

Matter being dealt with

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17 May 2011

To: All Persons receiving papers for Cabinet Member Signings

Dear Member,

Cabinet Member Signing - Tuesday, 24th May, 2011

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

**4. ADULT, CULTURE AND COMMUNITY SERVICES (ACCS)
DIRECTORATE SPECIFIC CRITERIA FOR THE APPLICATION OF
FUNDING FOR COMMUNITY, VOLUNTARY AND INDEPENDENT
SECTOR (WHERE APPROPRIATE) (PAGES 1 - 92)**

(Report of the Director of Adult, Culture and Community Services): To approve and implement the recommendations from the completed consultation of the ACCS Directorate specific criteria applied to assess funding for the community, voluntary and independent sector where relevant regarding changes to funding arrangements and actual funding for 2011/12. **To follow**

5. EXCLUSION OF THE PRESS AND PUBLIC

The following item is likely to be the subject of a motion to exclude the press and public as it contains exempt information which either relates to the business or financial affairs of any particular person (including the Authority holding that information) or the amount of any expenditure proposed to be incurred by the authority under any particular contract for the acquisition of property or the supply of goods and services.

Note by the Head of Local Democracy and Member Services

Item 6 allows for the consideration of exempt information in relation to item 4 which appears earlier on the agenda.

**6. ADULT, CULTURE AND COMMUNITY SERVICES (ACCS)
DIRECTORATE SPECIFIC CRITERIA FOR THE APPLICATION OF
FUNDING FOR COMMUNITY, VOLUNTARY AND INDEPENDENT
SECTOR (AND THE PRIVATE SECTOR WHERE APPROPRIATE)
(PAGES 93 - 100)**

(Report of the Director of Adult, Culture and Community Services): To approve and implement the recommendations from the completed consultation of the ACCS Directorate specific criteria applied to assess funding for the community, voluntary and independent sector where relevant regarding changes to funding arrangements and actual funding for 2011/12. **To follow**

Yours sincerely,

Richard Burbidge
Cabinet Committees Manager



Haringey Council

URGENT BUSINESS SHEET

Report Title: Report to Approve and Implement the recommendations from the completed consultation on Adult and Community Services (ACS) Department specific criteria to assess funding for community, voluntary and independent sector (and the private sector where appropriate), and actual funding for 2011-12.

Committee/Sub etc: Key decision

Date: 24th May 2011

The report is late because –

The response to the consultation that took place in March/April was far greater than anticipated. The analysis of the responses which is reported in the consultation and summary report took longer than originally planned and needed to be reflected in the final version of the report.

The report is too urgent to await the next meeting because –

To meet the efficiencies proposed the programme of reductions needs to commence as the current contracts are only extended to end of May 2011.

The Head of Local Democracy & Member Services concurs with the admission of this item.

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Agenda item:

[No.]**Lead Member Report – Councillor Dogus****On 24th May 2011**

Report Title: Report to Approve and Implement the recommendations from the completed consultation on Adult and Community Services (ACS) Department specific criteria to assess funding for community, voluntary and independent sector (and the private sector where appropriate), and actual funding for 2011-12.

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

Signed:

Contact Officer: Lisa Redfern, Deputy Director, Adult and Community Services

Wards(s) affected: **All**

Report for: **KEY DECISION**

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

- 1.1. The purpose of this report is to implement the final funding decisions in relation to the budget reductions to voluntary sector organisations within Adult and Community Services (ACS).
- 1.2. The Cabinet Member for Adult and Community Services (ACS) agreed criteria for future funding in relation to adult services for 2011/12. These criteria were subject to consultation and this report seeks to confirm approval of the criteria as attached at Appendix 1.
- 1.3. These criteria were provisionally applied to assess the future commissioning of services and these provisional decisions were subject to consultation. Following appropriate consideration of the responses to this consultation and having had due regard to the Council's equality duties as set out in the Equality Act 2010 (and attached at Appendix 6 to this report), this report seeks Lead Member approval to implement final funding decisions for 2011/12 arising from the application of these criteria.

2. Introduction by Cabinet Member (if necessary)

- 2.1. The funding cuts from Central Government have meant that all areas of support and budget commitment be reviewed. Adult and Community Services have carefully reviewed the funding to the voluntary sector, with a view to prioritising resources to the most vulnerable residents. This will allow for savings to be made to contribute to the Council's savings plan.
- 2.2. A Cabinet decision on the 8th February (Item 9. Medium Term Financial Planning 2011/12 – 2013/14) gave authority to the appropriate Cabinet Member to take the final decisions in relation to proposed reductions or cessations of funding to third sector (and private sector where relevant) organisations that were provisionally identified as part of the Council's budget setting process for 2011/12. As part of this decision, Council wide over-arching funding criteria were agreed by Cabinet and are attached at Appendix 5.
- 2.3. In February 2011, the Cabinet Member for Adult & Community Services agreed criteria for future funding in relation to services in ACS for 2011/12. The Cabinet Member also approved a delegation to the Director of Adult and Housing Services to provisionally apply these criteria and make in principle decisions in relation to funding reductions to services, subject to consultation and equalities impact assessments.
- 2.4. Consultation with users and providers on the proposals has been carried out. A consultation report is attached to this report at Appendix 2. Equality impact assessments (EQIAs) have been carried out and are attached at Appendix 3 and Appendix 4.
- 2.5. Following consideration of the consultation responses, and having regard to the Council's equality duties under the Equality Act 2010, ACS have finalised their proposals for future funding of voluntary sector organisations and this report seeks to implement those decisions.

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

- 3.1. [Council Plan](#) priority – A Thriving Haringey: encouraging lifetime well-being at home, work, play and learning;
- 3.2. [Council Plan](#) priority – A Caring Haringey: promoting independent living while supporting adults and children in need;
- 3.3. [Council Plan](#) priority – Driving Change, Improving Quality: delivering excellent customer focused cost effective services;
- 3.4. [Sustainable Community Strategy](#) outcome – Healthier people with a better quality of life; and
- 3.5. [Well-being Strategic Framework](#): encompasses the seven *Our Health, Our Care, Our Say* (OHOCOS) outcomes. The Framework recognises that promoting well-being and prevention requires creative and integrated solutions beyond the traditional health and social care agenda. The Framework is currently being

reviewed to focus on the new policy agendas of personalisation, safeguarding vulnerable adults and addressing health inequalities.

4. Recommendations

- 4.1. It is recommended that the criteria attached at Appendix 1 for the future funding of services by Adult and Community Services is confirmed in order for final decisions on funding of individual services to be made.
- 4.2. It is recommended that approval be granted for the recommendations as set out in Appendix A of this report to implement the funding changes to individual services resulting from the application of these criteria.
- 4.3. It is recommended that approval be granted for a waiver of the Council's Contract Standing Orders (CSOs) as allowable under the Council's Constitution (Part 3, Section D paragraph 2.2 (D)), of the Council's requirement for tendering of contracts under CSO 6.05. The contracts for which the waiver is sought are detailed in Appendix A of this report.

5. Reason for recommendation(s)

- 5.1. In order to make informed and equitable decisions regarding proposed reductions, criteria were developed to assist in making decisions on future funding of organisations by Adult and Community Services. The criteria is based on the Eligibility Guidance published by the Department of Health and puts greater emphasis on meeting the needs of individuals who would be considered as having critical or substantial needs, as this is where the Council's eligibility threshold is set and where the statutory duties lie. Various comments were received in consultation on the criteria and a summary can be found under the heading "Comments on the Criteria Used" of the consultation report attached at Appendix 2.
- 5.2. Some considered that use of the Department of Health Eligibility Guidance (commonly still referred to as Fair Access to Care Criteria or "FACS") was unfair, particularly where the users of their services were not in receipt of statutory social care services. Some said that it is difficult to separate ACS funding from other funding streams, many of which were also being cut.
- 5.3. Several others queried, as they perceived it, the arbitrary nature of ACS's scoring system for determining the impact of stopping a service, and made a case for additional points to be awarded (evidence provided) under the system. Reviewing the award of points did see many projects' provisional scoring increase, although for only about five did this result in the organisation achieving sufficient points to retain their 2010/11 funding at either the same or reduced level.
- 5.4. Notwithstanding, it is recommended that the criteria as set out at Appendix 1 are approved.

- 5.5. Currently ACS commissions approximately £1.5million from voluntary sector organisations to support the delivery of social care services to vulnerable adults in the borough.
- 5.6. The detailed breakdown of the proposed reduction in funding to the voluntary sector can be found at Appendix A to this report. Adult and Community Services can be separated into client care groups. Information on each sector is provided below.

5.7. **Older People:**

The proposals in relation to the Older People’s sector are as follows:

Original contract value	£375,700
Initial proposed reduction	£100,000
Recommended reduction	£100,000
Revised contracts value	£275,700

No change is proposed to the original in principle funding decisions for services who work primarily with older people. The criteria prioritised those services that work to increase and maintain independent living in the community and reduce isolation, such as stroke club and drop-in services. Services that are being recommended to cease are primarily concerned with benefits maximisation and befriending. In terms of benefits maximisation, ACS will mitigate this loss of service through increased partnership working with key agencies such as the Job Centre Plus. Links are already established with the Job Centre Plus Haringey Partnerships Manager, and for people eligible for personal budgets, the financial assessment team completes an income maximisation assessment with service users. In terms of the befriending service, it is expected to mitigate the loss of this service through the neighbourhood networks pilot.

5.8. **Learning Disability**

The proposals in relation to the Learning Disability sector are as follows:

Original contract value	£250,157
Initial proposed reduction	£45,747
Recommended reduction	£45,747
Revised contracts value	£204,410

No change is proposed to the original in principle funding decisions for services who work primarily with people with Learning Disabilities. There are two services mainly affected, arts/drama sessions, which is available through other organisations; and an employment project, with mitigation anticipated through the expansion of access to personal assistants for people with learning disabilities.

5.9. **Mental Health**

The proposals in relation to the Mental Health Sector are as follows:

Original contract value	£108,000
Initial proposed reduction	£35,000
Recommended reduction	£25,550
Revised contracts value	£82,450

Following feedback from the consultation process, and in completing the equalities impact assessment, the original in principle funding proposal has been reduced, with less savings now proposed to be sought from mental health. As a direct result of consultation analysis, it is now recommended to retain services such as advocacy, specialist floating support for a hard to reach community group community, and the provision of an appropriate adult service. The one service that it is recommended to cease is a scheme to train volunteers as appropriate adults, mitigation for which is to work with the current appropriate adult service in remodelling their current service model. A counselling and psychotherapy service was originally assessed for cessation under the criteria, and as a direct result of the consultation process and analysis which highlighted the vulnerability of users, including care leavers, the Council is working with the provider to agree a remodelled service.

5.10. **Alcohol misuse**

The proposals in relation to the Alcohol misuse sector are as follows:

Original contract value	£366,258
Initial proposed reduction	£78,249
Recommended reduction	£49,599
Revised contracts value	£316,659

The original in principle proposed savings included a reduction to services to people who misuse alcohol, including street-drinkers. Reductions to this sector are also being sought by the Supporting People programme and by Children & Young Peoples Service. Feedback through the consultation process included highlighting the importance of access to services at 'unsocial' hours as well as out of normal office hours. As a direct result of consultation analysis some services originally proposed for cessation are now being recommended to continue at full or reduced levels. The result will be a re-modelling of the alcohol service supplementing the existing pathway model, with some savings still to be achieved.

5.11. Carers

The proposals in relation to services to the Informal Carers sector are as follows:

Original contract value	£230,000
Initial proposed reduction	£75,250
Recommended reduction	£53,250
Revised contracts value	£176,750

The original in principle proposed savings included a reduction in services to Carers, as well as terminating some services. The original proposals for funding reductions sought to retain key services that met the needs of the most vulnerable carers across BME groups and client groups.

Following the consultation process and equalities impact assessment, a proposal has been reached to reduce the savings required. The services which are still recommended to be decommissioned include benefits advice and a support group, which included some provision for an annual conference. As with the benefits advice service in the Older People's sector, the loss will be mitigated through increased partnership working with key agencies such as the Job Centre Plus. The Job Centre Plus Partnerships Manager is a member of the Carers Partnership Board and within Jobcentre Plus local offices there are "Carer Lead Champions" who provide support to carers to enable them to get back into employment. This can include replacement care and benefits advice.

One of the carers services that is being recommended for retention will be reviewed in 2011 with the review of the Council's Core Grants Programme, pending the implementation of the commissioning and funding framework for the voluntary sector.

5.12. General Services

The proposals relating to services available more generally are as follows. They include services that provide some infrastructure support to voluntary and community groups, and include supporting and facilitating engagement and participation on strategic boards and forums.

Original contract value	£148,300
Initial proposed reduction	£144,000
Recommended reduction	£114,000
Revised contracts value	£34,300

The original in principle proposals included a funding reduction to most of these services. Following the period of consultation, it has been highlighted that there remains a strong need to retain some of the services that support voluntary and

community groups. One key provider was concerned about the use of adult and community services criteria to the more generic services provided. This is acknowledged with the revised proposal, with continued funding now recommended.

6. Other options considered

- 6.1. Officers have considered all options but due to budgetary constraints on the Council it is necessary to find this level of savings within the Adult and Community Services commissioning budget. This necessitates decommissioning and redesign of several services to meet these budgetary demands.

7. Summary

- 7.1. The Government's Comprehensive Spending Review (20th October 2010) has placed an enormous challenge on local authorities and other public services to reduce spending over the next few years. Many grants have been trimmed or cut completely, which includes grants that made up the Area Based Grant (ABG). As a result the ABG no longer exists – it ceased on the 31st March 2011. There have also been significant changes in the way councils receive their funding from 1st April 2011, which has created additional financial pressures on the Council.
- 7.2. Overarching indicative criteria, based on Audit Commission criteria, were approved at Cabinet on 8th February. These overarching criteria applied Council wide, and are attached as Appendix 5 to this report. Adult and Community Services went on to develop detailed criteria based on the overarching criteria that correspond with the priorities and frameworks of the Directorate, approved by the Director and Cabinet Member Adult Culture and Community Services on the 16th and 21st February.
- 7.3. The criteria has been set out in two parts. Firstly, the service was assessed using the Eligibility Criteria guidance published by the Department of Health and given a numerical score weighted towards giving those with critical and substantial needs a higher score (the 'needs' score).
- (i) Services for people that primarily have critical needs
 - (ii) Services for people that primarily have substantial needs
 - (iii) Services for people that primarily have moderate needs
 - (iv) Services for people that primarily have low needs
 - (v) General population; Early intervention and prevention
- 7.4. The second part of the criteria consisted of an assessment of each service in terms of 'Financial impact on other services'; 'Service not available elsewhere'; 'Service affects a large percentage of the service user group'; 'Value for money' and 'Other Significant Factor'. This produced a multiplier for the needs score and a final score was calculated for each service. According to the score, a decision was proposed from three possible outcomes:

- (i) end on 31 March 2011 or at a subsequent agreed date
- (ii) continue at a reduced contract value
- (iii) continue at the existing contract value

Organisations were advised that they needed to meet a minimum score of 16 out of a total of 25 to be eligible for any potential funding. The organisations were informed of the scoring and the provisional decisions relating to funding for 2011/12 on 17th February. As part of the formal consultation process, the organisations were invited to respond to the provisional scores and decisions, comment on the criteria being used, provide details on impacts on equalities groups from these provisional decisions and provide general representations on the provisional decisions.

- 7.5. The consultation period was initially from 17th February to 17th March. It was recognised that the timescales were challenging for the organisations concerned, and the residents who use their services. The consultation period therefore was extended to 31 March for organisations to respond to how the ASC criteria and judgements in respect of their organisations that had been applied and also extended to 8 April with service users. A consultation report on responses received is attached as Appendix 2 and equalities impact assessments on the proposals are set out at Appendix 3 and Appendix 4. The final recommendations for services, having considered the responses to consultation and conducted equalities impact assessments, can be found at Appendix A.
- 7.6. The retained services will be subject to further review in 2011/12 following the implementation of the Commissioning & Funding Framework for the Voluntary Sector, currently proposed for July 2011.

8. Chief Financial Officer Comments

- 8.1. On 8th February 2011 Cabinet agreed in principle to a reduction in the expenditure on voluntary sector services of £1.3m.
- 8.2. Adults and Community Services (ACS) commissions approximately £1.5million from voluntary sector organisations to support the delivery of social care services to vulnerable adults in the borough. With the reduction in funding a commensurate reduction in spending must be achieved. Of the total area based grant saving to be achieved in 2011/12 of £1.3million, the voluntary sector reductions for services commissioned by ACS equate to approximately one third, with the balance coming from funding provided to NHS Haringey and Council's internal services.
- 8.3. The recommendations within this report will enable ASC to achieve the required savings. However, should there be any delay in implementation then the savings shortfall must be met from within existing resources.

9. Head of Legal Services Comments

- 9.1. The decisions by the Cabinet Member concerning the recommendations set out in the report must be informed by and take into account the outcome of the consultation with service users and providers, which is set out in Appendix 2 to this report.
- 9.2. In reaching their decisions the Cabinet Member must also have due regard to the authority's public sector equality duty and thus should take into account the attached full equality impact assessments included at Appendix 3 and Appendix 4 to the report. The extent of the public sector equality duty on the Council, enforced by the Equality Act 2010, is set out in Appendix 6 to this report.
- 9.3 This report is seeking a waiver of tendering requirements under Contract Standing Order (CSO) 6.05 in respect of numerous contracts for services, details of which are outlined in Appendix A. Power for the Cabinet Member to waive the rule at CSO 6.05 and enter into these contracts is contained within the Council's Constitution (Part 3, Section D paragraph 2.2 (d) which provides that the Leader of the Council can decide which decisions can be taken by an individual Cabinet Member).
- 9.4 The Council in exercising these powers needs to take into account the views and opinions of users, providers and other stakeholders and to have carried out extensive consultation on these proposals. The results of the consultation process are reflected in the final recommendations in this report. The revised proposals are as reasonable and as fair as can be expected. Further legal comments are contained in paragraphs 6.1 - 6.9 of the exempt information report attached at Appendix A.

10. Head of Procurement Comments – [Required for Procurement Committee]

- 10.1. N/A

11. Equalities & Community Cohesion Comments

- 11.1. Two equalities impact assessments (EQIAs) have been completed for all services that have been subject to the proposals for funding reductions to the voluntary sector by ACS :
- Assessing the impact of the proposed criteria for ACS (attached in Appendix 3).
 - Assessing the impact of the funding proposals (attached in Appendix 4).
- 11.2. The adoption and implementation of the criteria for funding for community, voluntary and independent sector (and the private sector where appropriate) services is likely to increase barriers for service users from groups with protected characteristics.

11.3. The key findings from the EQIA on the funding proposals are as follows:

1. **Alcohol misuse** - There will be a disproportionate impact on people of working age, men and white Irish people.
2. **Carers** - There will be a disproportionate impact on Asian/Asian British people and women.
3. **General** - There will be adverse impact on younger adults (who may also be from BME communities), although no detailed equalities data is available.
4. **Learning disabilities** - There will be adverse impact on men, and a small adverse impact on users from Asian/Asian British and Black/Black British backgrounds, loss of services to support with employment will have an adverse impact.
5. **Mental health** - There will be adverse impact on people from Black & Minority Ethnic Groups in particular Black/Black British backgrounds; Gay Men and Lesbians will be disproportionately affected by loss of counselling service. There will also be a disproportionate impact on people under 25.
6. **Older people** - There will be adverse impact on people from Black/Black British backgrounds and older women.

11.4. To mitigate these impacts Adult and Community Services will:

Issue raised	Mitigating Actions
Loss of service to people who misuse alcohol because of proposed funding cuts across ACS, CYPS and Supporting People	Commissioners to work with provider in remodelling of service, to maximise needs that can be met within resources available, to minimise the impact on people who use the service, including people of working age, men and White Irish people
Access to benefits advice to maximise income for older people and informal carers (and other groups)	Strengthen partnership arrangements with Job Centre Plus Care Partnerships manager. Training and support to front line social care staff (including Personal Budget Support Service) to ensure good knowledge of benefits Ensure information is available in appropriate community languages
Loss of volunteering and befriending schemes, with risk of increasing isolation of vulnerable groups.	Develop Neighbourhood Networks, utilising social media opportunities and the development of community hubs in Libraries, to engage adults within communities around volunteering and befriending opportunities. Consider how to engage younger adults and those from BME communities, to ensure access to services that support them for example into employment
Review infrastructure model for community and voluntary groups	Finalise commissioning and funding framework for the voluntary sector.

	Strengthen data collection about equalities protected characteristics – survey of community groups to improve information available about equalities to ensure future funding arrangements are targeted at the most vulnerable.
Loss of employment and training support and opportunities in learning disabilities and for people who misuse alcohol.	Review use of personal budgets in learning disabilities and across other services in terms of support plan outcomes about 'being employed'. Market development – development of personal assistant role to ensure user supported in accessing opportunities particularly for men and people from BME communities who have learning disabilities.
Training	All Officers involved in creating future funding proposals to VCS and, where appropriate, some private organisations, to receive up to date, full, equalities training.

11.5. It is advised that Adult and Community Services should:

- Ensure that equalities information continues to be collected by providers and analysed
- Continue to monitor the impact of the changed services to maintain good quality of provision and outcomes for all service users.
- Review the equalities information required from providers within the contract and specification documentation, to increase the level of equalities information provided to the Council.

12. Consultation

12.1. **8 February 2011:** High level criteria for the funding of Council services developed by Council Officers and agreed by Legal Services, agreed at Cabinet.

12.2. The Cabinet Member for Adult and Community Services agreed criteria for future funding in relation to Adult and Communities Service for 2011/12. The criteria are provisionally applied to organisations and in principle decisions are notified to providers to commence consultation. Consultation period to end on 17 March 2011.

12.3. **25th March 2011:** It is decided to extend the deadline for consultation responses to enable greater analysis to be undertaken. Letters were sent out to all service providers advising of the temporary extension of funding based on the provisional decisions, pending final decisions. This letter also advised that the consultation period was being extended to 31st March 2011 for organisations and 8th April 2011 for service users.

- 12.4. 17th February to 31st March 2011: Consultation took place between the 17th February and 31st March 2011. Questionnaires were provided to organisations to be given to users of services. Users responses were analysed following the close of user consultation on 8th April 2011. This analysis of the responses and a summary of responses can be seen in the consultation section of the EQIA's (Appendix 3 and 4), and also a separate consultation report (Appendix 2).
- 12.5. The Council received 541 responses from service users, carers and family members and providers, and one petition. The findings have directly influenced the final recommendations within this report. The findings can be found in the consultation report attached at Appendix 2, with equalities analysis reflected in Appendix 3 and Appendix 4.

13. Service Financial Comments

- 13.1. ACS was required to find £1.3million in savings resulting from the loss of the Area Based Grant (ABG).
- 13.2. Whilst the loss of ABG was the key driver for identifying savings, a review of all services commissioned (regardless of source) by ACS was undertaken.
- 13.3. In 2010/11, ACS commissioned or grant funded approximately £1.5million from the voluntary sector, across all client groups.
- 13.4. Savings of £400k are proposed here, to help meet the savings funding gap for the Council. This includes some provision for 'slippage' to ensure the full savings target is met
- 13.5. Efficiencies - further efficiencies may need to be identified in 2011/12, which will be achieved through a further review of voluntary sector funding.

14. Use of appendices /Tables and photographs

- 14.1. Appendix 1: Criteria agreed by Cabinet Member for Adult, Culture and Community Services
- 14.2. Appendix 2: Consultation Report
- 14.3. Appendix 3: Equality Impact Assessment – criteria
- 14.4. Appendix 4: Equality Impact Assessment – funding proposals
- 14.5. Appendix 5: Council's overarching criteria
- 14.6. Appendix 6: The public sector single equality duty
- 14.7. Appendix A: Exempt Information - **not for publication**

15. Local Government (Access to Information) Act 1985

15.1. This report contains exempt and non-exempt information. Exempt information is contained in Appendix A and is **not for publication**. The exempt information is under the following category (identified in the amended Schedule 12A of the Local Government Act 1972 (3) Information relating to the financial or business affairs of any particular person (including the Authority holding that information)

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Appendix 1

Adult and Community Services Criteria

Each organisation will be assessed as follows:

- Services must meet at least one of the 3 priorities of the Well-being Partnership Board (as agreed by the Joint Leadership Team in 2010) at 1.1
- Services will then be assessed against the Eligibility Framework at 1.2 in conjunction with the Department of Health Guidance – [“Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care”](#)
- Priority has been weighted in order of level of need as set out in the Eligibility Framework and the multiplying factors. Assessment under the Eligibility Framework will be based upon where the predominant number of service users fall within the framework.
- A minimum score of **16** must be met to be eligible for any potential funding. Scores of **20** and above will qualify for funding at the current levels. Scores between **16** and **19** will qualify at a reduced level of finding.

1.1 Health and Well-being priorities	
Organisations must meet at least one of the following priorities:	
<ul style="list-style-type: none"> • Safeguarding vulnerable adults; • Reduce health inequalities; and • Early intervention and prevention. 	

1.2 Eligibility Framework				
Level	Eligibility Need and Intervention	Weighting	Max. Score (weighting x multiplier)	
5	The service for people that primarily have critical needs	5	25	
4	The service for people that primarily have substantial needs	4	20	
3	The service for people that primarily have moderate needs	3	15	
2	The service for people that primarily have low needs	2	10	
1	General population: Early intervention and prevention	1	5	
Multiplier				
1. Financial impact on other services			1 point	
2. Service not available elsewhere			1 point	
3. Service benefits a large percentage of service user group			1 point	
4. Value for Money			1 point	
5. Other significant factor			1 point	
Equalities				
<ul style="list-style-type: none"> • ACCS will need to consider whether any differential or adverse impact on key equality groups can be justified; and, if not, whether it amounts to unlawful discrimination. The Council is duty bound to act and ensure it acts lawfully by changing the policy or procedure in question. The equality strands are: <ul style="list-style-type: none"> ○ Race; Gender; Disability; Age; Faith/Religion; and Sexual orientation. 				

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Appendix 2

Adult and Community Services: Voluntary Sector Funding – 2011 Consultation Report

Introduction

This report sets out the main findings of the consultation regarding proposed reductions in future funding of the Voluntary Sector in Adult and Community Services (ACS). The findings will form part of the report presented to the lead Cabinet member for signing in May 2011.

Consultation Details

The ACS consultation with the Voluntary Sector initially ran for one month from 17th February and was scheduled to finish on 17th March 2011. However, the date for responses was extended until 31st March for providers and until 8th April 2011 for users of services. Where, in a few isolated cases, original correspondence would appear not to have been received, organisations were given more time (into April) to respond, on a case-by-case basis.

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

- The consultation survey, where, participants completed questionnaires and in doing so responded to specific questions.
- 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.
- From June 2010 a number of events were held where various organisations and individuals were presented with information about the loss of the area based grant and the impact this would likely have on the voluntary sector (see Annex 1).
- Providers were also encouraged to begin their own consultation with their clients. At least two organisations advised the Council that they had undertaken this, with the outcome provided to the Council. A commissioning manager attended one of these events, where 5 users attended.
- Number of responses received is illustrated in the table below:

Number of providers responses	16
Number of completed user questionnaires	515
Number of supporting letters (service users, other organisation, MPs, Members Enquiries etc)	10
Petitions	1
Total	542

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 **500** direct responses to the consultation including letters and emails, including, **515** completed surveys. Also, we received a petition from one organisation with over 250 signatures

Accessibility Issues

We produced information about the consultation and provided hard copy questionnaires to all organisations to distribute to users of services. Information in accessible forms was available on request – such as other languages, audio, Braille, large print, etc. Two responses were returned in a community language and translated.

Interpreting the Consultation Responses

A great deal of time and effort has been put into the responses by contributors to the consultation. For example, many individuals described their personal experiences and providers and local voluntary organisations discussed in detail the specific issues relevant to their organisation and members. Some of the provider responses included case studies of how services provided resulted in positive outcomes for users. All of these responses have been read and analysed.

For the purposes of assessing the impact where possible and appropriate within the responses the different sectors of the voluntary sector affected by the budget reductions have been considered separately.

The key findings are these:

1. Views of users of services

User Survey Questionnaires:

A total of 515 responses were received from users of services about proposed changes to the services they received across the Voluntary Sector. The breakdown is as follows:

Organisation	Number of responses
Age UK	335
Asian Carers Support group	25
Bikur Cholim (Jewish Floating Support Service)	8
BME Carers Support	35
Club Anand	20
Crucial Steps	6
HAGA	19 ¹
Haringey Carers Centre	6
HAVCO	9
Markfield	2
Mencap	28
Mental Health Carers Support Association	3
Mind in Haringey	3
Open Door	5
PHASCA	11

¹ HAGA users also completed approximately a further **150** HAGA designed questionnaires, as well as personal vignettes, and these have also been included in the findings.

Users of services were invited to respond to the consultation regardless of whether the Council's provisional decision in respect of the services was that we were minded to continue funding, continue funding but at a reduced level, or minded to cease funding.

Extent to which users supported the proposals to keep, reduce, or cease the service.	Support	Strongly Support	Neither support or oppose	Oppose	Strongly Oppose	Not Stated
Total	14^{*1}	44^{*2}	17	49	375	14

*1 - 4 'Support' checked on some forms but content would suggest 'Oppose'

*2 - 17 'Strongly Support' checked on some forms but content would suggest 'Strongly Oppose'

Overwhelming those users of services who responded said that the service they currently received met or exceeded their expectations.

Many said how the service they received was very important not just to them and their loved ones but also to lots of other people and their families helping people as it did with daily tasks, to lead a more independent and active life, to have a hot meal, to learn some skills or take part in other activities (trips out, dance, cooking, music, exercise classes) etc. Some went as far as to describe the service as irreplaceable. Others said how they felt their confidence had grown or that all their worries went away and they could forget about, even if only for a time, their problems, when attending centres or in receipt of provider services.

Others were deeply appreciative of what they variously called valuable, excellent, reliable, reasonably-priced and affordable services and described the help and support they received as a 'life-line' that enabled them maintain their independence and quality of life as well as, on a more practical level, get out of the home and/or interact with others and/or participate in the wider community. Respondents said it prevented them from becoming a burden to or placing an even greater burden on family members, carers and others. Some went on to say how they would struggle to cope without the current services they received or to afford the alternatives. Many said they would be upset and would have nothing to look forward to or 'keep them alive'. Others worried about having to rely on other services than the one(s) they currently used and the reliability, trustworthiness, reputation, cost and peace of mind of using alternatives to such as the handy person service and the fear they had of getting strangers in or spoke of other activities and facilities to the ones they used being too inflexible or expensive for them to use. A number pointed to how, in their view, there was no similar affordable service.

Responses were as follows:

Q2. To what extent do you support our proposal to reduce or cease funding for this organisation?

Sector	Strongly Support	Support	Neither Support nor Oppose	Oppose	Strongly Oppose	Not stated	Total
Older People	30	7	16	26	271	16	366
Mental Health	0	0	0	4	18	0	22
Learning Disabilities	0	0	0	6	24	0	30
Alcohol misuse	3	0	1	2	13	0	19
Carers	11	6	0	8	44	0	69
General		1		3	5	0	9
Totals	44	14	17	49	375	16	515

Overwhelmingly those who responded were opposed or strongly opposed to the proposal.

The majority (if not all) of the people who said they ‘strongly support’ the cuts made clear in their comments that they did not want the service to be cut. It is likely that they interpreted this question as being about how much they supported the service.

Many people who responded to the consultation said what life would be like for them should the 1:1 or other care and support they received from, as some described it, fully-trained staff, not be there or in its present form. Many said it would be difficult, depressing, distressing, stressful or even devastating for them or that their personal situation would worsen or they would be left feeling totally helpless or, in extreme cases, the consequences even prove fatal and foreshorten their life. Others that the proposed changes would reduce people’s options or spoke of how respite for themselves or loved ones and/or the role of the carer, parent and siblings (some of whom worked full-time) would become more difficult.

A number of people, particularly those with substance misuse problems spoke of how they could resume their old habits of drug taking and street drinking. A number of people pointed to how they were on limited incomes or lived alone and had no families to help them, were in poor health or had problems with mobility. For them, costlier alternatives or a future without access to the same levels, or to any replacement sources of practical help whatsoever, would limit their future enjoyment, impact unduly on their physical and mental well-being, or leave them effectively isolated, lonely and housebound, missing the companionship of friends and worse off overall. Some spoke of the increased risks of an accident in the home if they had to do the repairs themselves or the sheer fact that there were things in the home that they were simply not able to do for themselves and how they had no one else to do them. Some people worried that without their current service they would end up in a residential home or that other placements would be extremely difficult to find.

Q3. Do you understand why Haringey Council is proposing to reduce or cease funding to organisations in some instances?

Sector	Yes	Not Sure	No	Not Stated
Older People	217	50	85	14
Mental Health	10	5	7	0
Learning Disabilities	10	11	9	0
Alcohol misuse	9	2	8	0
Carers	34	14	21	0
General	6	2	1	0
Totals	286	84	131	14

Respondents were given the opportunity to comment on their understanding. Of the 286 people who said ‘yes’ they understood, 49 comments were received. Some people indicated they knew that the Council’s budget had reduced, due to government cuts, and therefore the Council was making cuts. However the majority of the people who commented, felt that the Council should not be making budget reductions in adult social care organisations, with many stating specifically that their service should not be cut/reduced. Of the 49 comments received, 41 of these were from older people. The majority of these users felt that older people are an ‘easy’ or ‘soft’ target. About 25% of the older people who commented, felt that Council should reduce services in another area. Information carers who commented (five people) felt that carers would suffer as a result of the loss of services available to them.

Effects of the Change

Q4. Which of the services you currently receive from this organisation do you value most and why?

469 people talked about the services they valued. Users of services almost universally valued the services they received, some worrying that other agencies or organisations would not be as

understanding of their situation. Moreover, the respondents appeared to value the same five things about their service, regardless of provider, namely:

- Opportunities to socialise, eg through social gatherings and outings (including getting a break if in an informal caring role)
- Providing moral and emotional support and getting to meet with others in the same situation
- Facilitating access to leisure and opportunities for exercise, through for example, dance classes)
- Providing information and advice, and also advocacy when needed (such as when navigating the benefits system.
- Supporting recovery from illness, and getting back into normal life activities, such as working.

Q. What impact will a reduced level of service or no service at all have on you? Respondents also asked to indicate how it affected **one or more** of their equalities protected characteristics)

Sector	Age	Disability	Ethnicity	Gender	Religion	Sexual Orientation	TOTAL
Older People	223	171	37	27	10	4	472
Mental Health	8	6	4	3	5	0	26
Learning Disabilities	0	19	0	0	0	0	19
Alcohol misuse	2	4	1	0	1	0	8
Carers	27	16	28	3	6	0	80
General	1	0	1	0	1	0	3
Totals	261	216	71	33	23	4	608

This table lists the responses of those service users who responded. There are no major surprises here. You would expect age and disability to be prominent characteristics of the Older People's sector and disability a feature of the Learning Disabilities and Mental Health sectors (as well as prominent characteristics overall given whom Adult Social Care helps). For BME groups, a clear theme emerged about access to services that are culturally specific and who could speak the user's first language.

Gender response by Sector

Sector	F		M		Not Stated	
Older People	248	48.2%	82	15.9%	38	7.4%
Mental Health	12	2.3%	7	1.4%	3	0.6%
Learning Disabilities	20	3.9%	10	1.9%	0	0.0%
Alcohol Misuse	1	0.2%	15	2.9%	2	0.4%
Carers	40	7.8%	12	2.3%	16	3.1%
General	7	1.4%	1	0.2%	1	0.2%
Total	328	63.7%	127	24.7%	60	11.7%

Ethnicity of respondents

Ethnicity	Alcohol Misuse	Carers	General	Learning Disabilities	Mental Health	Older People	Total
White	14	22	3	11	14	153	217 (42.1%)
White British	11	4	1	4	8	106	134
White Irish	1	0	0	1	0	7	9
Other White	2	18	2	6	6	40	74
Mixed	0	3	0	0	2	14	19 (3.7%)
White and Black Caribbean	0	1	0	0	1	8	10
White and Black African	0	1	0	0	1	2	4
White and Asian	0	0	0	0	0	0	0
Other Mixed	0	1	0	0	0	4	5
Asian or Asian British	1	31	3	4	0	51	90 (17.5%)
Indian	1	23	3	2	0	23	52
Pakistani	0	2	0	1	0	4	7
Bangladeshi	0	1	0	0	0	5	6
Other Asian	0	5	0	1	0	19	25
Black or Black British	3	8	2	11	6	135	165 (32%)
Caribbean	0	4	0	8	1	104	117
African	3	4	2	3	3	24	39
Other Black	0	0	0	0	2	7	9
Chinese or Other Ethnic Group	0	0	0	2	0	6	8 (1.6%)
Chinese	0	0	0	2	0	4	6
Other Ethnic Group	0	0	0	0	0	2	2
Not Stated	0	4	1	2	0	9	16 (3.1%)

Q. How do you think the service you currently receive could be provided differently?

349 people commented on this question, with 312 providing useable comments. Asked how the service they received could be provided differently, very few people came up with concrete proposals and said they either genuinely did not know (58 respondents). The vast majority of respondents said the service should not be changed and/or there is not alternative (184 respondents). Quite a few people even suggested that more not fewer resources were needed (52 respondents). Quite a number did not, for whatever reason, respond to this question.

Some could not comprehend why we were proposing the changes or saw cutting them as an easy option. Other said it was cruel to be contemplating cancelling them or queried why such small cuts relatively-speaking were being made to their services. That this would leave vulnerable people without help was a common theme. Others worried about the future and the general lack of

available services, as they perceived it, of help generally across the voluntary sector and questioned the timing when demand as they saw it was on the increase. A number of respondents spoke of how the organisation they used understood their needs and/or could meet their cultural or religious needs in a way others couldn't or pointed to how theirs was the only such project in the Borough. Other pointed to the fact that cuts would only increase the demand on other organisations or for other services, including residential care. Several said that cuts or no cuts - there would still need to be some form of provision or support (for example, a drugs and alcohol service).

Those with an alcohol-related illness worried about a relapse and the impact for children and loved ones. They also said that they did not like or rate alternative sources of provision.

Those who did venture to answer this question suggested that organisations join together and look at more cost effective ways of doing things -combining repairs and inspections for example (three respondents); charge more for services (five respondents); or organisations could fund raise (three respondents). One respondent recognised that the service they used was available elsewhere (eg Job Centre Plus), however s/he preferred to access it from the voluntary organisation.

Alcohol misuse services – summary of comments

All respondents in this service area either opposed or strongly opposed any cuts to this sector. A number of users commented on the importance of having support outside office hours. Several users also commented that they could not have survived without the support of their services, and that it provided structure, social integration, and support whilst recovering from addiction. Users also talked about how having such a service, helped with life-skills, self-esteem, and also prevented hospitalisation, and helped them back into 'normal' living, for example, getting back into employment.

Informal carers – summary of comments

Respondents of organisations that work with informal carers, talked about the value of having moral and psychological support, social contacts as well as advice, information, and regular meetings. Many of the respondents valued the social outings provided, as well as getting a break from their role (respite through a sitting service) A big theme was having access to interpreting to help with forms for example, as well as advocacy and signposting, particularly around benefits advice, and working with the statutory sector.

General services – summary of comments

Respondents under this client group category (all referring to the proposals about the Volunteer Centre) opposed cuts to this area, and talked about the opportunities that they had accessed through the Centre, including voluntary placements, improving job prospects as well as socialising.

Learning Disabilities – summary of comments

People who use learning disabilities were all opposed to any proposed cuts in funding to this area. Respondents talked about how they valued the support they got to be independent, including help with communication, day to day (and evening) activities and learning new skills (such as cooking). Respondents valued the advocacy role of one of the services, and the ability of staff to support people with complex needs, helping them to more fully participate in the community, and keep active.

Mental Health – summary of comments

Respondents in this sector valued the support they received in terms of both emotional and practical (including benefits advice). Advocacy was a valued service, in helping users to express themselves, and get problems resolved, including writing letters, completing benefits forms, accessing training and volunteering opportunities. Having structure in the day was important to

some respondents, and some feared the loss of service would result in being hospitalised as they would not be able to cope.

Older People – summary of responses

Respondents generally felt concerned that their quality of life would be affected, and they would lose their independence, or become isolated. Having access to regular activities was a common theme, to be able to exercise, socialise, and keep as active as possible. Having access to practical support was also highly valued, getting things fixed at a reasonable cost and in a reasonable timescale. The service that support people returning to independence after a stroke received strong support, for similar reasons, including regaining confidence, having emotional support and accessing leisure and exercise opportunities. Assistance with benefits applications, easy access to 'trusted' advisors in terms of information and advice, was highly valued. Respondents worried about becoming more isolated and lonely.

2. Providers and Voluntary Sector organisations

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.

16 organisations representing a total of over 1000 users of services from across the sexes and with a range of other protected characteristics (age, ethnicity, disability, religious belief, sexual orientation etc) responded to the consultation.

In the correspondence and meetings with them, providers were given the opportunity to comment on the Council's funding proposals for 2011/12, the overarching criteria that in the determination of the future funding of voluntary sector organisations and (and other organisations where relevant) and to put forward representation on the Council's proposal (as indicated to each organisation separately) either to cease funding or commissioning their service by 31st March 2011, continue funding but at a reduced rate, or to continue funding the services provided by their organisation at the current rate.

They also had an opportunity to explain the impact that a reduction in expenditure would have for them and on those they supported. They were advised that their comments would inform the consultation and Equalities Impact Assessments.

Core themes:

1. Comments on the Proposal.

Several organisations expressed their opposition to any cuts in funding that threatened services for vulnerable people within the community, particularly on top of previous or other cuts to their budgets, elsewhere in the Council or the wider public sector. Some felt that services currently (in working with alcohol misuse for example) that they were adversely impacted because they received funding from several Council departments, who were all concurrently implementing proposals for savings. Others saw cutting services as regressive, something of a false economy or disproportionate. Some felt that flexibility would be lost with these changes as would a person's independence and choice.

Most organisations did acknowledge the impact of public sector funding cuts on the Council, however only one suggested negotiating a reduced cost to provide a different model of service.

Some organisations expressed dissatisfaction with the short timescales for the consultation and the notice period provided for termination of funding. In Learning Disabilities, this was particularly a concern, in terms of having insufficient time to work with users about the understanding the proposals and the impact.

Providers were worried for the support of their client groups and that this would put them at greater risk, cause them hardship or distress or lead to them being unable to access services they hitherto received because of religious, cultural and other barriers or because they would not now be “reached”. Worries about users of services becoming increasingly marginalised and socially excluded within the Borough, particularly given its demographic, (leading to them having a reduced presence and/or voice in the local community and less able to make a positive contribution) was a common message.

Several providers, including BME and MH and substance misuse prevention providers, pointed to how they offered a culturally, linguistically or otherwise unique or non-stigmatised service within the Borough. They went on to say how without them, users of services would effectively be left without a service as their condition (mental health) or the nature of their requirement (alcohol) often precluded them from other forms of specialist or higher threshold level services. Without the levels of current help, support and, in some cases, treatment, it was argued, for issues such as mental health and addiction, providers thought their clients would find it difficult to overcome the additional obstacles that would be put in their way. They saw this as having a direct and negative impact on their overall health and well-being.

Many providers have made the case for how they offer unique services, and said how they already offered value for money as well as giving case studies of how they made a positive contribution to the well being and independence of their users of services.

A number of respondents worried that the cuts would result in reduced levels of social interaction with the corresponding benefits reduction that would bring as well as reduced levels of confidence in re-integrating into the community or result in more cases of people being housebound or, in the case of drugs and alcohol, reverting to “old behaviours”. There was a particular concern among mental health and substance misuse providers that users of services would be unsupported at weekends. There were concerns too about a potential increase in hospital/A&E admissions and interventions by other agencies such as social services and the police.

2. Comments on the Criteria Used

Very few comments were provided on the actual criteria used by providers. Those that did comment felt that use of the Fair Access to Care Criteria was considered unfair, particularly where the users of their services were not in receipt of statutory social care services. Some said that it is difficult to separate ACS funding from other funding streams, many of which were also being cut.

Several others queried, as they perceived it, the arbitrary nature of ACS’s scoring system for determining the impact of stopping a service, and made a case for additional points to be awarded (evidence provided) under the system. Reviewing the award of points did see many projects provisional scoring increase, although for only about five did this result in the organisation achieving sufficient points to retain their 2010/11 funding at either the same or reduced level.

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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 SP services or current levels of SP funding.

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

Discussions regarding reductions (In chronological order by date)

Extracts taken from either minutes of meetings or papers.

DATE	MEETING	ITEM/EXTRACT FROM MINUTES/DISCUSSION
Thursday, 10 June 2010	Haringey Well-Being Partnership Board (HSP) Representations: Community Link Forum HAVCO Haringey Council NHS Haringey Metropolitan Police BEH Mental Health Trust	Local Government Funding Cuts (<i>This item was added to the agenda as a new item of Urgent Business under agenda item 2</i>) (ITEM OBHC207) The Board discussed how the cuts would impact on services and the need to establish a process to review the projects funded and where cuts could be made. It was noted that the report tabled provided a blunt analysis of the statutory and non statutory services funded from the ABG; however, there was agreement that, whilst this provided a useful tool to demonstrate the severity of the cuts, what was really required moving forward was an assessment of the impact that this level of cuts would have upon Health Inequalities. It was noted that the Voluntary and Community Sector (VCS) was likely to be significantly effected by cuts to the ABG and the Assistant Director Safeguarding and Strategic Services suggested that a meeting should be arranged during the next week between herself, the Interim Director of Public Health, the Head of Governance and Partnerships, ACCS and the Chief Executive of HAVCO, to discuss the cuts and how the Council and VCS could work together to address this.
Friday, 11 June 2010	HSP Business Group Representations: HAVCO Haringey Council Metropolitan Police Community Link Forum	Comprehensive Overview – Financial Planning/Challenges 2010/11 (ITEM OBHC208) In response to concerns raised around the loss of VCS funding and services the Chair noted that both she and the Council's Cabinet recognised and valued the importance of the VCS; however, the extensive level of cuts anticipated meant that all organisations, including those from the VCS, would need to demonstrate value for money. It was noted that there would need to be an overview of all of the services delivered in light of funding cuts and it was suggested that as part of this the VCS should be invited to look at areas where it felt it may also be able to deliver efficiencies. Area Based Grant - Review Of Spending Commitments (ITEM HSP06) The level of Area Based Grant (ABG) received by the Council had been reduced by £3.3M. To put this in context, of the overall ABG funding received by the Council of £43M, £32M was comprised of several grants, including the Supporting People budget, were allocated for statutory services. A paper was tabled that set out an indicative amount, based on the current allocation, that each of the Thematic Boards would now receive following the £3.3M reduction. This had been determined on the basis that each Board's funding would be reduced proportionately in line with the figures previously agreed. A further paper was tabled setting out what could be decommissioned at present in terms of projects funded by the

Monday, 21 June 2010	HSP Business Group Representations: HAVCO Haringey Council Metropolitan Police Community Link Forum	<p>ABG and an assessment of the likely impact upon LAA targets. Views were sought from the group as to whether the initial methodology used was acceptable and there was a general consensus that this had formed a good starting point; however it did not pick up cross cutting issues and how the impact of the decommissioning by one Thematic Board may affect another.</p> <p>Area Based Grant Reductions 2010/11 (ITEM HSP12)</p> <p>The group resumed discussion with respect to the funding cut to the Area Based Grant (ABG) announced by the Government on 10 June and a report was tabled that reflected discussions to date with Theme Board leads regarding how savings could be achieved by each Board.</p> <p>It was clarified that information presented at the Well-Being Strategic Partnership Board on 10 June had been based on the assumption that 30% of the total ABG would be lost and that each Thematic Board would need to achieve this level of savings. It had subsequently become clear that the in year reduction to the ABG would not be as high as this and therefore the savings required were not as drastic as originally anticipated. In response to a query it was noted that the VCS would have the opportunity to influence decisions made with respect to funding; however, there was a very tight timescale in place around the decisions being with respect to the in year savings required. This was recognised by the Council and measures had been taken to limit the impact of the initial savings upon the VCS.</p>
Tuesday, 22 June 2010	<p>ABG Reduction Impact & Planning Meeting</p> <p>Representations: HAVCO NHS Haringey Haringey Council BME Carers Asian Carers Centre Open Door Haringey CAB Mind in Haringey MHSCA Crucial Steps AGE Concern PHASCA ACLC HAGA</p>	<p>In terms of the decommissioning and advising the relevant providers the ACE PPP&C advised that letters should be sent out by 30 June 2010 in order to meet the end of the first quarter and to give a three month period of notice.</p> <p>Budget Meeting with Voluntary and Community Sector providers and Leaders</p> <ul style="list-style-type: none"> • £667,000 reduction in the Wellbeing theme ABG to be made within the year. Approximately £20,000 of this will be on discretionary services. However, it was noted that some VCS groups are also funded through other segments of ABG or via other funding streams, and the impact of this is not yet known. • There is recognition of what reductions to VCS services would mean. Beyond ending services, the potential loss of jobs and of volunteering opportunities was noted. • VCS Organisations must plan and prepare for deep cuts over the next 3 – 4 years. It was suggested that worse-case scenario exercises are carried out by VCS agencies. • Statutory funders need to look at value for money and what difference projects and services have made to users, when looking at continuing or cutting funding. • The impact of funding reductions was discussed in some detail, and examples of mitigating actions were shared, e.g. a funding reduction affecting an agency's premises might be lessened through co-locating with another service provider to share premises and costs. The Council should also be open to considering this and other examples of cost-reduction measures, so that wherever possible, services can be maintained. • The meeting noted that reduced funding for service delivery may be compounded if other costs (building rents etc) were increased, and representatives asked that the Council try to avoid such increases. MA agreed to feed these comments back to the Director ACCS, the Cabinet Member and the Chief Executive.

Thursday, 8th July, 2010 6.00 pm	<p>Standing Leadership Conference (HSP)</p> <p>Representations: Haringey Council NHS Haringey BEH Mental Health Trust Metropolitan Police London Fire Brigade Job Centre Plus Homes for Haringey Community Link Forum HAVCO</p>	<p>Financial Outlook (Agenda Item 10 HSP230)</p> <p>It was noted that the spending cuts that would be necessary would present collective challenges for the Council and its stakeholder partners and it was emphasised that there needed to be a coherent and strategic cross-sector, cross-service dialogue on how best to deal with the impact of the measures. While it was accepted that reductions and adjustments would need to be made to grants concern was expressed about the adequacy of arrangements for engagement and liaison with the Voluntary and Community Sector regarding how and where the cuts would be implemented.</p>
Friday, 23 July 2010	<p>Haringey Carers Partnership Board</p> <p>Representations: Mental Health Carers Support Association Asian Carers Support Group Black & Minority Ethnic Carers Support Service Haringey Council Carers</p>	<p>AOB - ABG funding (Item 8)</p> <p>The Chair gave the Board an update on the state of play regarding Area Based Grant (ABG) funding. The Chair explained that a number of grants had been cut and that there may be future cuts in October as part of the Comprehensive Spending Review conducted by Central Government. The Chair was unable to give a clear picture on what the cuts mean for Haringey as the size of the problem is still being looked at as our solutions on what we can do. Once it is clearer the information will be shared. There is a £59 million net budget for Adult Services that will be subject to budgetary savings over the next three years following the new government's programme of cuts to public sector spending plus the cut on grants. The focus is on protecting frontline services – work will be done on stripping out any unnecessary administrative and IT functions etc. within the Council and working more closely with voluntary and corporate sector and reduce any duplication of services across all public sector agencies. The key message will be what to we have to provide, what are our priorities and making sure that we do those well. The Chair made it clear that the cuts are being imposed upon the Council by Central Government and not by the local authority.</p> <p>The Chair reiterated that we (the Board) have to ensure that care services are protected and priorities are maintained and delivered. There is some duplication across the ABG projects – we all need to work together across the Council, NHS Haringey, and the voluntary and community sector to make the lives of carers better and even though dealing with such budget cuts is never easy this is an opportunity to review our priorities and work more closely together to get the best services for Haringey's carers.</p>
Friday, 30 July 2010	<p>VCS – Council Funding</p> <p>Representations: Haringey Council PHASCA Asian Carers Support</p>	<p>VCS – Council Funding</p> <ul style="list-style-type: none"> • In response to the WBPB meeting held on the 10th June re: cuts to ABG, a voluntary sector / council meeting took place on the 22nd June. Main discussion point related to concerns and impact of reductions and the need to put in place mitigating plans. • Proposals on funding reductions went to CAB on the 24th June 2010 and on to Cabinet on the 13th July 2010. • Sustainable Community Strategy is currently being refreshed; until CSR is announced in October, unable to

	<p>Group Mind in Haringey AGE Concern HAVCO Crucial Steps African Consortium Catch 22</p>	<p>establish possible implications of any/further ABG reduction. Worse case scenario is to de-commission and re-commission projects/initiatives/etc., and link priorities/strategies to SCS</p>
<p>Wednesday, 11 August 2010</p>	<p>Council and Voluntary Sector Partnership Group Representations: Haringey Council AGE Concern HAVCO Tulip Mental Health Group</p>	<p>Agenda Item 7 – Spending Cuts</p> <ul style="list-style-type: none"> • ABG cuts to be formally announced 20th October 2010 – currently modelling on what ‘may be’. • Plans for cuts of 25% of overall budget for four years – could be up to 40%. Current Council plans for around £60m cuts over the next three years, equating to 25% on non-controllable budgets, mainly through its workforce and ABG. • Although no firm decisions have been taken, there is an expectation that grants, commissioning and voluntary sector budgets will be cut • Current services will be reviewed against new priorities and discussed with Cllr Dogus – any changes will be transparently undertaken. The current services will be reviewed re the eligibility for core grant against new priorities. • The Council was unable to provide definitive information to the voluntary sector until formal ratification of budget cuts/proposals.
<p>Thursday, 30 September 2010</p>	<p>VCS Personalisation Steering Group Representations: Haringey Council AGE Concern HAVCO Tulip Mental Health Group BME Carers MIND In Haringey HAGA One Support</p>	<p>Item 4 Section 4.6 Matters Arising The Area Based Grant could be cut in its entirety, which would include the Supporting People funding.</p>
<p>Tuesday, 5th October, 2010 7.00 pm</p>	<p>Haringey Well-Being Partnership Board (HSP) Representations: Haringey Council</p>	<p>Financial Planning / Challenges 2010/11 (Item WB005) The Board received a report on the funding cuts and financial challenges facing Public Sector organisations. Voluntary Sector Review Haringey Council values the contribution and role of the third sector in terms of service delivery and currently spends c£18 million through a combination of grants and commissioned projects. In the current financial climate the</p>

	<p>Community Link Forum HAVCO BEH Mental Health Trust NHS Haringey College of NE London</p>	<p>Council has to review all funding with the objective of maximising the outcomes that can be achieved for our communities. The Council wants to ensure that funding provided to the sector is appropriately targeted given the new financial position and that we are maximising outcomes which promote sustainable communities, self reliant individuals, early intervention and prevention, and other outcomes that will enable the Council's resources to achieve 'more for less'. The Council is also concerned to ensure that we are making the full use of the voluntary and community sector in Haringey in ensuring that we support our communities.</p> <p>The aim of this review (led by Cllr Dogus) is to ensure Haringey's spend is aligned to the core council and NHS Haringey strategic priorities and Haringey Strategic Partnership (HSP) priorities and that the projects offer value for money and there is also a need to minimise possible duplication in projects and in funding streams.</p> <p>As part of the Thematic board Update (Agenda item 8)</p> <p>The Board received a report on the financial situation facing the Local Authority, NHS Haringey and other Public Sector organisations. Over the next 3 years there will be significant challenges to the funding of the public sector in Haringey and there will be a need to fundamentally re-evaluate all aspects of the way in which the statutory and third sector organisations work. The financial implications will become clearer once the Comprehensive Spending Review (CSR) is announced</p> <p>Comprehensive Spending Review (ITEM HSP241)</p> <ul style="list-style-type: none"> • A presentation was given setting out the headlines from the Comprehensive Spending Review (CSR) announced on 20 October 2010. • Local Authorities to face an average loss of revenue of 7.25% in each of the next four years • Area Based Grant (ABG) to be abolished in its existing form • Working Neighbourhoods Fund (WNF) to be abolished as of March 2011 • The Cabinet Member for Adult and Community Services noted that it would be essential for the partnership to map the reductions hitting the Public Sector as a whole. • Effective partnership working would become more important moving forward in order to make the best use of the resources available and to mitigate the impact of cuts upon local services. • It was noted VCS organisations and other partners utilised the knowledge of officers within the Council's Policy and Performance Team.
<p>Thursday, 21 October, 2010 6.00 pm</p>	<p>Standing Leadership Conference (HSP)</p> <p>Representations: Haringey Council Metropolitan Police London Fire Brigade Job Centre Plus Homes for Haringey Community Link Forum HAVCO</p>	<p>HSP Priority Setting And Resourcing 2011/12 (ITEM 5)</p> <p>AD of Adults Services is briefing CVS regarding future allocations and funding implications. Met with Naeem (HAVCO) and Leader to discuss the current situation. HAVCO are hoping to meet with 80 voluntary and community groups in January and February. This could be an opportunity to have this discussion. PP also mentioned that the HAVCO website newsletter could be a way of keeping groups updated. AD of Adults Services also mentioned that there are a number of opportunities through ACCS for directorates to raise discussions with the VCS.</p>
<p>Friday, 12 November 2010</p>	<p>HSP Business Group</p> <p>Representations: NHS Haringey Haringey Council Community Link Forum HAVCO Metropolitan Police</p>	<p>AOB Budget</p> <p>The budget situation is bleak. There had been a meeting with Cllr Kober, Naeem and herself. The full position will</p>
<p>Tuesday, 16 November</p>	<p>VCS Personalisation Steering Group</p>	<p>The budget situation is bleak. There had been a meeting with Cllr Kober, Naeem and herself. The full position will</p>

2010	<p>Representations: Haringey Council HAVCO Tulip Mental Health Group BME Carers MIND In Haringey HAGA One Support</p>	not be known until December. LR has made her recommendations to Clirs and it will be up to them to make final decisions
Monday, 22 November 2010	<p>Haringey Carers Partnership Board</p> <p>Representations: Haringey Council BEH Mental Health Trust Carers MHCSA DAAT</p>	<p>AOB - Funding (Item 8) Lisa Redfern informed the Board that NHS Haringey has to manage a deficit, and both the Council's and NHS Haringey efficiency savings will have an impact on the voluntary and community sector. The potential impact is unprecedented and has not been seen before in local government</p>
Wednesday, 22 December 2010	Adult Social Care Service Consultation 2011	<p>Letters to all partner agencies, including the VS</p> <p>Adult Social Care – Public Consultation: http://www.haringey.gov.uk/budgetconsultation</p> <p>(Fact sheet: http://www.haringey.gov.uk/adult_social_care_consultation_fact_sheet.pdf)</p>
Wednesday, 5 January 2011	Meeting between Naeem Sheikh (HAVCO) and Lisa Redfern (Haringey Council)	Discussed budget situation and future challenges. Current services will be reviewed against new priorities. Meeting was purposeful and meaningful.
Tuesday, 11 January 2011	<p>VCS Personalisation Steering Group</p> <p>Representations: Haringey Council Tulip Mental Health Group BME Carers</p>	<p>How can the Group Progress (Item 7) £6.2m savings in ADS is bleak and that funding would not be like for like. Individuals will need real options from the new personalised services.</p>

	MIND in Haringey Council HAGA One Support HAIL HAVCO	
Tuesday, 11 January 2011	Haringey Well-Being Partnership Board (HSP) Representations: Haringey Council Community Link Forum HAVCO BEH Mental Health Trust NHS Haringey College of NE London	<p>Future Challenges and Impact following Comprehensive Spending Review Announcement Reductions to the Area Based Grant:</p> <ul style="list-style-type: none"> • In mid 2010, the Coalition Government required an in year saving resulting in the Well-being Partnership allocation being reduced from £5.1million to £4.6 million. • In the Comprehensive Spending Review 2010 it was confirmed that the Area Based Grant will be abolished from April 2011. This has significant implications for the Council as well as health and voluntary sector partners, although this has yet to be quantified through the Council's budget setting process, and will be confirmed in the New Year. • The Council is working to ensure that the voluntary sector is protected as much as possible; however there will inevitably be a reduction in overall funding. Commissioning of services provided by the voluntary sector through what was the area based grant will be delivered through the Voluntary Sector Strategy, and its commissioning and funding framework. • It is inevitable that there will be less funding available for the voluntary sector due to local authority cuts and reduction in grant aid. Micro or small organisations with incomes of less than £10,000pa are likely to be particularly hard hit by the reduced funding. <p>Update on the AS savings and how they are being implemented and managed</p>
Wednesday, 12 January 2011	Meeting with members of LINK and Lisa Redfern & Barbara Nicholls (Haringey Council)	
Thursday, 13 January 2011	Haringey Mental Health Partnership Board Representations: Haringey Council Carer - MHCSSA Metropolitan Police Stretch Polar Bear Community Patients Council	<p>Budget Savings Impact & Potential Service Impact (Item 7)</p> <ul style="list-style-type: none"> • Lisa Redfern outlined the potential impact to services in Haringey. The proposals for budget savings as imposed on the Local Authority by Central Government include cuts to Adult Services which are directly provided by Haringey Council. • Government cuts to the money we receive to fund local services mean that substantial cuts are being made to Haringey Council's budget. This is having an impact on services across the Council. • A number of cuts are being proposed and adult social care services is one of the services potentially affected – a service used by you, a member of your family or the person you care for. • Just to be clear, there is no change to Haringey'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.

		<ul style="list-style-type: none"> We are committed to involving users of services, relatives and carers at the centre of decision making about the care you or your loved one receives and to provide services according to changing needs. As someone directly affected by the proposed changes, we are writing to tell you about the formal public consultation we are holding about the proposed cuts. The proposed savings in terms of Adult Mental Health Services are the proposed closure of Alexandra Road (also funded by NHS Haringey who are also considering withdrawing funds and the 684 Day Opportunities Centre which also receives funding from NHS Haringey), and which NHS Haringey are considering withdrawing funding from as part of their budget savings. For further information, please see the attached Adult Social Care Service Consultation 2011 fact sheet and click on the following link: www.haringey.gov.uk/budgetconsultation
<p>Wednesday, 19 January 2011</p>	<p>Haringey Carers Partnership Board</p> <p>Representations: Haringey Council DAAT Carers BME Carers Support Service Asian Carers Support Group PALs – Whittington Hospital</p>	<p>AOB – Council Budget (Item 10) Discussed proposed budget cuts. Key points include:</p> <ul style="list-style-type: none"> The Council needs to save £46M over the next two years and a total of £80M (including the £46) over the next 4 years. Significant cuts across the Council, £6.2M from Adult Social Care. Information letters have been sent to partner organisations, service users, family, and carers. Information sessions have been held and formal consultation will begin from 31 January and will last for 90 days. Proposals include: <ul style="list-style-type: none"> ○ Cutting all drop-in centres for older people - Abyssinia Court, The Irish Centre, Willoughby Road and Woodside House. ○ Closing 3 older people residential care homes – The Red House, Cranwood and Broadwater Lodge ○ Closing 2 day centres for older people – Woodside Day Centre and The Haven ○ Closing Whitehall St (learning disability service) ○ Closing Alexandra Road Crisis Unit and 684 Centre (both mental health services) Lisa Redfern emphasised that none of these cuts are what the Council wants to do; all the services are very good quality services and are rated as good by the Care Quality Commission - proposed closures have nothing to do with the quality of services. Each directorate of the Council has to make cuts and proposals. Elected members will consider the cuts around June. If service users continue to be eligible they will receive a service, but the planning and buying of services will be different – not provided by the Council directly, but by the independent sector. Haringey has performed top in London for the quality of its residential care services that it commissions and has performed in the top quartile nationally for the last two years for all the residential and community services that it commissions. Osborne Grove Nursing Home is not being closed.
<p>Monday, 24</p>	<p>Autistic Spectrum</p>	<p>AOB Budget Update</p>

<p>January 2011</p>	<p>Disorder Group Representations: Haringey Council Haringey Autism Members Parent/Carers Haringey Federation of Residents Association</p>	<ul style="list-style-type: none"> • Discussed and reviewed salient points letters sent out on 22nd December 2010 with regards to budget cuts; • Lisa Redfern provided a summary on how the cuts will impact on adult social care services and how the provision of services will change. There is a proposed closure of Whitehall Street; • The formal consultation begins on 31st January 2011; • Lisa also outlined the Council's overall position and the proposals made in order to achieve the required savings and Council restructure over the next 3-4 years; • Lisa provided a brief summary of how the Area Based Grant (ABG) worked and how this has now been reduced and packaged as part of our Spending Review Agreement; • Lisa outlined the administrative and management cuts being made in the Council; • Lisa outlined the proposal to close the existing in-house Homecare Service and replace this service with a newly developed, more robust Reablement Service. <p>The impact of Local Authority Budget cuts (Item 6):</p>
<p>Tuesday, 25 January 2011</p>	<p>Residents and Relatives Council (facilitated by Haringey LINK) Representations: Haringey Council LINK chair and staff Residents Carers</p>	<ul style="list-style-type: none"> • Len Weir stated that the level of the proposed budgets cuts was severe, and included proposals to close three of the four council run care homes (Cranwood, Red House and Broadwater Lodge). • Very detailed consultation will begin at the end of January, over the next three months, and dates for meetings will be circulated to all residents and relatives in the near future • The process will also include discussions, questionnaires and comments by interested organisations (e.g. Age Concern/Age UK and LINK). • Formal consultation meetings will take place and will be minuted. The outcome of all the meetings will be fed back to Members to assist them in their decision making

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HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT FORM



Service: Adult and Community Services

Directorate: Adult and Housing Services (formerly Adult Culture and Community Services)

Title of Proposal: Equality Impact Assessment of **criteria** to assess future funding plans for 2011-12 for Adult and Community Services

Lead Officer (author of the proposal): Lisa Redfern, Deputy Director, Adult and Community Services

Names of other Officers involved: Barbara Nicholls, Helen Constantine, Arleen Brown

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

The Government's Comprehensive Spending Review, published on 20 October 2010, placed enormous challenge on local authorities and other public services to reduce spending in coming years. Many grants have been reduced or cut completely, which includes grants that make up the Area Based Grant (ABG). As a result, the ABG ceased as at the 31st March 2011. There have also been significant changes in the way councils will receive their funding which creating additional financial pressures on the Council.

Because of these changes, the Council has been placed in an unprecedented position and is seeking to reduce spending and make savings where possible, including significantly reducing spending on 'back office' functions. Alongside this, the Council has a duty to ensure that priority and essential services are protected and are available to our residents. The Council also needs to ensure that it fulfils its statutory obligations notwithstanding it is to receive substantially less funding from central government.

The proposals for savings contain significant reductions in what had previously been schemes for grant funding a variety of organisations. The majority of these organisations are third sector organisations, comprising voluntary organisations, community organisations and others. However, there are also a lesser number of private sector organisations that receive funds through the grant funding arrangements.

Overarching indicative criteria based on Audit Commission criteria were approved at Cabinet on 8 February 2011 to provide a framework to enable directorates to form proposals for the allocation of its reduced resources to third and private sector organisations.

Council Wide Overarching Criteria

Criteria	Rationale
Link to strategic priorities e.g. council priorities/Sustainable Community Strategy Outcomes/agreed HSP thematic board outcomes	How this activity is essential to achieving council and partnership priorities
Link to and statutory obligations	Why the council needs to fund this activity
Maximise outcomes: link into performance measures	How this activity improves the wellbeing of local communities
Impact/effect/improvement(s) of service delivery to local community	<ul style="list-style-type: none"> • How we can focus this activity on people most in need • What can make this activity more effective • Other local bodies exist which could provide this activity e.g. the private sector, third sector or citizens could provide this activity, whole or in part • How we make sure that payment to service providers links to achievement
Maximise value for money: including long- and short-term financial savings	How we can provide this activity at lower cost
Local connection/presence in Haringey	Support local organisations and businesses where appropriate.

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Further to and based upon these, Adult and Community Services (A&CS) has, in consultation with its Cabinet Member, developed a set of proposed directorate specific criteria and these have been provisionally applied to all third and private sector organisations funded by A&CS in 2010/11. A&CS has consulted on both the criteria and how these have been applied. Organisations and service users have been consulted.

A&CS criteria for assessing funding for Voluntary Sector Organisations 2011/12

Each organisation/client group was assessed as follows:

- Services must meet at least one of the 3 Health & Well-being priorities:
 - Safeguarding vulnerable adults;
 - Reduce health inequalities; and
 - Early intervention and prevention.
- Services assessed against the Eligibility Framework (Table 1) in conjunction with the Department of Health Guidance¹.
- Priority has been weighted in order of level of need as set out in the Eligibility Framework and the multiplying factors.
- A minimum score of **16** must be met to be eligible for any potential funding. Scores of **20** and above will qualify for funding at the current levels. Scores between **16** and **19** will qualify at a reduced level of finding.

Table 1: Eligibility Framework

Level	Eligibility Need and Intervention	Weighting	Max Score (weighting x multiplier)
5	The service for people that primarily have critical needs.	5	25
4	The service for people that primarily have substantial needs.	4	20
3	The service for people that primarily have moderate needs.	3	15
2	The service for people that primarily have low needs.	2	10
1	General population: early intervention and prevention.	1	5
Multiplier		Weighting	
1. Financial impact on other services		1 point	
2. Service not available elsewhere		1 point	
3. Service benefits a large percentage of service user group		1 point	
4. Value for Money		1 point	
5. Other significant factor		1 point	

These criteria have been developed with equalities and community and cohesion issues in mind, as it is recognised that local third sector organisations play an essential role in promoting community cohesion and the delivery services to groups with protected characteristics.

Application of the Criteria

The criteria described here have been provisionally applied to third and private sector organisations funded by A&CS in 2010/11 and a proposed judgement for each organisation has been arrived at. Should the Cabinet Member, after considering the possible equality impacts highlighted by this EqIA and consultation with providers and service users, take the decision to adopt and implement these criteria, organisations will be subject to one of three outcomes which are that, in 2011/12, they will receive:

- The same level of funding;
- A reduced level of funding; or,
- No funding.

Services by Client Group

¹ The criteria have been based on the Department of Health guidance document '[Guidance on Eligibility Criteria for Adult Social Care, England 2010 – Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care](#)'.

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The range of organisations that may be affected by both the design of the criteria and the decision to implement them is broad. For the purposes of conducting effective EqlAs, separate EqlAs have been completed for the following services by client group:

1. Alcohol misuse
2. Carers
3. General
4. Learning disabilities
5. Mental health
6. Older people

Summary of the Broad Impact of the Application of the Criteria

The table below (table 2) sets out the number of grants awarded to third sector and private organisations in 2010/11 and a range of other significant information. Information has been categorised using client groups. As the table demonstrates, if the criteria are adopted and implemented, a number of services will cease to be funded which will have an impact on service users.

Table 2: Summary of impact

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding.	No of projects with continuing funding.
Learning Disabilities	250,157	204,409	-18.3%	2	0	4
Mental Health	108,000	82,450	-23.7%	1	1	3
Older People	366,700	266,700	-27.3%	3	3	4
Carers	230,000	176,750	-23.2%	2	2	2
Alcohol Misuse	366,258	316,659	-13.5%	1	3	3
General	148,300	34,300	-76.9%	2	1	1
Total	1,469,415	1,081,268	-26.4%	11	10	17

These services are highly valued by service users as has been demonstrated through the consultation process which has highlighted a number of positive outcomes that users feel will be adversely affected by these proposals. These are set out and explored further in a separate report examining the findings of the consultation process.

The purpose of this EqlA is to identify the impacts in reductions of funding to older people services and to provide a tool for the Council to consider how, if at all, it is able to mitigate these so as to protect the equalities groups that may be disproportionately adversely impacted by the adoption of these proposals.

Step 2 - Consideration of available data, research and information

The column titled 'Provisional Decision February 2011' in Annex 1 of this EqIA shows the outcome of the trial application of the criteria to organisations involved in this process.

Adult and Community Services fund 20 voluntary sector organisation, delivering 38 projects and services. These are set out in Table 1 below:

Provider	Client Group	Description
Age UK	Older People	Core grant funding - funding of the resource centre and advice/information
Age UK	Older People	Benefits outreach
Age UK	Older People	Haringey Forum for Older People
Age UK	Older People	Out & about befriending
Age UK	Older People	Handy Person Project
Age UK	Older People	Stroke Club
Alzheimer's Society Haringey	Older People	Support for people with dementia and their carers.
Catch 22 - Appropriate Adult Service	Mental Health	Trained volunteers to accompany vulnerable mental health users attending police station
Crucial Steps	Mental Health	Appropriate Adults B Tech Award Training
Asian Carers Support Centre (note 1)	Carers	Carers support
Bikur Cholim D'Satmar	Mental Health	Jewish Floating Support
BME Carers Support Service	Carers	Carers Sitting Service
BME Carers Support Service	Carers	Support Group for BME carers
BME Carers Support Service	Carers	Carers Community Income Project
Club Anand	Older People	Drop In Centre
Haringey Advisory Group on Alcohol	Alcohol misuse	Advice, support and interventions to 'street drinkers' and problem drinkers isolated within their own homes.
Haringey Advisory Group on Alcohol	Alcohol misuse	Commissioned assessment service
Haringey Advisory Group on Alcohol	Alcohol misuse	commissioned day centre service
Haringey Advisory Group on Alcohol	Alcohol misuse	Relatives & carers
Haringey Advisory Group on Alcohol	Alcohol misuse	weekend opening
Haringey Advisory Group on Alcohol	Alcohol misuse	Employment & training (drugs)
Haringey Advisory Group on Alcohol	Alcohol misuse	Employment & training (alcohol)
Haringey Carers Centre	Carers	Advice & Support to Carers
HAVCO	General	voluntary sector development
HAVCO	General	volunteer brokerage project

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Provider	Client Group	Description
HAVCO	General	development of community empowerment network
Ican Care	Older People	Drop In Centre
Jacksons Lane	Learning Disabilities	My Beautiful Octopus (JL Krew) Day Services / Music Workshop
Markfield Project	Learning Disabilities	Specialist day and evening services (Contract 11/05/2011)
Mencap	Learning Disabilities	Day Services
Mencap	Learning Disabilities	Advocacy
Mencap	Learning Disabilities	Pathways - Employment project
Mencap	Learning Disabilities	Stepping Out - Learning and Physical Disabilities - Core funding
Mental Health Carers Association	Carers	Advocacy advice and Support for Mental Health Carers
MIND in Haringey	Mental Health	Advocacy Service - advice and information
Open Door	Mental Health	Counselling & Psychotherapy
PHASCA	Older People	Empower 50+
Samaritans	General	24 hr 365 days support adults in distress

We received responses from 16 of the 20 providers who were asked to comment on:

- The proposed criteria
- The application of the proposed criteria to their organisation and service(s)

Of the 16 organisation responses, only two organisations commented on the criteria itself. The two that did comment, felt that use of the Fair Access to Care Criteria was considered inappropriate, particularly where the users of their services were not in receipt of statutory social care services. This mainly affected the local community and voluntary sector infrastructure organisation, who with most of their projects, do not directly provide services to residents. Most of their work is supporting community and voluntary sector organisations.

It is acknowledged that the borough has a large Voluntary Sector which provides a wealth of services. The Haringey Association of Voluntary and Community Organisations (HAVCO) report, [Building a Thriving Third Sector in Haringey](#) (May 2010) highlighted the wide diversity of the 1,600 Voluntary Sector organisations in the borough from small grassroots organisations to well established larger ones. The local infrastructure organisation has a membership of approximately 200 community and voluntary sector groups.

12 organisations submitted that the application of the criteria in respect of their services, did not accurately capture the positive impact their service had for residents and users. Their feedback concluded that the ACS's scoring system was not sensitive enough to determine the impact of stopping a service, and made a case for additional points to be awarded (with evidence provided) under the system. Reviewing the award of points did see many projects provisional scoring increase, although for only five did this result in the organisation achieving sufficient points to retain their 2010/11 funding at either the same or reduced level.

Where the funding proposals scored organisations 20 and above, resulting in the Council being minded to continue funding (16 services, provided by 13 different organisations), there was satisfaction expressed by the organisations who responded in how the criteria was applied to them.

Two organisations reported that it is difficult to separate ACS funding from other funding streams, many of which were also being proposed for cuts in funding, for example within the drug and alcohol sector. One further organisation identified that the ACS funding was their sole source of funding, meaning the application of the criteria resulting in ceasing of funding would result in the organisation ceasing to exist. The organisation asserted that they were the only organisation working with a particular group of users.

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There were insufficient responses from organisations about the actual ACS criteria used to fully assess whether the criteria itself would result in a disproportionate impact on particular equalities groups, other than as provided by the local infrastructure group. Therefore barriers may increase in terms of access to community development support by local community groups, as well as a potential loss of engagement and participation from the sector in strategic groups and forums.

The impact of the actual proposals around funding on organisations in terms of equalities strands are considered in Appendix 3 & 4.

Step 3 - Assessment of Impact

Using the information you have gathered and analysed in step 2, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

3 a) These proposals will affect existing barriers.

Increase barriers X	Reduce barriers	No change
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3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

The table at Appendix 1 shows how, following the consideration of the initial application of the criteria and the equalities issues highlighted by application of the criteria itself, the step was taken to reapply the criteria to, where possible, mitigate equality impacts. This is shown in the column titled '*Change of Scoring following EQiA and consultation*'. This resulted in a change in proposals.

3 c) 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?

Whilst the criteria itself have not been revised, additional factors have been taken into account where appropriate, such as acknowledging the concerns raised by the infrastructure organisation. The Council has also applied discretion where the Council funding is the organisations sole source of income, to allow more time to work with the users of the services and the organisations in further assessing any disproportionate impact.

Step 4 - Consult on the proposal

Officers have consulted with providers on the criteria. Providers were each sent a letter relating to the funding proposals for each grant they had received in 2010/11. They were invited to comment on the criteria which were clearly set out.

Main Issues and Concerns Raised

Summary of themed findings from the voluntary sector consultation	Local Authority Response
<p>1.</p> <p><u>Feedback to the consultation process</u></p> <p>The consultation period is considerably less than that recommended in the Local Compact guidance. The short timeframe as stated in the letter dated 18th Feb was not necessary given that the detailed local authority financial settlement was released by the Government in December 2010. There are examples of local authorities who</p>	<p>This is specifically addressed in the report. Decisions about funding for these organisations could not be taken in isolation of the Council's overall strategy to save £41m by 2011/12. The consultation started as soon as was possible given those constraints. The Council does understand that the timescales are challenging for the organisations concerned.</p>

Summary of themed findings from the voluntary sector consultation	Local Authority Response
<p>have completed equivalent consultation exercises on potential cuts to services well before the local authority settlements were announced.</p> <p>The short consultation period presents particular equalities issues for organisations whose service users have complex needs, for example, learning disabilities. The consultation period with service users has not taken this into account.</p> <p>The late consultation and decision making process has left insufficient time for organisations to secure alternative sources of funding. It has also made planning services beyond March 2011 problematic.</p>	<p>In order to ensure that clients with learning disabilities had an opportunity to give their views, ACS Commissioning attended 1 event with a learning disabilities provider and offered to arrange advocacy to support users, which the provider declined.</p> <p>The Consultation period was extended to as late as possible in April to ensure more time available.</p> <p>To mitigate against the uncertainty caused by the extension of the consultation and the potential for a break in service for statutory services, a two month contract extension was arranged for relevant contracts.</p>
<p>2.</p> <p><u>Applicability of criteria to organisations that do not provide a direct service to residents</u></p> <p>The local infrastructure organisation expressed concern that their particular services extended beyond the scope of the ACS criteria used, by not taking into account the support role to voluntary and community sector groups whose clients may be affected by the withdrawal of support.</p> <p>No equalities information could be provided about the organisations served in terms of the equalities implications for the groups worked with.</p>	<p>It is recognised that this is an important issue. The criteria are based on Fair Access to Care Services – the eligibility for adult social care – there is general acknowledgment that the majority of users of services should have needs within the criteria banding. A reapplication of the criteria based on evidence provided through the consultation process, resulted in some changes to the funding proposals.</p>
<p>3.</p> <p><u>Sustainability of organisations</u></p> <p>The consultation process highlighted one organisation where funding was proposed to cease, however the ACS funding was that organisation's sole source of income. Application of the criteria did not take this into account.</p>	<p>Based on equalities evidence supplied, criteria scoring was reviewed and increased, with a discretion applied to continue the funding, to allow further assessment against the equalities strands to determine any disproportionate impact. This will be completed when the Council's Commissioning and Funding Framework for the voluntary sector is implemented, currently proposed for July 2011</p>

How the Proposals have changed as a Result of the Consultation

Officers have scrutinised the responses generated by the consultation and considered the key issues raised by providers in relation to the criteria. This has highlighted for officers a number of issues. Where possible, actions have been agreed to mitigate against the equality impacts of these proposals, although the criteria has not been revised.

1. **Alcohol misuse** - Some services that were originally proposed for termination are now proposed to continue or continue with reduced funding, to support users at times they most need it, particularly at 'unsocial' hours.

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2. **Informal carers** - One of the services originally proposed for termination is now being recommended to continue at reduced levels. The services which are still recommended to be decommissioned include benefits advice and a support group, which included some provision for an annual conference.
3. **General services** – As the consultation highlighted a strong need to retain a key service that supports voluntary and community groups, the revised proposal, now recommends continued funding for one of these services.
4. **Learning disabilities** - Following the consultation and process and reviewing the equalities information, there is no change proposed to the original funding proposal.
5. **Mental health** - One of the services originally proposed for termination is now being recommended to continue at reduced levels. The services which are still recommended to be decommissioned include a scheme that trains volunteers as appropriate adults.
6. **Older People** – no change is proposed to the funding proposal.

The column entitled 'Change of scoring' shows the changes to the proposals as a result of the consultation and EqIA's, with the new proposal showing in the column entitled 'Final proposed decision May 2011'

Informing those who took part in the Consultation

This EIA along with the Cabinet Member Report detailing final proposals and the Council's response to the issues raised through the consultation will be made publicly available on the Council's website. Organisations will also receive a letter informing them of the outcome of the consultation. The letter will explain where the full consultation response can be found on the council website.

Step 5 - Addressing Training

The criteria described in this EIA have been designed to enable Council Officers to put forward equitable funding proposals to members that make best use of resources whilst simultaneously meeting the needs of the maximum number of the borough's residents and not discriminating positively or negatively against any protected equalities group.

As such, it is important that all Officers involved in creating future funding proposals to VCS 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

Who will be responsible for monitoring?

Senior Officers in ACS will be responsible for monitoring and reviewing these proposals and their impact with support from colleagues in the Council's Policy and Performance Intelligence Unit.

Where will this information be reported and how often?

This information on the outcome of this process will be reported to the AHS Directorate Management Team on a quarterly basis.

Contracts with providers will need to be strengthened to ensure that improved equalities information is provided by organisations so that the Council can be confident that voluntary sector organisations are delivering good outcomes to residents in Haringey, and value for money services.

APPENDIX 3

Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Race	Sex	Religion Belief or	Sexual Orientation	Sex Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity
<p>Support to community and voluntary sector organisations There may be indirect adverse impact on other organisations and their users, with the loss of infrastructure support</p> <p>Volunteering There may be adverse impact on younger adults (who may also be from BME communities) , although no detailed equalities data is available</p>	<p>Support to community and voluntary sector organisations There may be indirect adverse impact on other organisations and their users, with the loss of infrastructure support</p> <p>Learning Disabilities The consultation period was challenging when considering the particular needs of this group, in understanding what was being consulted about.</p>	<p>Support to community and voluntary sector organisations There may be indirect adverse impact on other organisations and their users, with the loss of infrastructure support</p> <p>Asian/Asian British There will be high adverse impact on users of organisations where Council funding is the sole source of income</p>						

APPENDIX 3

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
Loss of support to community and voluntary sector organisations.	Review infrastructure model for community and voluntary groups. Improve data collection about equalities protected characteristics through regular surveys of community groups	Head of Adult Commissioning, ACS	July to September 2011	Within existing resources.
Ensure robust model of funding voluntary sector organisations to ensure sustainability.	Finalise commissioning and funding framework for the voluntary sector.	Head of Adult Commissioning, ACS	May to July 2011	
Training	All Officers involved in creating future funding proposals to VCS and, where appropriate, some private organisations, to receive up to date, full, equalities training.	Deputy Director, Adult and Community Services.	Ongoing	Within 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?

Assessed by (Author of the proposal):

Name: Barbara Nicholls
Designation: Head of Adult Commissioning
Signature:
Date: 16th May 2011

Quality checked by (Equality Team):

Name: Arleen Brown
Designation: Senior Policy Officer
Signature: *A. J. Brown*
Date: 16th May 2011

Sign off by Directorate Management Team:

Name:
Designation:
Signature:
Date:

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Appendix 3 - ACS report - EqiA criteria - Annex 1 – Table showing overview of organisations and equalities strands, and decisions

name of Provider	Client Group	Description	Age *	Sex	Race	Disability	Religion/ Belief	Gender Reassignment	Sexual Orientation	Maternity and Pregnancy	Provisional Decision	Change of scoring	Final proposed decision
Age UK	Older People	Core grant funding - resource centre and advice / information	Yes - people over 55	M/F	No	No	No	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
Age UK	Older People	Benefits outreach	Yes - people over 56	M/F	No	No	No	Data not available	Data not available	Data not available	CEASE	increase score	CEASE
Age UK	Older People	HFOP	Yes - people over 57	M/F	No	No	No	Data not available	Data not available	Data not available	REDUCE	no change	REDUCE
Age UK	Older People	Out & about befriending	Yes - people over 55	M/F	No	No	No	Data not available	Data not available	Data not available	CEASE	increase score	CEASE
Age UK	Older People	Handy Person Project	Yes - people over 55	M/F	No	No	No	Data not available	Data not available	Data not available	REDUCE	no change	REDUCE
Age UK	Older People	Stroke Club	Yes - people over 55	M/F	No	No	No	Data not available	Data not available	Data not available	REDUCE	no change	REDUCE
Alzheimer's Society Haringey	Older People	Support and advice, support groups	No	M/F	No	Yes - adults with dementia and their carers	No	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
Catch 22 - Appropriate Adult Service	Mental Health	Trained volunteers to accompany vulnerable mental health users attending police station	No	M/F	No	Yes - adults with mental health problems	No	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE

ame of Provider	Client Group	Description	Age *	Sex	Race	Disability	Religion/ Belief	Gender Reassignment	Sexual Orientation	Maternity and Pregnancy	Provisional Decision	Change of scoring	Final proposed decision
Crucial Steps Asian Carers Support Centre (note 1)	Mental Health	Appropriate Adults B Tech Award Training	No	M/F	No	Yes - adults with mental health problems	No	Data not available	Data not available	Data not available	CEASE	increase score	CEASE
Bikur Cholim D'Satmar BME Carers Support Service	Carers	Carers support	No	M/F	Yes - Asian	No	Yes - majority Hindu, Islam	Data not available	Data not available	Data not available	CEASE	increase score	REDUCE
BME Carers Support Service	Mental Health	Jewish Floating Support	No	M/F	No	Yes - adults with disabilities and mental health problems	Yes - Charedi community	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
BME Carers Support Service	Carers	Carers Sitting Service	No	No	Yes - all BME	No	No	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
BME Carers Support Service	Carers	Support Group for BME carers	No	No	Yes - all BME	No	No	Data not available	Data not available	Data not available	CEASE	increase score	CEASE
Club Anand	Older People	Carers Community Income Project Drop In Centre	Yes - people over 65	No	Yes - Asian	No	No	Data not available	Data not available	Data not available	CEASE	increase score	CEASE
Haringey Advisory Group on Alcohol	Alcohol misuse	Advice, support and interventions to 'street drinkers' and problem drinkers isolated within	No	No	Yes - Asian	Yes - substance misuse	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE

ame of Provider	Client Group	Description	Age * Does the organisation work with a particular age group (18 years and over)?	Sex Does the organisation work with a particular gender?	Race Does the organisation target BME groups?	Disability Does the organisation work specifically with adults with disabilities?	Religion/Belief Does the organisation work with adults from a specific religious group?	Gender Reassignment Does the organisation work with adults who have had gender re-assignment?	Sexual Orientation Does the organisation work with young people with a particular sexual orientation?	Maternity and Pregnancy Does the organisation work specifically with adults who are pregnant or on maternity	Provisional Decision February 2011	Change of scoring following EqiA and consultation	Final proposed decision May 2011
		their own homes.											
Haringey Advisory Group on Alcohol	Alcohol misuse	Commissioned assessment service	No	No	No	Yes - substance misuse	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
Haringey Advisory Group on Alcohol	Alcohol misuse	commissioned day centre service	No	No	No	Yes - substance misuse	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
Haringey Advisory Group on Alcohol	Alcohol misuse	Relatives & carers	No	No	No	Yes - substance misuse (carers)	no	Data not available	Data not available	Data not available	CEASE	increase score	CEASE
Haringey Advisory Group on Alcohol	Alcohol misuse	weekend opening	No	No	No	Yes - substance misuse	no	Data not available	Data not available	Data not available	CEASE	increase score	REDUCE
Haringey Advisory Group on Alcohol	Alcohol misuse	Employment & training (drugs)	No	No	No	Yes - substance misuse	no	Data not available	Data not available	Data not available	REDUCE	no change	REDUCE
Haringey Advisory Group on Alcohol	Alcohol misuse	Employment & training (alcohol)	No	No	No	Yes - substance misuse	no	Data not available	Data not available	Data not available	REDUCE	no change	REDUCE
Haringey Carers Centre	Carers	Advice & Support to Carers	No	No	No	No	no	Data not available	Data not available	Data not available	REDUCE	no change	REDUCE
HAVCO	General	voluntary sector development	No	No	No	No	no	Data not available	Data not available	Data not available	CEASE	increase score	REDUCE
HAVCO	General	volunteer brokerage	No	No	No	No	no	Data not available	Data not available	Data not available	CEASE	no change	CEASE

ame of Provider	Client Group	Description	Age *	Sex	Race	Disability	Religion/ Belief	Gender Reassignment	Sexual Orientation	Maternity and Pregnancy	Provisional Decision	Change of scoring	Final proposed decision
		development of community empowerment network	No	No	No	No	no	Data not available	Data not available	Data not available	CEASE	no change	CEASE
HAVCO	General		Yes - people over 65	No	Yes - Asian	No	No	Data not available	Data not available	Data not available	CEASE	no change	CEASE
Ican Care	Older People	Drop In Centre		No		No	No	Data not available	Data not available	Data not available	CONTINUE	no change	CEASE
Jacksons Lane	Learning Disabilities	My Beautiful Octopus (JL Crew) Day Services / Music Workshop	No	No	No	Yes - Learning Disabilities	no	Data not available	Data not available	Data not available	CEASE	increase score	CEASE
Markfield Project	Learning Disabilities	Specialist day and evening services (Contract 11/05/2011)	No	No	No	Yes - Learning Disabilities	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
Mencap	Learning Disabilities	Day Services	No	No	No	Yes - Learning Disabilities and Physical Disabilities	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
Mencap	Learning Disabilities	Advocacy	No	No	No	Yes - Learning Disabilities	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
Mencap	Learning Disabilities	Pathways - Employment project	No	No	No	Yes - Learning Disabilities	no	Data not available	Data not available	Data not available	CEASE	no change	CEASE
Mencap	Learning Disabilities	Stepping Out - Learning and Physical Disabilities - Core funding	No	No	No	Yes - Learning Disabilities	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE

Name of Provider	Client Group	Description	Age * Does the organisation work with a particular age group (18 years and over)?	Sex Does the organisation work with a particular gender?	Race Does the organisation target BME groups?	Disability Does the organisation work specifically with adults with disabilities?	Religion/Belief Does the organisation work with adults from a specific religious group?	Gender Reassignment Does the organisation work with adults who have had gender re-assignment?	Sexual Orientation Does the organisation work with young people with a particular sexual orientation?	Maternity and Pregnancy Does the organisation work specifically with adults who are pregnant or on maternity	Provisional Decision February 2011	Change of scoring following EqiA and consultation	Final proposed decision May 2011
Mental Health Carers Association	Carers	Advocacy advice and Support for Mental Health Carers	No	No	No	Yes - adults with mental health problems	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
MIND in Haringey	Mental Health	Advocacy Service - advice and information	No	No	No	Yes - adults with mental health problems	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE
Open Door	Mental Health	Counselling & Psychotherapy	No	No	No	Yes - adults with mental health problems	no	Data not available	Data not available	Data not available	CEASE	increase score	REDUCE
PHASCA	Older People	Empower 50+ 24 hr 365 days support adults in distress	Yes - people over 65	No	No	No	no	Data not available	Data not available	Data not available	CEASE	no change	CEASE
Samaritans	General		No	No	No	Yes - Learning Disabilities	no	Data not available	Data not available	Data not available	CONTINUE	no change	CONTINUE

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HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT FORM



Service: Adult and Community Services

Directorate: Adult and Housing Services (formerly Adult, Culture and Community Services)

Title of Proposal: To adopt and implement the Adult and Community Services specific approach to assessing commissioning of the Third Sector (and the private sector where appropriate).

Lead Officer (author of the proposal): Lisa Redfern, Deputy Director, Adult and Community Services

Names of other Officers involved: Barbara Nicholls, Helen Constantine, Arleen Brown

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

The Government's Comprehensive Spending Review, published on 20 October 2010, placed enormous challenge on local authorities and other public services to reduce spending in coming years. Many grants have been reduced or cut completely, which includes grants that make up the Area Based Grant (ABG). As a result, the ABG ceased as at the 31st March 2011. There have also been significant changes in the way councils will receive their funding creating additional financial pressures on the Council.

Because of these changes, the Council has been placed in an unprecedented position and is seeking to reduce spending and make savings where possible, including significantly reducing spending on 'back office' functions. Alongside this, the Council has a duty to ensure that priority and essential services are protected and are available to our residents. The Council also needs to ensure that it fulfils its statutory obligations notwithstanding it is to receive substantially less funding from central government.

The proposals for savings contain significant reductions in what had previously been schemes for grant funding a variety of organisations. The majority of these organisations are third sector organisations, comprising voluntary organisations, community organisations and others. However, there are also a lesser number of private sector organisations that receive funds through the grant funding arrangements.

Overarching indicative criteria based on Audit Commission criteria were approved at Cabinet on 8 February 2011 to provide a framework to enable directorates to form proposals for the allocation of its reduced resources to third and private sector organisations.

Council Wide Overarching Criteria

Criteria	Rationale
Link to strategic priorities e.g. council priorities/Sustainable Community Strategy Outcomes/agreed HSP thematic board outcomes	How this activity is essential to achieving council and partnership priorities
Link to and statutory obligations	Why the council needs to fund this activity
Maximise outcomes: link into performance measures	How this activity improves the wellbeing of local communities
Impact/effect/improvement(s) of service delivery to local community	<ul style="list-style-type: none"> How we can focus this activity on people most in need What can make this activity more effective Other local bodies exist which could provide this activity e.g. the private sector, third sector or citizens could provide this activity, whole or in part How we make sure that payment to service providers links to achievement
Maximise value for money: including long- and short-term financial savings	How we can provide this activity at lower cost
Local connection/presence in Haringey	Support local organisations and businesses where appropriate.

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Further to and based upon these, Adult and Community Services (A&CS) has, in consultation with its Cabinet Member, developed a set of proposed directorate specific criteria and these have been provisionally applied to all third and private sector organisations funded by A&CS in 2010/11. A&CS has consulted on both the criteria and how these have been applied. Organisations and service users have been consulted.

A&CS criteria for assessing funding for Voluntary Sector Organisations 2011/12

Each organisation/client group was assessed as follows:

- Services must meet at least one of the 3 Health & Well-being priorities:
 - Safeguarding vulnerable adults;
 - Reduce health inequalities; and
 - Early intervention and prevention.
- Services assessed against the Eligibility Framework (Table 1) in conjunction with the Department of Health Guidance¹.
- Priority has been weighted in order of level of need as set out in the Eligibility Framework and the multiplying factors.
- A minimum score of **16** must be met to be eligible for any potential funding. Scores of **20** and above will qualify for funding at the current levels. Scores between **16** and **19** will qualify at a reduced level of funding.

Table A: Eligibility Framework

Level	Eligibility Need and Intervention	Weighting	Max Score (weighting x multiplier)
5	The service for people that primarily have critical needs.	5	25
4	The service for people that primarily have substantial needs.	4	20
3	The service for people that primarily have moderate needs.	3	15
2	The service for people that primarily have low needs.	2	10
1	General population: early intervention and prevention.	1	5
Additional Criteria			
1. Financial impact on other services		1 point	
2. Service not available elsewhere		1 point	
3. Service benefits a large percentage of service user group		1 point	
4. Value for Money		1 point	
5. Other significant factor		1 point	

These criteria have been developed with equalities and community and cohesion issues in mind, as it is recognised that local third sector organisations play an essential role in promoting community cohesion and the delivery services to groups with protected characteristics.

Application of the Criteria

The criteria described here have been provisionally applied to third and private sector organisations funded by A&CS in 2010/11 and a proposed judgement for each organisation has been arrived at. Should the Cabinet Member, after considering the possible equality impacts highlighted by this EqIA and consultation with providers and service users, take the decision to adopt and implement these criteria, organisations will be subject to one of three outcomes which are that, in 2011/12, they will receive:

- The same level of funding;
- A reduced level of funding; or,
- No funding.

Services by Client Group

There is a broad range of organisations that may be affected by both the design of the criteria and the decision to implement them. These are listed below:

1. Alcohol misuse

¹ The criteria have been based on the Department of Health guidance document '[Guidance on Eligibility Criteria for Adult Social Care, England 2010 – Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care](#)'.

2. Carers
3. General services
4. Learning disabilities
5. Mental health
6. Older people

Summary of the Broad Impact of the Application of the Criteria

The table below (table 2) sets out the number of grants awarded to third sector and private organisations in 2010/11 and a range of other significant information. Information has been categorised using client groups. As the table demonstrates, if the criteria are adopted and implemented, a number of services will cease to be funded which will have an impact on service users.

Table B: Summary of impact

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Learning Disabilities	250,157	204,409	-18.3%	2	0	4
Mental Health	108,000	82,450	-23.7%	1	1	3
Older People	366,700	266,700	-27.3%	3	3	4
Informal Carers	230,000	176,750	-23.2%	2	2	2
Alcohol Misuse	366,258	316,659	-13.5%	1	3	3
General	148,300	34,300	-76.9%	2	1	1
Total	1,469,415	1,081,268	-26.4%	11	10	17

These services are highly valued by service users as has been demonstrated through the consultation process which has highlighted a number of positive outcomes that users feel will be adversely affected by these proposals. These are set out and explored further in Section 4. The purpose of this EIA is to identify these impacts and to provide a tool for the Council to consider how, if it all, it is able to mitigate these so as to protect the equalities groups that may be disproportionately adversely impacted by the adoption of these proposals.

Overview of the Alcohol Misuse client group

The Alcohol Misuse client group services currently support around 500 people with alcohol misuse problems and includes the following services:

- Commissioned assessment service;
- Commissioned day centre service;
- Support to relatives and carers;
- Employment and training (Drugs & Alcohol);
- Advice, support and interventions to street drinkers and problem drinkers isolated in their own homes; and,
- Weekend opening hours.

Overview of the Informal Carers client group

The Carers client group services currently work with approximately 300 informal carers supporting them in their caring role looking after vulnerable people. There are four main organisations in Haringey who are directly funded by the Council to provide support to carers, although many other voluntary organisations also work with informal carers in their day to day activities. The services commissioned include:

- Advocacy
- Benefits advice
- Support groups

- Activities including 'pampering', yoga and coffee mornings

Overview of the General services group

The general services group of projects covers infrastructure support to community and voluntary sector organisations in Haringey, as well as help and advice that is not specific to any other client group. The services include:

- Volunteering centre
- Capacity building and networking support to community and voluntary sector
- Crisis telephone line.

Overview of the Learning Disabilities Sector

The Borough Profile shows that 614 adults in Haringey have learning disabilities and are receiving social care services. Adult and Community Services currently commissions support as follows:

- Daytime and evening activities for clients with disabilities
- Day services for adults with multiple/complex disabilities
- Advocacy services
- Pathways – Employment project
- Arts/Drama sessions

Overview of the Mental Health Sector

The Haringey Public Health Report 2009 and the Haringey Mental Health Needs Assessment and the identifies that mental health needs are high in Haringey, with people from some Black and Minority Ethnic groups more likely than others to suffer from mental health problems. There are a number of determinants of good mental health which contribute to the overall level of need. These include deprivation, unemployment, housing and homelessness. Mental illness is particularly common in some of Haringey's newer refugee communities, whose members have often experienced traumatic experiences in their home countries.

The Mental Health client group currently access the following services:

- Black and minority ethnic mental health advocacy services
- Floating Support Service
- Counselling and Psychotherapy for young adults (16-24)
- Accompanying vulnerable mental health users attending police stations – appropriate adult services

Overview of the Older People Client Group

The Older People client group organisations supports approximately 7000 people and includes the following services:

- Funding of Age UK (Haringey) - Resource and Advice/Information Centre
- Benefits outreach
- Haringey Forum for Older People
- Out & about befriending Project
- Handy Person Project
- Stroke Club
- Support for people Alzheimer's and their carers
- Drop In Centres
- Empower 50+ (activities for older people)

Step 2 - Consideration of available data, research and information

ACS is not the direct provider of all of the public services delivered to vulnerable adults (aged 18 years of age and over) and their carers in Haringey, it will fund some voluntary and private organisations to deliver services to meet the needs of the borough's population. In 2010/11, 38 projects/services were funded by ACS, covering 20

APPENDIX 4

organisations. Some organisations received funding for more than one service. Funding was awarded for specific projects/services, with an element of core funding in some instances. The criteria has been applied to these services/projects funded rather than to organisations as a whole and so will be treated separately throughout this EIA.

1. Alcohol misuse

It should be noted that there is only one organisation funded by the Council to provide support to people with problems of alcohol misuse, with the funding spread across 7 projects/initiatives. Equalities data has been collected for all projects/initiatives with the exception of one, as this was not available.

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Alcohol Misuse	366,258	316,659	-13.5%	1	3	3

Funding Proposal for this Theme

The outcome of the application of the criteria resulted in the provisional judgement that the Council proposed to continue funding of two services, continue funding of three services at a reduced rate, and cease funding of two services. However feedback through the consultation process included highlighting the importance of access to services at 'unsocial' hours as well as out of normal office hours. **As a direct result of consultation and equalities analysis, some services originally proposed for termination are now being recommended to continue at full or reduced levels.**

Service User (alcohol misuse) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available, from relevant ACS managers with responsibility for commissioning and contracting services. For comparison, the Haringey population data is taken from the Census 2001. Information was available for 6 out of the 7 services under this client group; therefore some general conclusions can be drawn from the available information in respect of half of the equalities strands.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- All service users have a form of disability, as defined by the Equalities Act 2010.
- There is an overrepresentation of working age people with alcohol misuse problems, with the majority (58%) aged between 35 and 54 (Table 1.1), using the services funded.
- 74% of service users are men, which is higher than the borough profile (Table 1.2).
- 18.7% of service users are White Irish, meaning that this group is over-represented compared with the borough profile (see Table 1.3). Other White British groups are also slightly under-represented among service users. Non-white groups are under-represented.
- There is an over representation of people who identify themselves as Christian, this is probably linked to the race of users.
- There is a slight over-representation of women whose sexual orientation is lesbian, and an under-representation of people who identify themselves as heterosexual.
- There would therefore be a disproportionate impact on these key groups – people of working age, men and White British with the original proposals to reduce or cease some services for people with alcohol misuse problems.
- No other disproportionate impact has been assessed against the protected groups of Age, Sex, Race, Disability, Religion or Sexual Orientation.
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Sex reassignment and Maternity & Pregnancy

Feedback through the consultation process included highlighting the importance of access to services at 'unsocial' hours as well as out of normal office hours. The element of the service that works with street drinkers (who may be homeless) do not tend to access services during 'usual business hours'. People who use the services stressed how important it was to be able to access support on weekends, particularly after Friday evenings.

Table 1.1: Age of service users compared with borough profile

	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile ²
18-24	11	2%	9.6%
25-34	78	15%	29.2%
35-44	123	24%	24.4%
45-54	176	34%	14.6%
55-64	83	16%	9.8%
65-74	22	4%	7.1%
75-84	2	0%	4.0%
85+	0	0%	1.3%
Not Stated	18	4%	-
TOTAL	513	100%	100%

Table 1.2: Sex of service users compared with borough profile

	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile ³
Male	380	74%	51%
Female	133	26%	49%
TOTAL	513	100%	100%

Table 1.3 Race of service users compared with borough profile

	Sub race	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile ⁴
White British		252	49.1%	48%
White Irish		96	18.7%	4%
	<i>White Greek / Cypriot</i>	15	2.9%	
	<i>White Turkish</i>	9	1.8%	
	<i>White Gypsy</i>	0	0.0%	
	<i>White Irish Traveller</i>	0	0.0%	
	<i>White Turkish/Cypriot</i>	23	4.5%	
	<i>White Other</i>	0	0.0%	
Other White		47	9.2%	14%
Subtotal white		395	77.0%	66%
White and Black Caribbean		3	0.6%	1%
White and Black African		4	0.8%	1%
White and Asian		13	2.5%	1%
Other Mixed			0.0%	1%
Subtotal mixed/white		20	3.9%	5%
Asian or Asian British Indian		6	1.2%	3%
Asian or Asian British Pakistani		1	0.2%	1%

² Borough population figures ONS 2006 (note – 18-24 age range, information available 20-24 only)

³ ONS Mid-year Estimates 2009

⁴ Borough population figures ONS 2005

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	Sub race	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile ⁴
Asian or Asian British Bangladeshi		1	0.2%	2%
Asian or Asian British Other		0	0.0%	2%
Asian or Asian British		8	1.6%	8%
Black or Black British Caribbean		35	6.8%	8%
Black or Black British African		22	4.3%	9%
Black or Black British Other		12	2.3%	1%
Black or Black British		69	13.5%	18%
Chinese		0	0.0%	2%
Other Ethnic Group		0	0.0%	2%
NOT STATED		22	4.3%	
Chinese or Other Ethnic Group		22	4.3%	4%
TOTAL		514	100%	100%

Table 1.4: Religion of service users compared with borough profile

	Total number of users	Alcohol Substance Misuse Services	Haringey Borough Profile (Haringey residents in general)
Buddhism	0	0.0%	1.1%
Christian	332	77.6%	50.1%
Hindu	6	1.4%	2.1%
Jewish	0	0.0%	2.6%
Muslim	5	1.2%	11.3%
Sikh	0	0.0%	0.3%
Non-religious	29	6.8%	20.0%
Other religions	27	6.3%	0.5%
Not stated	29	6.8%	12.1%
TOTAL	428	100.0%	100%

Note: monitoring information available for five of seven alcohol misuse services

Table 1.5: Sexual orientation of service users compared with national profile

	Total number of users	Alcohol Substance Misuse Services	National profile ⁵
Lesbian	4	0.9%	0.5%
Gay	4	0.9%	1.0%
Bisexual	3	0.7%	0.5%
Heterosexual	380	88.8%	94.5%
Other	0	0.0%	0.5%
Unknown	37	8.6%	3.0%
TOTAL	428	100.0%	100.0%

⁵ Office for National Statistics, Integrated Household Survey, September 2010

2. Informal Carers

The Council provides funding to four organisations who work directly with informal carers. The Council funds 6 services for informal carers from the 4 organisations. Equalities data has been collected for all projects/initiatives with the exception of two, as this was not available.

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Informal Carers	230,000	176,750	-23.2%	2	2	2

Funding Proposal for this Theme

The outcome of the application of the criteria resulted in the provisional judgement was that the Council proposed to continue funding of two services, continue funding of one service, however at a reduced rate, and cease funding of three services. The original proposals for funding reductions sought to retain key services that met the needs of the most vulnerable carers across BME groups and client groups. **As a direct result of consultation and equalities analysis one of the services originally proposed for termination is now being recommended to continue at reduced levels.**

Following the consultation process and equalities impact assessment, a proposal has been reached to reduce the savings required. The services which are still recommended to be decommissioned include benefits advice and a support group, which included some provision for an annual conference.

Service User (informal carers) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services. Information was available for 4 of 6 services funding services for carers in respect of race and sex, unless noted otherwise.

For comparison, the Haringey population data is taken from the Census 2001.

According to the 2001 census, over 15,000 people in Haringey identify themselves as unpaid carers. This represents 7.4 % (1 in 13) of the *usual resident population* of the borough (approximately 216,507). As at the census 3,232 Haringey carers (20% of carers) provide care for 50 or more hours a week, and 10,637 Haringey carers (67% of carers) provide care for 1-19 hours a week.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- There is an indication that informal carers who use services, look after service users who would likely have a form of disability, as defined by the Equalities Act 2010 (Table 2.4)
- Informal carers using services are mostly under the age of 65 (91%) and are slightly over-represented as a whole compared to the Borough Profile of all adults ages (91% against 87.6%), but very over-represented compared to the profile of ages groups of carers 91% against 81.7% (see Table 2.1)
- Informal carers over the age of 65 are very underrepresented in terms of those accessing services (4% against a over 65 carer population of 18.3% (see Table 2.1)
- Women are very over-represented against both the percentage of females in the general population and those who are in a caring role (Table 2.2)
- White carers are under-represented when compared to the profile of the general population and those who are in a caring role (Table 2.3)
- 40.3% of informal carers accessing services are Asian/Asian British meaning that this group is over-represented (Table 2.4).
- Only two organisations provided information on informal carers' religion, therefore this information is limited in use. However, it provides an insight into the characteristics of informal carers who use services (see Table 2.5), for example Hindu carers are very over-represented in terms of accessing services (46.6% against borough profile for informal carers at 2.1%). Table 2.6 show the race breakdown of carers who attended a Carers Strategy consultation meeting in January 2009.

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- Race and religion over-representation probably reflect the target groups of funded organisations – two of the four organisations funded presently are BME specific, with one working solely with hard to reach Asian carers.
- No other disproportionate impact has been assessed against the protected groups of Age, Sex and Race.
- There is insufficient detail available to fully assess any disproportionate impact on Disabilities and Religion
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Sex reassignment, Sexual Orientation and Maternity & Pregnancy

Table 2.1: Age of users of service compared with borough profile

	Total number of users	Informal carers who use services	Haringey Borough Profile – general population ⁶	Haringey Borough Profile - people who provide care ⁷
18-24	11	2%	9.6%	
25-34	78	15%	29.2%	
35-44	123	24%	24.4%	
45-54	176	34%	14.6%	
55-64	83	16%	9.6%	
SUBTOTAL	471	91%	87.6%	81.7%
65-74	22	4%	7.1%	
75-84	2	0%	4.0%	
85+	0	0%	1.3%	
SUBTOTAL	24	4%	12.4%	18.3%
Not Stated	18	4%	-	-
TOTAL	513	100%	100%	100%

Note – information about age of carer was only available for 2 of 6 services

Table 2.2: Sex of users of services compared with borough profile

	TOTAL	Informal carers who use services	Haringey Borough Profile - all adults ⁸	Haringey Borough Profile - people who provide care ⁹
Male	63	20%	51%	40.6%
Female	247	80%	49%	59.4%
TOTAL	310	100.0%	100.0%	100.0%

⁶ Borough population figures ONS 2006 (note – 18-24 age range, information available 20-24 only)

⁷ Census 2001 – information available in bands as follows: 16-64 years and 65+

⁸ Borough population figures ONS 2006

⁹ Census 2001

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Table 2.3: Race of users of service compared with borough profile

	Sub race	TOTAL	Carers groups profile	Haringey Borough Profile ¹⁰	Haringey Borough Profile - people who provide care ¹¹
White British		69	22.3%	48%	47.6%
White Irish		5	1.6%	4%	5.0%
	<i>White Greek / Cypriot</i>	5	1.6%		
	<i>White Turkish</i>	6	1.9%		
	<i>White Gypsy</i>	0	0.0%		
	<i>White Irish Traveller</i>	0	0.0%		
	<i>White Turkish/Cypriot</i>	0	0.0%		
	<i>White Other</i>	25	8.1%		
Other White		36	11.6%	14%	14.4%
Subtotal white		110	35.5%	66%	67.0%
White and Black Caribbean		2	0.6%	1%	0.9%
White and Black African		2	0.6%	1%	0.5%
White and Asian		0	0.0%	1%	0.7%
Other Mixed		0	0.0%	1%	1.0%
Subtotal mixed/white		4	1.3%	5%	3.1%
Asian or Asian British Indian		53	17.1%	3%	4.6%
Asian or Asian British Pakistani		6	1.9%	1%	1.1%
Asian or Asian British Bangladeshi		4	1.3%	2%	1.7%
Asian or Asian British Other		62	20.0%	2%	1.9%
Asian or Asian British		125	40.3%	8%	9.2%
Black or Black British Caribbean		36	11.6%	8%	10.2%
Black or Black British African		19	6.1%	9%	6.8%
Black or Black British Other		12	3.9%	1%	1.0%
Black or Black British		67	21.6%	18%	18.0%
Chinese		2	0.6%	2%	0.9%
Other Ethnic Group		2	0.6%	2%	1.7%
Chinese or Other Ethnic Group		4	1.3%	4%	2.7%
TOTAL		310	100.0%	100%	100.0%

¹⁰ Borough population figures ONS 2005¹¹ Census 2001

Table 2.4: Disability characteristics of cared for person

	TOTAL	Carers groups profile
Mental health	76	34.1%
Physical Disabilities	28	12.6%
Older People	61	27.4%
Learning Disabilities	47	21.1%
Parent Carer	10	4.5%
Not specified	1	0.4%
	223	100.0%

Note – information about disability characteristics of cared for person, was only available for 3 of the 6 services, including one organisation that works primarily with carers of people with mental health problems.

Table 2.5: Religion of users of services compared to borough profile

	TOTAL	Carers groups profile	Haringey Borough Profile (Haringey residents in general) ¹²
Buddhism	1	0.8%	1.1%
Christian	28	21.4%	50.1%
Hindu	61	46.6%	2.1%
Jewish	4	3.1%	2.6%
Muslim	19	14.5%	11.3%
Sikh	2	1.5%	0.3%
Non-religious	2	1.5%	20.0%
Other religions	9	6.9%	0.5%
Not stated	5	3.8%	12.1%
TOTAL	131	100.0%	100%

Note – information about the religion of users of services, was only available for 2 of the 6 services. Census data for religious belief is available for the usual resident population of Haringey but not specifically for unpaid carers.

Further information about the religion of carers comes from respondents to a survey questionnaire about carers' priorities for the revised Haringey Carers Strategy in January 2009. Attendees described their religion or belief as set out in the following table:

Table 2.6: Haringey carers consultation meeting January 2009

	%	No of carers
Buddhist	1.6%	2
Christian	53.9%	69
Hindu	6.3%	8
Jewish	2.3%	3
Muslim	9.4%	12
Sikh	0.8%	1
Non- religious	16.4%	21

¹² Office of National Statistics - KS07 Religion: Key Statistics for urban areas, summary results for local authorities

	%	No of carers
Other religions	0.0%	0
Not stated	9.4%	12
TOTAL	100%	128

3. General services

This category includes services that provide infrastructure support to voluntary and community groups, and included supporting and facilitating engagement and participation on strategic boards and forums. In addition there is an information and support service that is not specific to any client group

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
General	148,300	34,300	-76.9%	2	1	1

Funding Proposal for this Theme

The outcome of the application of the criteria results in the provisional judgement was that the Council proposed to continue funding of one of services, and cease funding of 3 services. The original proposals for funding reductions sought to retain a key service that met the needs of the most vulnerable people across client groups.

The original in principle proposals included ceasing funding to most of these services. Following the period of consultation, it has been highlighted that there remains a strong need to retain a key service that supports voluntary and community groups. **The provider of this service was concerned about the use of ASC criteria to the more generic services provided by their organisation. This is acknowledged with the revised proposal, with continued funding now recommended for one of these services.**

Service User (General services) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services. The following should be noted for three of the services:

- No equalities monitoring information is available for the crisis information and advice telephone service - callers are not required to give any personal details, including name, and therefore data is not collected about users of this service.
- No equalities information is available for two services that do not work directly with users of services, rather these work with other organisations. They do not require these organisations to provide information about their services users.
- Limited equalities information is available about one of the services (volunteering scheme), in regard to age, disability and race. This is presented below table 3.1 and 3.2

For comparison, the Haringey population data is taken from the Census 2001.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- From the information provided by the organisation on the Volunteering Scheme, there would appear to be a disproportionate impact should the service cease on BME and refugee communities, although there is no detailed breakdown on race and what races are being categorised within this group. The provider information gives the BME and refugee communities accessing the service as a percentage of all users as an average of 89.2% (detail in Table 3.1)
- There would appear to be a number of users who have disabilities or are unable to work where there may be a impact should the service close – 22.8% of people who use the Volunteer Centre (detail on Table 3.1)
- A high proportion of the people who use the service are unemployed – average of 37% (detail in Table 3.1),
- The age range of volunteers can be compared to the borough profile in broad terms. Younger adults (between 18/19 to age 25) appear to be over-represented as against the overall Adult population in Haringey.

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- It is difficult to fully assess any disproportionate impact against the protected groups of Age, Sex, Race, and Disability
- Information was not available against the majority of equalities strands and assessment of impact on this group using the Volunteer Centre is not therefore possible: Religion, Gender reassignment, Sexual Orientation and Maternity & Pregnancy

The organisation provided activity information about the volunteer centre as follows:

Table 3.1: Volunteer Centre activity April 2010 to March 2011

	Volunteers Centre applications	Volunteer Centre enquiries	One to one carried out	Volunteers referred to local organisations	Average %
TOTAL	798	238	50	1132	
of which:					
Unemployed	246	67	26	421	
Unable to work	10	0	10	21	
Disabled	26	37	15	216	
From BME and refugee communities	721	199	46	1026	
Percentage of total activity					
Unemployed	30.8%	28.2%	52.0%	37.2%	37.0%
Unable to work	1.3%	0.0%	20.0%	1.9%	5.8%
Disabled	3.3%	15.5%	30.0%	19.1%	17.0%
From BME and refugee communities	90.4%	83.6%	92.0%	90.6%	89.2%

Table 3.2: Age of users of service (Volunteer Centre) compared with borough profile

	Age range of volunteers	Haringey Borough Profile ¹³
15-18	11.0%	7.2%
19-25	37.0%	8.9%
26-34	30.0%	27.1%
35-44	13.0%	22.6%
45-54	6.0%	13.6%
55-64	2.0%	9.1%
Over 65	1.0%	11.5%
TOTAL	100%	100%

4. Learning Disabilities

The Council provides funding to three organisations who work with people with Learning Disabilities, funding 5 services (one organisation provides three services and the other two organisations provide one service each. Equalities data has been collected for all projects/initiatives with the exception of two, as this was not available.

¹³ Borough population figures ONS 2006 (note – age range banded as follows: 15-19, 20-24, 25-34, 35-44 and so on)

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Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Learning Disabilities	250,157	204,409	-18.3%	2	0	4

Funding Proposal for this Theme

The outcome of the application of the criteria results in the provisional judgement was that the Council proposed to continue funding of four of services, and cease funding of two services. The original proposals for funding reductions sought to retain key services that met the needs of the most vulnerable people with learning disabilities. **Following the consultation and process and reviewing the equalities information, there is no change proposed to the original funding proposal.**

Service User (Learning Disabilities) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning and monitoring services.

For comparison, the Haringey population data is taken from the Census 2001.

Key findings:

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services. Information was available for 4 of 6 services funding services for people with learning disabilities in respect of race and sex, unless noted otherwise.

The client data indicates that people who use these services have the following characteristics:

- All service users have a form of disability, as defined by the Equalities Act 2010.
- Voluntary organisations provide services to working age people with learning disabilities, with the majority (69%) aged between 35 and 54 (see Table 4.1)
- 74% of service users are men, which is higher than the borough profile (Table 4.2), meaning they are over-represented against a borough profile of 53.6%. When compared with the age profile for people with learning disabilities more generally, there remains an over-representation (51.6%). Learning disabilities users who are older are under-represented in accessing these services with the profile of older users of services being 2% against the borough profile of all adults 12.4 % or 10.1% of all users who have learning disabilities.
- 16% of service users are Asian or Asian British, meaning that this group is over-represented compared with the borough profile (see Table 4). White British groups are also slightly under-represented among service users.
- White users who use the funded services are under-represented against the race profile of adults in Haringey (see Table 4.3). Asian/Asian British and Black/Black British race groups are slightly over-represented against the population profile of all adults (see Table 4.3).
- No other disproportionate impact has been assessed against the protected groups of Age, Sex and Race.
- Whilst it is assumed that all users have a form of disability, there is no information available about the complexity of disability and whether there are multiple disabilities, therefore it is not possible to properly assess the impact in relation to the protected group: Disability
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Religion, Gender reassignment, Sexual Orientation and Maternity & Pregnancy

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Table 4.1: Age of users of service compared with borough profile

	Number of service users	Learning Disabilities groups profile	Haringey age profile for people with learning disabilities ¹⁴	Haringey borough profile - general population ¹⁵
18-24	17	6%	13.7%	9.6%
25-34	45	15%	28.4%	29.2%
35-44	110	37%	23.2%	24.4%
45-54	95	32%	15.5%	14.6%
55-64	29	10%	9.0%	9.8%
65+	5	2%	10.1%	12.4%
	301	100%	100.0%	100.0%

Table 4.2: Sex of users of service compared with borough profile

	Total number of users	Learning Disabilities groups profile	Haringey Borough Profile ¹⁶
Male	380	74%	51%
Female	133	26%	49%
TOTAL	513	100%	100%

Table 4.3: Race of users of service compared with borough profile

	Sub race	Total number of users	Learning Disabilities Profile	Haringey Borough Profile ¹⁷
White British		122	40.5%	48%
White Irish		11	3.7%	4%
	<i>White Greek / Cypriot</i>	14	4.7%	
	<i>White Turkish</i>	14	4.7%	
	<i>White Gypsy</i>	0	0.0%	
	<i>White Irish Traveller</i>	0	0.0%	
	<i>White Turkish/Cypriot</i>	6	2.0%	
	<i>White Other</i>	0	0.0%	
Other White		34	11.3%	14%
Subtotal white		167	55.5%	66%
White and Black Caribbean		10	3.3%	1%
White and Black African		0	0.0%	1%
White and Asian		4	1.3%	1%
Other Mixed		3	1.0%	1%
Subtotal mixed/white		17	5.6%	5%
Asian or Asian British Indian		32	10.6%	3%
Asian or Asian British Pakistani		13	4.3%	1%
Asian or Asian British		0	0.0%	2%

¹⁴ PANSI – Projecting Adult Need and Service Information System – 2001 Census¹⁵ Borough population figures ONS 2006 (note – 18-24 age range, information available 20-24 only)¹⁶ ONS Mid-year Estimates 2009¹⁷ Borough population figures ONS 2005

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	Sub race	Total number of users	Learning Disabilities Profile	Haringey Borough Profile ¹⁷
Bangladeshi				
Asian or Asian British Other		1	0.3%	2%
Asian or Asian British		46	15.3%	8%
Black or Black British Caribbean		50	16.6%	8%
Black or Black British African		16	5.3%	9%
Black or Black British Other		1	0.3%	1%
Black or Black British		67	22.3%	18%
Chinese		4	1.3%	2%
Other Ethnic Group		0	0.0%	2%
Chinese or Other Ethnic Group		4	1.3%	4%
TOTAL		301	100.0%	100%

5. Mental Health

The Council provides funding to five projects each delivering a mental health service. Equalities data has been collected for four of the five projects/initiatives.

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Mental Health	108,000	82,450	-23.7%	1	1	3

Funding Proposal for this Theme

The outcome of the application of the criteria resulted in the provisional judgement that the Council proposed to continue funding three of the services and cease funding of two services. **As a direct result of consultation and equalities analysis one of the services originally proposed for termination is now being recommended to continue at reduced levels.**

Following the consultation process and equalities impact assessment, a proposal has been reached to reduce the savings required. The services which are still recommended to be decommissioned include a scheme that trains volunteers as appropriate adults.

Service User (Mental Health) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- All service users have a form of disability, as defined by the Equalities Act 2010.
- Voluntary organisations provide services to working age people with mental health problems, with the majority (52%) aged between 18 and 24. This result is slightly skewed by one of the organisations who only work with young adults (under 25) with mental health issues; this organisation dealt with the highest number of users of the four organisations (see Table 5.1(i))
- Without this organisation information (see Table 5.2(ii)), the profile of users of the other organisations shows a slight under-representation of mental health users aged between 25-34 (24%) against the

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- Female service users are over represented as they make up 70% of service users, which is higher than the borough profile of 49% (Table 5.2).
- Black and Minority Ethnic groups make up 80.2% of the service users, of which 36% represent Black or Black British, meaning that these groups are over-represented compared with the borough profile (see Table 5.4). White British groups are under-represented among service users.
- Data is available in regards sexual orientation of users. Gay men (4.9%) and lesbians (2.8%) are significantly over-represented against the national profile of 1.0% and 0.5% respectively (see Table 5.5).
- The 18 -24 age group are over-represented as they make up 52% of service users, in relation to their borough profile of 9.6%.The organisation who works with mainly young adults under 25 years old offers counselling and engagement services. Reducing funding to this organisation would potentially have a disproportionate impact on this service user group.
- No other disproportionate impact has been assessed against the protected groups of Sex, Race and Sexual Orientation.
- Whilst it is assumed that all users have a form of disability, there is no information available about the complexity of disability and whether there are multiple disabilities, therefore it is not possible to properly assess the impact in relation to the protected group: Disability
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Religion, Gender reassignment, and Maternity & Pregnancy

Table 5.1(i): Age of users of service compared with borough profile

	Number of service users	Mental Health groups profile	Haringey borough profile - general population
18-24	66	52%	9.6%
25-34	16	13%	29.2%
35-44	15	12%	24.4%
45-54	23	18%	14.6%
55-64	4	3%	9.8%
65+	2	2%	12.4%
TOTAL	126	100%	100%

Table 5.1(ii): Age of users of service compared with borough profile (excluding organisation that works only with younger adults)

	Number of service users	Mental Health groups profile	Haringey borough profile - general population
18-24	6	9%	9.6%
25-34	16	24%	29.2%
35-44	15	23%	24.4%
45-54	23	35%	14.6%
55-64	4	6%	9.8%
65+	2	3%	12.4%
TOTAL	66	100%	100%

Table 5.2: Sex of users of service compared with borough profile

	Number of service users	Mental Health groups profile	Haringey borough profile - general population
Male	38	30%	51%
Female	88	70%	49%

Table 5.3: Prevalence rates of mental health problems in general population by sex¹⁸¹⁸ PANSI – Projecting Adult Need and Service Information System – 2001 Census

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	Common mental disorder	Borderline personality disorder	Antisocial personality disorder	Psychotic disorder	Two or more psychiatric disorders
M	12.5%	0.3%	6.0%	0.3%	6.9%
F	19.7%	0.6%	10.0%	0.5%	7.5%

Table 5.4: Race of users of service compared with borough profile

	Sub race	Number of service users	Mental Health groups profile	Haringey Borough Profile ¹⁹
White British		25	19.8%	48%
White Irish		1	0.8%	4%
	<i>White Greek / Cypriot</i>	7	5.6%	
	<i>White Turkish</i>	3	2.4%	
	<i>White Gypsy</i>	0	0.0%	
	<i>White Irish Traveller</i>	0	0.0%	
	<i>White Turkish/Cypriot</i>	5	4.0%	
	<i>White Other</i>	15	11.9%	
Other White		30	23.8%	14%
Subtotal white		56	44.4%	66%
White and Black Caribbean		5	4.0%	1%
White and Black African		0	0.0%	1%
White and Asian		4	3.2%	1%
Other Mixed		0	0.0%	1%
Subtotal mixed/white		9	7.1%	5%
Asian or Asian British Indian		11	8.7%	3%
Asian or Asian British Pakistani		3	2.4%	1%
Asian or Asian British Bangladeshi		0	0.0%	2%
Asian or Asian British Other		0	0.0%	2%
Asian or Asian British		14	11.1%	8%
Black or Black British Caribbean		33	26.2%	8%
Black or Black British African		12	9.5%	9%
Black or Black British Other		0	0.0%	1%
Black or Black British		45	35.7%	18%
Chinese		2	1.6%	2%
Other Ethnic Group		0	0.0%	2%
Chinese or Other Ethnic Group		2	1.6%	4%
TOTAL		126	100.0%	100%

¹⁹ Borough population figures ONS 2005

Table 5.5: Sexual orientation of service users compared with national profile

	Total number of users	Alcohol Substance Misuse Services	National profile ²⁰
Lesbian	3	2.8%	0.5%
Gay	5	4.9%	1.0%
Bisexual	0	0.0%	0.5%
Heterosexual	92	86.6%	94.5%
Other	0	0.0%	0.5%
Unknown	6	5.7%	3.0%
TOTAL	106	100%	100%

6. Older People

It should be noted that there are five voluntary organisations funded to provide support to older people in the borough.

Client Group	2010/11 Funding	2011/12 Funding	% change	No. of projects to cease	No. of projects with reduced funding	No of projects with continuing funding
Older People	366,700	266,700	-27.3%	3	3	4

Funding Proposals for this Theme

There are five organisations providing ten services to older people. One of these organisations provides six of the services, whilst four other organisations provided one service. The outcome of the application of the criteria results in the provisional judgement was that the Council proposed to continue funding of four services, continue funding of three services, however at a reduced rate, and cease funding of three services. **Following the consultation and process and reviewing the equalities information, there is no change proposed to the original funding proposal, other than one of the services has ceased to exist in 2011/12.**

Service User (Older People) Equalities Information

Equalities monitoring information has been collected directly from organisations themselves and also, where available from relevant commissioning and contract managers with responsibility for commissioning services.

Key findings:

The client data indicates that people who use these services have the following characteristics:

- Voluntary organisations working with 'older people' tend to offer services from age 55 and older.
- People using services aged 55-64 (23%) appear over-represented against the general population of adults in this age range (9.8%). However when they are profiled against the total population of older people 55 and above, are under-represented against the proportion of older people in this age range (44%). People who are aged 75-84 (25%) are over-represented against the total population of older people 55 and above. It is assumed this reflects the increased frailty and disabilities of people as they get older, therefore needing higher levels of support and assistance.
- 70% of service users are Female, which is higher than the borough profile (Table 6.2).

²⁰ Office for National Statistics, Integrated Household Survey, September 2010

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- There appears to be a significant under-representation of White older people in accessing services from these organisations – 38.5% against the borough profile for people aged 55 and above of 75%. Black/Black British older people are over-represented as a proportion of the total population of older people.
- No other disproportionate impact has been assessed against the protected groups of Age, Sex, Race
- Whilst it is assumed that some users of services may have a form of disability or frailty, there is no information available about this, therefore it is not possible to properly assess the impact in relation to the protected group: Disability.
- Information was not available for the following equalities strands and assessment of impact on these service user groups is not therefore possible: Religion, Gender reassignment, Sexual Orientation and Maternity & Pregnancy

Table 6.1: Age of users of service compared with borough profile

	TOTAL	older people	Haringey Borough Profile (all adults) ²¹	Haringey Borough Profile (people over 55) ²²
Under 55	38	1%	77.8%	n/a
55-64	865	23%	9.8%	44.0%
65-74	1265	33%	7.1%	32.1%
75-84	950	25%	4.0%	17.9%
85+	378	10%	1.3%	6.0%
NOT STATED	338	9%		
TOTAL	3834	100%	100%	100%

Table 6.2: Sex of users of service compared with borough profile

	Number of service users	Older people's groups profile of users	Haringey borough profile - general population
Male	38	30%	51%
Female	88	70%	49%

Table 6.3: Race of users of service compared with borough profile

	TOTAL	Older People's Services	Haringey Borough Profile ²³	Haringey Borough Profile (people over 55) ²⁴
White British	940	24.7%	48%	
White Irish	150	4.0%	4%	
<i>White Greek / Cypriot</i>	226	5.9%		
<i>White Turkish</i>	0	0.0%		
<i>White Gypsy</i>	0	0.0%		
<i>White Irish Traveller</i>	0	0.0%		

²¹ Borough population figures ONS 2006

²² Borough population figures ONS 2006

²³ Borough population figures ONS 2005

²⁴ PANSI & POPPI (Census 2001 data)

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		TOTAL	Older People's Services	Haringey Borough Profile ²³	Haringey Borough Profile (people over 55) ²⁴
	<i>White Turkish/Cypriot</i>	0	0.0%		
	<i>White Other</i>	150	4.0%		
Other White		376	9.9%	14%	
Subtotal white		1466	38.5%	66%	75.0%
White and Black Caribbean		0	0.0%	1%	
White and Black African		0	0.0%	1%	
White and Asian		0	0.0%	1%	
Other Mixed		0	0.0%	1%	
Subtotal mixed/white		0	0.0%	5%	1.8%
Asian or Asian British Indian		4	0.1%	3%	
Asian or Asian British Pakistani		0	0.0%	1%	
Asian or Asian British Bangladeshi		5	0.1%	2%	
Asian or Asian British Other		263	6.9%	2%	
Asian or Asian British		272	7.1%	8%	6.7%
Black or Black British Caribbean		1208	31.7%	8%	
Black or Black British African		378	9.9%	9%	
Black or Black British Other		113	3.0%	1%	
Black or Black British		1699	44.6%	18%	13.9%
Chinese		0	0.0%	2%	
Other Ethnic Group		368	9.7%	2%	
Not stated		2	0.0%		
Chinese or Other Ethnic Group		370	9.7%	4%	2.6%
TOTAL		3807	100%	100%	100%

Note – the GLA 2009 ethnic group projection suggests the proportion of White ethnic groups over 50 years of age will decrease from 75% of the overall older people's population in 2001 to 69% in 2011 (see Table 6.4)

Table 6.4: Proportion of population aged 50 and over by ethnic group (%)

	White ethnic groups 2001	BME groups 2001	White ethnic groups 2011	BME groups 2011
Haringey	75	25	69	31

Step 3 - Assessment of Impact

The adoption and implementation of the criteria would increase barriers overall. However, this varies across the different themes of this EIA and for this reason a judgement regarding the impact on barriers is also shown for each theme.

Table 24: Impact on barriers

	Increase barriers	Reduce barriers	No change
Overall	X		
Alcohol misuse	X		
Informal Carers	X		
General Services	X		
Learning Disabilities			X
Mental Health	X		
Older People	X		

1. Alcohol misuse – Barriers increased

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- People with alcohol misuse problems
- Men
- White British

Overall Impact

The original proposed savings included a reduction to services to people who misuse alcohol, including street-drinkers. Reductions to this sector have also proposed by the Supporting People programme and by Children & Young Peoples Service.

Feedback through the consultation process included highlighting the importance of access to services at ‘unsocial’ hours as well as out of normal office hours.

The impact on relatives and carers of people with alcohol misuse problems, as a result of the proposal to cease funding to relatives and carers support, may mean that carers and relatives remain isolated and because of the nature of alcohol misuse that they would not be comfortable accessing mainstream support that is available for carers / relatives.

Should a decision be taken to reduce/cease funding to advice and support services for street and problem drinkers isolated in their own home and commissioned assessment and day centre services then the following impacts may occur:

- An increased in the number of alcohol-related hospital attendances.
- An increase in crime in the borough.
- Increased vulnerability and isolation of people misusing alcohol due to the stigma associated with the illness.
- An increase in the number of street and problem drinkers in their own home.
- Potentially result in an increased demand for adult social care, health and associated voluntary sector services.

Proposed mitigation

Some services that work with this client group that were originally proposed for termination, are now proposed to continue or continue with reduced funding, to support users at times they most need it, particularly at ‘unsocial’ hours. This is a direct result of the consultation process, and following review of available equalities information. Adults Commissioning and Drug & Alcohol Service commissioners will need to work with providers in remodelling

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the service to mitigate against the adverse impact the proposals across ACS, CYPS and Supporting People will have, if all are agreed.

2. Informal carers – Barriers increased

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- Women
- Asian/Asian British

Overall Impact

The original proposed savings included a reduction to services to informal carers, with one service proposed to have continued but reduced funding, and three other services proposed to cease. The services proposed for ceasing included benefits advice and support groups, the latter of which included some provision for an annual conference.

Feedback through the consultation process has included highlighting the importance of access to support services for informal carers, to take a break from the caring role, either through having a sitting service to enable carers to do something else out of the house, or being able to meet with other carers.

The impact on informal carers, as a result of the proposal to reduce/cease funding, may mean that carers become isolated

Should a decision be taken to reduce/cease funding to advice and support services for street and problem drinkers isolated in their own home and commissioned assessment and day centre services then the following impacts may occur:

- An increased in the ill health of carers
- Increased vulnerability and isolation of informal carers and the cared for person
- Potentially result in an increased demand for adult social care, health and associated voluntary sector services

Proposed mitigation

Services that we propose to cease are primarily concerned with benefits maximisation and support groups. In regards benefits maximisation, we will mitigate this loss of service through increased partnership working with key agencies such as the Jobcentre Plus. We already have established links with the Jobcentre Plus Haringey Partnerships Manager and for people eligible for personal budgets, our financial assessment team completes an income maximisation assessment with service users. In terms of the proposed loss of the support groups service, we expect to mitigate against the loss of this service, through our neighbourhood networks pilot.

We also propose to continue funding at a reduced level, one of the services (that works primarily with Asian/Asian British carers), that was initially proposed to cease. This is to ensure continuity for the organisation as the Council is the sole source of funding for this organisation. However this will be reviewed later in 2011 as part of the implementation of the proposed commissioning and funding framework in summer 2011.

3. General services – increase barriers

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- BME communities generally
- Young adults

Overall Impact

It is difficult to fully assess both the overall impact of proposals to reduce/cease funding for services that support other voluntary sector organisations, and also the crisis phone line.

With reference to the Volunteer Centre, younger adults (between 18/19 to age 25) who access the centre, and who may also be unemployed, may also experience a disproportionate impact as a result of the service ceasing. The

consultation highlighted the access to for example training to the volunteers, helping increase skills and experience as well as self-confidence leading on to employment.

Proposed mitigation

In recognition of the importance to small community and voluntary sector organisations of having access to appropriate support, the proposal has changed to continue funding the voluntary sector development capacity. The organisation also gets core grant funding for this purpose and to provide generic advice and represent the sector with the statutory sector, including the Council.

The proposed loss of funding for the Volunteer Centre will be mitigated through other avenues, including access to volunteering opportunities through for example the continued development of the Neighbourhood Networks, using social media as a bridge.

4. Learning Disabilities – no change to barriers

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction in funding to services:

- People with learning disabilities
- Men
- Black/Black British people

Overall Impact

No change is proposed to the original funding reduction for services who work primarily with people with Learning Disabilities, as these organisations were scored as “services for people that primarily have substantial needs”. Should a decision be taken to reduce/cease funding to these services then the following impacts may occur:

- A reduction in specialist day / evening opportunities for people with learning disabilities
- A reduction in specialist advocacy support for people with learning disabilities. However, at this point there are no proposed reductions to these services.
- The loss of an employment project may have an adverse impact on the opportunities for people with learning disabilities in accessing training and employment, and potentially increase social isolation

Proposed mitigation

There are two services mainly affected, arts/drama sessions, which are available through other organisations; and an employment project, with mitigation anticipated through the expansion of access to personal assistants for people with learning disabilities.

5. Mental Health – increase barriers

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- People with mental health issues
- Female
- Black and Ethnic Minorities
- Black/Black British
- Gay and Lesbian people
- People under 25

Overall Impact

The original proposal retained services such as advocacy, specialist floating support for a hard to reach community group community, and the provision of an appropriate adult service.

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We are proposing to cease a scheme to train volunteers as appropriate adults, our mitigation is to work with the current appropriate adult service in remodelling their current service model. It is proposed that the funding for counselling and psychotherapy service for younger adults under 25 years of age is reduced. This service is accessed by gay and lesbian young adults, a reduction would have a disproportionate impact on this protected group. The consultation process highlighted the vulnerability of these users, including care leavers.

Should a decision be taken to reduce/cease funding to these services then the following impacts may occur:

- A reduction in specialist advocacy support for people with mental illness.
- Increased isolation of a vulnerable harder to reach community group.
- No provision for training of volunteers to support the appropriate adult service.
- A reduction of counselling and psychotherapy services may leave many users of services extremely vulnerable, particular young adults who identify as gay or lesbian.

Propose mitigation

We are remodelling the service offer of counselling services to continue funding but at a reduced rate. There are other borough based counselling services for BME service users and women. We are currently in the process of reviewing services provided to these groups.

6. Older People – increase barriers

Differential Impact

The equalities data shows that the following groups with protected characteristics may be adversely affected by a reduction/cease in funding:

- Older women – aged 75-84, particularly as their physical health declines and they become more frail
- Black/Black British

Overall Impact

The original funding proposal sought to cease funding to a benefits advice, activities service and befriending service for older people, as well as reduce funding to services providing handy-person's scheme and stroke club.

The consultation process highlighted the impact of loss of services with a risk in increasing the isolation of older people, as well as partnership working with the Council on for example re-ablement. Without access to a benefits maximisation service, older people may find themselves struggling to live within a budget, increasing the risk of falling into poverty.

Should a decision be taken to reduce/cease funding to services that increase and maintain independence and reduce isolation, then the following impacts may occur:

- Increased isolation of a potentially vulnerable population.
- An increased demand for adult social care, and health services.
- Potential safeguarding risks due to the reduced support for vulnerable adults.

Proposed mitigation

Services that we propose to cease are primarily concerned with benefits maximisation and befriending. In regards benefits maximisation, we will mitigate this loss of service through increased partnership working with key agencies such as the Jobcentre Plus. We already have established links with the Jobcentre Plus Haringey Partnerships Manager and for people eligible for personal budgets, our financial assessment team completes an income maximisation assessment with service users. In terms of the befriending service, we expect to mitigate against the loss of this service, through our neighbourhood networks pilot.

Step 4 - Consult on the proposal

The ASC consultation with the Voluntary Sector initially ran for one month from 17th February and was scheduled to finish on 17th March 2011. However, the date for responses was extended until 31st March for providers and until 8th April 2011 for users of services. Where, in a few isolated cases, original correspondence would appear not to have been received, organisations were given more time (into April) to respond, on a case-by-case basis.

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

- Written representation from all voluntary sector organisations affected
- The consultation survey, where participants completed questionnaires and in doing so responded to specific questions.
- 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.
- From June 2010 a number of events were held where various organisations and individuals were presented with information about the loss of the area based grant and the impact this would likely have on the voluntary sector.
- Organisations were also encouraged to begin their own consultation with their clients.

The findings of the consultation are considered in a separate report.

How the Proposals have changed as a Result of the Consultation

Officers have scrutinised the responses generated by the consultation and considered the key issues raised by both users and providers. This has highlighted for officers a number of key issues. Where possible, actions have been agreed to mitigate against the equality impacts of these proposals. These are set out in below:

1. **Alcohol misuse** - Some services that were originally proposed for termination are now proposed to continue or continue with reduced funding, to support users at times they most need it, particularly at 'unsocial' hours.
2. **Informal carers** - One of the services originally proposed for termination is now being recommended to continue at reduced levels. The services which are still recommended to be decommissioned include benefits advice and a support group, which included some provision for an annual conference.
3. **General services** - As the consultation highlighted a strong need to retain a key service that supports voluntary and community groups, the revised proposal, now recommends continued funding for one of these services.
4. **Learning disabilities** - Following the consultation and process and reviewing the equalities information, there is no change proposed to the original funding proposal.
5. **Mental health** - One of the services originally proposed for termination is now being recommended to continue at reduced levels. The services which are still recommended to be decommissioned include a scheme that trains volunteers as appropriate adults.
6. **Older People** - no change is proposed to the funding proposal.

Informing those who took part in the Consultation

This EIA along with the Cabinet Member Report detailing final proposals and the Council's response to the issues raised through the consultation will be made publicly available on the Council's website. Organisations will also receive a letter informing them of the outcome of the consultation. The letter will explain where the full consultation response can be found on the council website.

Step 5 - Addressing Training

The criteria described in this EIA have been designed to enable Council Officers to put forward equitable funding proposals to members that make best use of resources whilst simultaneously meeting the needs of the maximum number of the borough's residents and not discriminating positively or negatively against any protected equalities group.

As such, it is important that all Officers involved in creating future funding proposals to VCS 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

If the proposal is adopted, there is a legal duty to monitor and publish its actual effects on people. Monitoring should cover all equality strands. The purpose of equalities monitoring is to see how the policy is working in practice and to identify if and where it is producing disproportionate adverse effects and to take steps to address the effects.

Who will be responsible for monitoring?

Senior Officers in Adult and Community Services will be responsible for monitoring and reviewing these proposals and their impact in partnership with colleagues in the new corporate procurement function.

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

The monitoring data that will be used to evaluate outcomes for groups affected by these proposals will include:

- Hospital admission data, including delayed transfers of care, in both acute and mental health acute beds
- Adult and Community Services data, including referrals, numbers requiring assessment, use of personal budgets and so on
- Data on offending rates
- Data relating to benefit claims

This will also be addressed in the delivery plan of the Voluntary Sector Strategy 2011-2014 and associated Commissioning and Funding Framework currently under development

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

Yes, contract and performance management arrangements

Where will this information be reported and how often?

This information will be reported to the ACS Directorate Management Team on a quarterly basis.

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Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Race	Sex	Religion Belief or	Sexual Orientation	Sex Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity
Alcohol There will be a disproportionate impact on people of working age.		Alcohol White Irish will be disproportionately impacted through the reductions in service	Alcohol Men are over-represented in against this strand resulting in a risk of disproportionate impact					
		Informal carers Asian/Asian British would be disproportionately impact by reductions in service, this is a group that typically does not access mainstream services	Informal carers There will be a disproportionate impact on females					
General Services There will be adverse impact on younger adults (who may also be from BME communities) , although no detailed equalities data is		General Services There will be adverse impact on younger adults (who may also be from BME communities) although no detailed equalities data is						

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Age	Disability	Race	Sex	Religion or Belief	Sexual Orientation	Sex Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity
available		available						
Learning Disabilities Men are over represented in these services and will be disproportionately affected.	Learning Disabilities Loss of services to support with employment will have an adverse impact	Learning Disabilities There will be a small adverse impact on users from Asian/Asian British and Black/Black British backgrounds						
Mental Health People under 25 are over-represented and a reduction in services will impact on this group.		Mental Health People from Black and Minority Ethnic groups in particular Black British will experience a disproportionate impact.	Mental Health Women service users are over represented, a loss in services will impact on this group.		Mental Health Gay men and Lesbians will be disproportionately affected by loss of counselling service			
		Older People Black/Black British backgrounds will experience a disproportionate impact	Older People There will be an adverse impact on older women if services are lost.					

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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
Loss of service to people who misuse alcohol because of proposed funding cuts across ACS, CYPs and Supporting People	Commissioners to work with provider in remodelling of service, to maximise needs that can be met with resources	Head of Adult Commissioning, ACS	July – 2011 to March 2012	Within existing resources.
Access to benefits advice to maximise income for older people and informal carers (and other groups)	<p>Strengthen partnership arrangements with Job Centre Plus Care Partnerships manager.</p> <p>Training and support to front line social care staff (including Personal Budget Support Service) to ensure good knowledge of benefits</p>	<p>Head of Adult Commissioning, ACS</p> <p>Head of Assessment and Personalisation, ACS</p>	<p>Ongoing</p> <p>Ongoing</p>	Within existing resources
Loss of volunteering and befriending schemes, with risk of increasing isolation of vulnerable groups.	Develop Neighbourhood Networks, utilising social media opportunities and the development of community hubs in Libraries, to engage adults within communities around volunteering and befriending opportunities.	<p>Head of Adult Commissioning, ACS</p> <p>Head of Assessment and Personalisation, ACS</p>	Ongoing	Within existing resources.
Improve quality of equalities monitoring	<p>Improve data collection about equalities protected characteristics – survey of community groups</p> <p>Ensure contracts and specifications have increased equalities monitoring requirements</p>	Head of Adult Commissioning, ACS	Ongoing	Within existing resources.

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Issue	Action required	Lead person	Timescale	Resource implications
Loss of employment and training support and opportunities in learning disabilities and for people who misuse alcohol.	<p>Review use of personal budgets in learning disabilities and across other services in terms of support plan outcomes about being employed.</p> <p>Market development – development of personal assistant role to ensure user supported in accessing opportunities.</p>	<p>Head of Adult Commissioning, ACS</p> <p>Head of Assessment and Personalisation, ACS</p> <p>Head of Learning Disabilities, ACS</p>	Ongoing	Within existing resources.
Map existing local provision of mental health services.	<p>Investigate whether existing mental services target BME or women,</p> <p>Sign post clients to appropriate support agencies.</p>	Head of Adult Commissioning, ACS	Ongoing	Within existing resources.
Training	All Officers involved in creating future funding proposals to VCS and, where appropriate, some private organisations, to receive up to date, full, equalities training.	Deputy Director, Adult and Community Services.	Ongoing	Within existing resources.

Step 9 - Publication and sign off

If they are approved, the results of the proposals outlined in this EIA will be available for public viewing on the Haringey website.

Assessed by (Author of the proposal):

Name: Barbara Nicholls

Designation: Head of Adult Commissioning

Signature:

Date: 16th May 2011

Quality checked by (Equality Team):

Name: Arleen Brown

Designation: Senior Policy Officer

Signature: *A. J. Brown*

Date: 16th May 2011

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date:

Appendix 5 – Council's overarching criteria

**Council-wide overarching criteria
Agreed by Cabinet on 8th February 2011**

Criteria	Rationale
Link to strategic priorities e.g. - council priorities - Sustainable Community Strategy Outcomes - agreed HSP thematic board outcomes	How this activity is essential to achieving council and partnership priorities
Link to statutory obligations	Why the council needs to fund this activity
Maximise outcomes: link into performance measures	How this activity improves the health and wellbeing of local communities
Impact / effect / improvement(s) of service delivery to local community	<ul style="list-style-type: none"> • How we can focus this activity on people most in need • What can make this activity more effective • Other local bodies exist which could provide this activity e.g. the private sector, third sector or citizens could provide this activity, whole or in part • How we make sure that payment to service providers links to achievement
Maximise value for money: including long- and short-term financial savings	How we can provide this activity at lower cost
Local connection/presence in Haringey	Support local organisations and businesses where appropriate.

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Appendix 6

THE NEW DUTY – THE SINGLE EQUALITY DUTY

EQUALITY ACT 2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TYPES OF DISCRIMINATION

Types of discrimination by way of an overview only include

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

FOR INFORMATION

STATUTORY CODES OF PRACTICE

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

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

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

GUIDANCE

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

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