is social care, such as respite and dealing with crisis situations. Indeed the range of options available for users is anticipated to increase, with a strong provider base available already to ensure the Council is able to respond with appropriate care.

Please note, following the NHS and Community Care Act 1990, two thirds of all residential and community care services have been commissioned (planned and bought) by the Council in the independent sector. Haringey only purchases services from providers of care who are rated by the Care Quality Commission (CQC) as **Excellent** or **Good**. The CQC has recognised that our commissioning of residential and home care services is the best in London and that Haringey has performed in the top quartile nationally for the last two years.

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

An update of the consultation (to date) was widely provided in March 2011 along with responses to Frequently Asked Questions.

June-August 2011 – letters have been sent to users, relatives and carers and others of drop-ins and residential care homes advising them of the position of the Cabinet decision on drop-in services and residential care homes; a separate letter to users, relatives, carers and others notifying them of the decision timetable for day centres and the Alexandra Road Crisis Unit and pointing to where full details of the consultation could be found and that they can attend or make representation.

Full details of the consultation are contained in a separate more detailed consultation report which accompanies the report to Cabinet. This has been widely made available beforehand.

Step 5 - Addressing Training

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

It is important that all Officers involved in commissioning of services directly, or through the market development function and, where appropriate, some private organisations, must have received up to date, full, equalities training. This will be identified as a key action in section 8.

Step 6 - Monitoring Arrangements

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

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

Monitoring arrangements will include:

- Formal contract monitoring (as now), where formal contracts are in place.
- Quality assurance through Adult and Community Services new Accreditation Framework, which is currently being rolled out across all provider services
- Analysis of complaints

Engagement with providers will include:

- Monthly provider forums
- Ongoing work by Market Development.

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

The relevant Heads of Service will be responsible for monitoring the equalities impacts of the proposals. Commissioning will need to continue to ensure that providers are meeting the needs of their users, including those protected groups highlighted through this Equalities Impact Assessment are protected from any potential discriminatory practice, including ensuring an appropriately balanced staff group in terms of equalities strands.

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

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

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

Standard equalities monitoring documentation already exists and will be used. This includes contract monitoring and performance management arrangements of external organisations

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

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

Step 7 - Summarise impacts identified

Unit	Age	Ethnicity	Disability	Gender	
Alexandra Road Crisis Unit	Age - well over half of users of Alexandra Road Crisis Unit are aged between 31 and 50 (with 21.4% aged between 31 and 40; and 36.8% aged between 41 and 50), indicating a disproportionate impact when compared with the borough profile of age	Race - there is no disproportionate impact in terms of race, when comparing the race of users of Alexandra Road against the general population. It should be noted however that the highest proportion of users come from a White background (65.9%);	**All users are disabled**	Sex - there is a high proportion of females who use the crisis unit as compared to the general population/profile of females in Haringey. The proportion of Alexandra Road Crisis Road who are female is 62%, against the general population of females in Haringey of 49%.	No disproportionate Impact identified with regard to religion, sexual orientation and the other protected categories

Step 8 - Summarise the actions to be implemented

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

Issue	Action required	Lead person	Timescale	Resource implications
People aged 31-50 / females accessing appropriate social care residential care and crisis/respite services	• Ensure care management staff plan with service users, families/carers and providers that the specific needs of user can be met when making placements.	Head of Adult Commissioning Barnet Enfield and Haringey Mental Health Trust	Ongoing •	Existing resources
Risks of higher need for other forms of support and care services in future	• Identifying non-traditional respite options and improving take-up of personal budgets • Commissioning more services in the independent sector • Developing a diverse market in services	Head of Adult Commissioning Barnet Enfield and Haringey Mental Health Trust	Ongoing	Existing resources
Risk of insufficient capacity in care home market to meet demand	• Commissioning and Market development work with existing and potential new providers in ensuring the right level of capacity (of the right quality) • Ensure capacity for specific disabilities requirements – working with people with mental health issues in crisis	Head of Adult Commissioning	Ongoing	Existing resources
Improve equality monitoring in relation to transformed services	• Ensure that all services users in transformed services are fully equality monitored against the Equality Act 2010 categories	Heads of Services	Ongoing	Existing resources

Step 9 - Publication and sign off

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

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

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

Assessed by (Author of the proposal):

Name: Lisa Redfern

Designation: Deputy Director

Signature:

Date: 8th September 2011

Quality checked by (Equality Team):
Name: Arleen Brown
Designation: Senior Policy Officer
Signature: *A.J. Brown*
Date: 8th September 2011

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date: