

Special Overview and Scrutiny Committee

MONDAY, 15TH AUGUST, 2011 at 10:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

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

Co-Optees: Ms Y. Denny (church representative), 1 Church of England vacancy, Ms Sandra Young (Parent Governor), 2 Parent Governor Vacancies, Ms H Kania (LINK non-voting Representative)

AGENDA

1. WEBCASTING

Please note: This meeting may be filmed for live or subsequent broadcast via the Council's internet site - at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. The images and sound recording may be used for training purposes within the Council.

Generally the public seating areas are not filmed. However, by entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

If you have any queries regarding this, please contact the Committee Clerk at the meeting.

2. APOLOGIES FOR ABSENCE

3. URGENT BUSINESS

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

4. DECLARATIONS OF INTEREST

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

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

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

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

6. CALL IN - CAB 20 - PROPOSED CLOSURE OF THREE OLDER PEOPLE'S RESIDENTIAL CARE HOMES AND LEARNING DISABILITIES RESIDENTIAL AND RESPITE CARE HOMES (PAGES 1 - 206)

- i) Report of the Monitoring Officer (Attached – Pages 1 to 4)
- ii) Report of the Director of Adult and Housing Services (Attached – Pages 5 to 70)
- iii) Appendix (For information only):
 - a) Copy of the 'call in' (Pages 71 – 74)
 - b) Draft minute extract of the Cabinet meeting held on 19th July 2011 (subject to confirmation by the Cabinet) (Pages 75 – 76)
 - c) 19th July 2011 Cabinet Report - Proposed Closure of Three Older People's Residential Care Homes and Learning Disabilities Residential and Respite Care Homes (Pages 77-206)

A decision on the above item was taken by the Cabinet on 19th July 2011. The decision has been called in, in accordance with the provisions set out in the Constitution, by Councillors Wilson, Strang, Solomon, Whyte and Jenks.

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Friday 5th August 2011

Special Overview and Scrutiny Committee on 15 August 2011
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Report Title: **Monitoring Officer's Report on the Call-In of a Decision taken by the Cabinet at its meeting on 19 July 2011 relating to the proposed closure of three Older People's Residential Care Homes and one Learning Disabilities Residential and Respite Home.**

Forward Plan reference number (if applicable): **N/A**

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

Wards(s) affected: **All**

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

1. Purpose

1.1 To advise the Overview and Scrutiny Committee whether or not the decision, taken by the Cabinet on 19 July 2011 on a report entitled "**Proposed closure of three Older People's Residential Care Homes and one Learning Disabilities Residential and Respite Home**" falls inside the Council's policy or budget framework.

2. Recommendations

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

Report Authorised by:

Bernie Ryan

Bernie Ryan, Monitoring Officer and Head of Legal Services

Contact Officer: Bernie Ryan, Monitoring Officer and Acting Head of Legal Services
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3. Local Government (Access to Information) Act 1985

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

The Council's Constitution

4. Background

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

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

- 5.1 The Call-In request form states, under the first heading, that the proposals in the original decision of the Cabinet "are considered to be inside the policy and budget framework".
- 5.2 The Monitoring Officer agrees that this decision falls within the policy framework.
- 5.3 The Council has a duty to provide residential accommodation, whether long-term, short term or for respite care, under section 21 National Assistance Act 1948 and also by exercise of other statutory powers, where this is appropriate. There is no policy or Council Strategy that provides that the Council must meet these obligations by direct provision. The commissioning arrangements currently in place meet the needs of the service users affected and any new arrangements should continue to meet these needs in order that the Council may discharge its duties without the need for these homes.

- 5.4 The Cabinet report records the extensive consultation that has taken place with users and relevant Council staff affected and contains and comments upon an Equality Impact Assessment carried out of the proposals designed to demonstrate that the Council has had due regard to its duty to eliminate discrimination and advance equality of opportunity.
- 5.5 The Cabinet report does not run counter to any of the published key Council policies and strategies and as such the Monitoring Officer confirms that it falls within the Council's Policy framework.
- 5.6 The call in request states that this decision is within the budgetary framework. The Chief Financial Officer agrees with this view given that the initial proposals for the closure of three Older People's Residential care homes and one Learning Disabilities Residential and Respite Home and the related financial implications were specified in the Council's Medium Term Financial Planning (MTFP) report that was approved by Cabinet and subsequently by Council in February 2011. The financial implications of the closures were factored into the MTFP and set out within the report. The decision taken by members to approve the MTFP, and therefore this proposal, was part of the normal budget setting procedures within the Council's budgetary framework.

6. Call-In Procedure Rules

- 6.1 Once a Call-In request has been validated and notified to the Chair of OSC, the Committee must meet within the next 10 working days to decide what action to take. In the meantime, all action to implement the original decision is suspended.
- 6.2 If OSC Members determine that the original decision was within the policy framework, the Committee has three options:
 - (i) Not to take any further action, in which case the original decision is implemented immediately
 - (ii) To refer the original decision back to The Cabinet as the original decision taker. If this option is followed, The Cabinet must, within the next 5 working days, reconsider their decision in the light of the views expressed by OSC.
 - (iii) To refer the original decision on to full Council. If this option is followed, full Council must meet within the next 10 working days to consider the decision. Full Council must either decide, itself, to take no further action and allow the decision to be implemented immediately or it must refer the decision back to The Cabinet for reconsideration.
- 6.3 If OSC Members determine that the original decision was outside the policy/budgetary framework, the Committee must refer the matter back to The

Cabinet with a request to reconsider it on the grounds that it is incompatible with the policy/budgetary framework.

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

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

7. Récommendations

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

8. Use of Appendices / Tables / Photographs

8.1 Not applicable.



Agenda item:

[No.]

Overview and Scrutiny Special Meeting	On 15 th August 2011
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Report Title: Call-in of a decision taken by Cabinet on 19th July 2011 regarding the decision to close three Older People's Residential Care Homes and Whitehall Street Learning Disability Residential and Respite Home

Report of: Mun Thong Phung, Director of 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

1.1. To respond to matters raised in the call-in of the decision made at Cabinet on 19th July 2011 (CAB20).

1.2 Response to reasons for call-in and Variation of Action proposed

1.2.1 The call-in document contains an acknowledgement that the proposals are "considered to be inside the policy and budget framework" but then lists five reasons for requesting call-in and four proposed variations to the proposed action. These are set out and addressed in the following paragraphs.

- a) *The proposal does not adequately take into account the specific needs of the users of 100 Whitehall Street, many of who have severe learning disabilities, have built up personal relationships with staff and other users, and will find the change extremely difficult.***

Firstly, we deeply regret the need to propose the closure of Whitehall Street. This is because of the severe cuts imposed on public sector service by the Government. As previously stated, this is a much valued service however; the proposal does take into account the specific needs of the nine permanent residents and the individuals who have respite at Whitehall Street; their needs;

and the personal relationships with staff and other users they have built up. This has been demonstrated through the approach to and conduct of the consultation process and to the project plan with regards to the home closure. Specifically:

i. The Consultation

- Advocacy support was offered on an individual basis for all residents and respite users of the home. The independently commissioned advocates from Mencap Advocacy Service attended all formal consultation meetings and also individual meetings with service users who requested this support. A copy of the advocacy report to this proposal (anonymised) is attached as Appendix 1;
- Information for the consultation made clear that all users currently in receipt of services at Whitehall Street have been assessed as needing these services and that alternative would be provided according to assessed need; and
- Having listened to what people had to say, residential and respite issues were separated during the consultation process and separate meetings were held to discuss specific issues which pertained to each.

ii. Home Closure Plan

- A project group is in place and weekly meetings now established following the decision to close the home. Please note, all meetings now suspended until after the call-in meeting on 15th August 2011;
- There is a Best Practice guidance and detailed project plan for home closure and re-provision, which is a working document and which we will endeavour to comply with as far as possible (Appendix 2);
- Of the nine permanent residents three have approved alternative accommodation which is of their choice. These residents are in various stages of transition to placements of their choice;
- Four residents on the same floor have friendships that they have asked to be taken into account and it is commissioning intention that this is respected and adhered to;
- For all residents the project plan is for transition to identified placements to involve choice of location, planned transition with, familiar staff to assist in settling, overnight stays, and up to date person centred support plans to aid hand over;
- A list of current providers of residential care home is attached as Appendix 3
- Respite Users – a consideration will be made of appropriate and available respite care options and list. A list of current providers of bed based respite is attached as Appendix 4. We are also in receipt of a business plan by a well established provider who is embarking on significant respite development in the borough. Staff employed currently at current Whitehall Street will be involved in supporting the transition of respite users into alternative respite options.

- b) ***The proposals will result in reduced provision and choice for people with learning disabilities and their families, contrary to council policies on widening choice.***

- c) The proposal fails to address the shortage of acceptable alternative respite care provision for people with severe learning disabilities, which was highlighted as real problem by the user's families during the consultation, and which Haringey officers agreed was a problem during the consultation meeting.***

Please note that the issues raised in (b) and (c) are responded to together.

Residential Provision

The Department of Health (DH), the Care Quality Commission (CQC), Valuing People and Valuing People Now policy documents have all stressed the importance, for the last ten years now, of the need for local authorities to secure appropriate Supported Housing and Supported Living options rather than institutional residential care. One of our CQC Performance Indicators judges Adult Services performance in regard to placing people with a learning disability in Supported Housing and in developing appropriate Supported Living options. We are currently working closely with our Council Housing colleagues, maximising the newly formed joint directorate with housing affords us to fully explore and maximise potential supported housing opportunities. We also have a new Extra Care Scheme: 'The Trees' in the west of the borough and one other in the various stages of the building and planning process, i.e. Roden Court built in partnership with a Housing Trust and due to be completed early in 2012.

Respite Provision:

Whitehall Street has 4 beds currently used for respite provision. From the recent consultation of the families who currently use this respite provision, of the respite options people most wanted, approximately 50% of people said they would like short breaks and bed-based respite in the future; the same percentage wanted holidays and support for day activities and week-ends away. Approximately 30% wanted a "sleep-in" service. There is therefore a clear need for a range of respite options including bed based respite.

Existing respite currently in use

- The Adult placement scheme (Adult Fostering) regulated by the Care Quality Commission (CQC) currently has **12** vacancies with 10 approved carers for family based weekly respite. Costs range from **£255/week** to **£595/week** dependent on assessed needs.
- Alternative private sector homes have been identified and used for bed based respite for LD service users - see Appendix 3

Haringey Association for Independent Living, (HAIL) also offers a range of respite options including short breaks, sitting service and personal assistants who support leisure activities with users.

With regards to ongoing developments our market development officers have been acting consistently with "A Vision for Adult Social Care" where it says that we

should look to the market; shaping the market has been a key tenet of our approach to the 'Putting People First' and 'Think Act Local' agendas that will lead inevitably to the creation of more appropriate, flexible and 'personalised' services as the use of Personal Budgets increases. Towards this end a number of providers have indicated an interest in developing a range of respite options including bed based respite.

- d) *The proposal does not consider the substantial £550,000 capital investment made by the Council just 5 years ago on 100 Whitehall Street, and the cost effectiveness of continuing to use the building for services for people with learning disabilities.***

The capital project referred to was completed in May 2006. The expenditure of £550k was part grant funded, £280k Learning Disabilities Development Fund, and part funded by capital receipts.

The scope of the project was to redesign the living spaces, providing full disabled access and to ensure the building complied with Care Quality Commission national minimum standards and the Disability Discrimination Act. This was non-negotiable as part of the statutory registration requirements. Works were completed in May 2006.

- e) *The proposal has been developed without consideration of or consultation with local residents who live in the vicinity of 100 Whitehall Street or local residents associations.***

The main purpose of the consultation that ran from 31st January to 30th April 2011 was for local people to have their say about the impact of closure of the home on the people most affected by the proposed closure, namely the people who live there, their families and carers. We however did our utmost to ensure that details of the consultation were widely publicised before, during and after the consultation and that we kept people informed (updates, reminders and answers to frequently asked questions on our consultation webpage and elsewhere). We did not write specifically to residents associations for the reasons outlined although one such group did take the opportunity to invite us to one of its meetings. We did however consciously use a range of other local networks to ensure that the consultation was publicised as widely as possible, including LINKs, voluntary sector organisations and such like. We also notified Homes for Haringey so that it could advise its network of how local people could have their say on the proposed closures. There has also been extensive discussion of the issue in the local and national press and media and among the local voluntary sector networks and online communities.

Should Whitehall Street close, be sold or there be proposals for a change of use, there would be ample opportunity for residents associations and people who live in the vicinity of 100 Whitehall Street to have their say about what might happen to the building once the results of a wider property review that the Council is

undertaking are known and under separate, more appropriate planning and Development Control procedures as is the usual practice. We would be very happy to meet with local residents and local tenants/residents associations should the closure go ahead so that they can have say about any aspect of the proposed closure of Whitehall Street.

1.3 Variation of action proposed

- a) ***There should be an immediate suspension of the process of closing 100 Whitehall Street.***

Following the call-in, all actions to operationally progress the decision of Cabinet on 19th July 2011 to close this service has immediately ceased, subject to the outcome of the Overview & Scrutiny process.

- b) ***The Council should develop a management plan for reducing costs at 100 Whitehall Street to deliver the £237,234 savings set out in the budget plans, without closing this well-loved facility.***

- c) ***The Council should use expertise from the voluntary, independent or private sector to look at ways of reducing costs at 100 Whitehall street. A review of the decision should take place and include an analysis of the long-term cost implications of closure of these services on Council services and the NHS.***

Please note that the issues raised in (b) and (c) are responded to together.

Whitehall Street has been the subject of yearly budgetary efficiencies measures for several years. As recently as 2009/10 significant savings were realised by restructuring and reorganisation of the unit with significant reductions in management staffing. In addition a sustained value for money discipline has been ongoing in all in-house homes which includes robust management, further improved systems, significant reduction in the use of agency staff, levels of authorisation of spend, pooled procurement and the use of a monthly "Star Chamber" system where all managers share learning from efficiency controls and value for money considerations. It should be noted that approximately 90% of the gross budget for this service relates to employee costs. The service is staffed based on the recommended Care Quality Commission ratio and service user needs. To further reduce costs in this area would make this service unsafe.

Further required savings of almost quarter of a million cannot be realised without jeopardising the integrity of service delivery and thus seriously threatening our compliance with CQC regulations, nor would we wish to do so.

The long term implications of this decision will mean that there is increased choice through market development and increased empowerment and control for users through the use of personal budgets.

- d) *If necessary the Council should consider transferring ownership or management of the centre over to voluntary, independent or private sector provider, if this secures the continuation of a quality service at 100 Whitehall Street.***

Yes we have considered this option and it is not economically viable in terms of delivering the required efficiencies. Any transfer option would fall under TUPE regulations and would require a Council contractual commitment.

2. Introduction by Cabinet Member

2.1 Adult social care services are provided to the most frail and vulnerable of people living in Haringey. The proposals in the report of 19th July 2011 were calculated to generate a total saving of £237k to the Council's revenue budget in 2011/12 and in following years, whilst continuing to maintain and prioritise services to vulnerable people in need of care and support who have had a Fair Access to Services (FACS) assessment, either at the "substantial" or "critical" levels. It is important to be clear that all users of Whitehall Street are assessed as entitled to services.

2.2 All residents and people who access respite care will receive a full assessment and review of their care plan, and an alternative, high quality residential placement found which fully meets both theirs and the needs of their carer, in terms of both quality and appropriate geographical location. This will be handled in a most careful, humane and sensitive manner with plenty of time to consider an appropriate placement minimising distress and disruption to a person's care.

On residential care, Haringey was recently assessed by the Care Quality Commission as the best London council for placing people in homes which were rated as **Excellent** quality (3-star) and **Good** (2-star). We will maintain this approach.

2.3 As part of a complex and wide-ranging process of consultation over the period between 31st January 2011 and the end of April 2011, I personally attended Whitehall street consultation meetings in relation to the proposal to close this service and have spoken to service users, as have other senior officers of the Council. The argument that Whitehall street is well valued by families and users is not in dispute.

2.4 However, in a situation where there is a need to meet the challenge of very significant reductions in funding to this Council, I feel that there is no alternative but to go ahead with these proposals. I am pleased that the efforts of our market development and commissioning division has meant that they are viable alternatives to the Whitehall provision. In addition these are alternatives that offer a range of choice for users and families alike, and that also embrace the continued need for bed based respite services.

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

Adult and Community Services Council Plan Priorities are:

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

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

4. Recommendations

- 4.1. That the decision of Cabinet taken on 19th July 2011 in relation to the report (CAB20 - please scroll down to item 20) be upheld.

5. Reason for recommendation(s)

- 5.1 The proposal to close and re-provide Whitehall Street will enable Adult Social Care to contribute to the required efficiency savings following the Comprehensive spending review in December 2010. All users in receipt of services at Whitehall Street have been assessed as eligible for residential or respite services. There is a detailed project plan to support re-provision for users. All current services will be re-provided and no-one will be without an appropriate residential, respite or supported living service.
- 5.2 The direction of travel is in keeping with National policy, The Department of Health (DH), the Care Quality Commission (CQC), Valuing People and Valuing People Now policy documents have all stressed the importance, for the last ten years now, of the need for local authorities to secure appropriate Supported Housing and Supported Living options rather than institutional residential care and also the need to offer a range of respite options for users and families.

6. Other options considered

- 6.1. Transfer options were considered but deemed not appropriate because of the ongoing Council revenue funding commitments.

7. Summary

- 7.1. A decision in principle was made on 21st December 2010 to consider the closure of Whitehall Street and the three residential homes for older people. The decision to close the home, made at the 19th July 2011 Cabinet Meeting, followed a 90-day period of consultation which ended on 30th April 2011 and a full Equalities Impact Assessment completed.

<p>8. Chief Financial Officer Comments</p> <p>8.1. The savings proposed to Cabinet on 19th July 2011 total £2,051k. These proposals have been made as part of the Medium Term Financial Plan in accordance with the Council's budgetary framework. As presented to Cabinet on 8th February 2011 and to Full Council on 24th February 2011; and</p> <p>8.2. Should there be a decision not to proceed with the proposed saving, alternative savings will be required to ensure that the Council continues to operate within a balanced budget position.</p>
<p>9. Head of Legal Services Comments</p> <p>9.1. Overview & Scrutiny members are advised that the decision taken by the Cabinet on 19 July 2011 on a report entitled "Proposed Closure of three Older People's Residential Care Homes and one Learning Disabilities Residential and Respite Home" falls inside the Council's policy and budget framework.</p>
<p>10. Head of Procurement Comments</p> <p>10.1. N/A.</p>
<p>11. Equalities & Community Cohesion Comments</p> <p>11.1. A full and detailed Equalities Impact Assessment (please scroll down to item 20, Appendix 2) was appended to the Cabinet report of 19th July 2011 and was taken into account as part of the original decision. No specific equalities concerns have been raised as part of the call-in.</p>
<p>12. Consultation</p> <p>12.1. A full and detailed consultation (please scroll down to item 20, Appendix 1 & Appendix 1 Addendum) was carried out over the three months between February and April 2011. The outcome of the consultation was included with the report to Cabinet on 19th July 2011 and was taken into account in the decision of that date. No specific concerns have been raised in relation to the consultation.</p>
<p>13. Service Financial Comments</p> <p>13.1. A decision to close the services detailed above will allow revenue savings to be achieved of £237k, full year effect. Delays in implementation will mean that part year savings are achieved in 2012/13, the exact amounts not known until the final decision is reached, with the full saving achieved in 2013/14.</p> <p>13.2. Efficiencies - N/A.</p>

14. Use of appendices /Tables and photographs

- 14.1. Appendix 1 - Advocacy Report
- 14.2. Appendix 2 - Home Closure Best Practice Guidance
- 14.3. Appendix 3 - Residential Providers
- 14.4. Appendix 4 - Respite providers

15. Local Government (Access to Information) Act 1985

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

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Appendix 1

Mencap Advocacy Report of Whitehall Street Consultation

Resident A

Permanent resident at Whitehall St.(WHS). 22-02-11 one on one meeting with MH.

Resident A likes having his own room at WHS and he likes having a lock on his door, he tells me that he gets on very well with staff members M and C and he likes that fact that they or other members of staff take him to church on a Sunday when he wants to go.

He told me that he does not like the way Whitehall street is decorated and that he does not feel it is well maintained. He points to where paint has been scratched away on the wall of the front room door.

He also tells me that at WHS there are set meal times and he does not like this, he would like to eat when he wants to and not when he is told to.

The thought of WHS closing and Resident A having to move does worry him a little bit, he says that he gets on well with two other permanent residents called G and J and Resident G said it would be a shame if he never saw them again once he moved. He has no real attachment to the building, it is more the relationships that he has formed whilst there.

Not knowing where he might go causes him concern though, if he would have a chance to look at re-housing options than this might make him and others feel less unsure and anxious. Responses such as " I don't want to be by myself ", "Will there be staff I can trust." Come really from not knowing what the next step looks like and could be easily resolved. This I would suggest needs to be addressed asap.

He talks to me about banners reading "save Whitehall street", I was not sure whether this was an incident in the past or whether this was something being planned for the future, but Resident A said he was not interested in getting involved. I get the feeling that he not that upset about WHS closing at all but as previously said what happens next.

He ends by saying that if he had the choice he would move to Buckinghamshire where he has friends or family or family friends, I could not quite get this out of him as he has told me that he has had enough of talking to me now and has gone outside for a smoke.

Resident B

Permanent resident at Whitehall street. 02-02-11 one on one meeting with MH.

Resident B was pleased to see me and was fine for me to sit down with her and have a chat. I told her that I was here to talk about the possibility of Whitehall street closing and that she with support might have to find another home to live. Before even having the chance to ask her how she felt she immediately said that she liked Whitehall street and did not want to move. It seemed a little bit rehearsed initially so I diverted from this topic for a bit before then coming back to it.

I asked her what she like about Whitehall street and she told me that she liked colouring in and listening to music, this she does in her room at the moment because the Hi Fi in the main socialising area on the first floors Hi Fi is broken, she went on to tell me that she really likes talking with other residents also and especially she likes playing cards with another resident.

Much like my discussions with Resident A, it seems there is quite a bond between the residents at Whitehall, Resident B goes on to say that she would not like to be separated from Resident C or Resident D if they moved from Whitehall street.

Resident B likes the staff at Whitehall street, especially staff X and Y.

When I ask her if there is anything that she does not like about Whitehall street, she tells me that she keeps on telling the staff that they are giving the residents too much for dinner and that they do not listen, she tells me about the hi fi that has been broken for a long time, but apart from that, she has nothing but good words to say about the staff and the building. She tells me she likes her room and she thinks that resident C has a nice room also.

I ask her if the thought of moving from Whitehall street is something which is worrying her to which she initially replies no, but then she quickly says that she would miss playing cards with Resident C, this is a topic which she mentions several more times whilst I am with her. The bond is something which I think would be clearly missed if she had to move to a separate environment.

Given the choice if Resident B had to move, what would make it manageable for her was if she could basically relocate the Whitehall street environment somewhere else.

Resident C

Permanent resident at Whitehall Street, meeting with MH and brother on the 08-03-11.

When I ask Resident C how she feels about the possibility of moving from Whitehall Street, she tells me sad, and then she tells me happy and then she tells me sad again. Too inconclusive to get a definite feeling from her. I ask her what she likes about Whitehall street to which she replies that she likes W (staff member) and she also really likes Residents B and D (other residents). She also really like Father ...who is a clergyman who comes to visit the residents at Whitehall street and they sometimes go to his church.

When I ask her what she does not like about Whitehall Street she replies that she does not like her room, details of why it is hard to ascertain as Resident C does not give any clearer answers than this.

Resident C has been living at Whitehall Street for over 5 years and it is clear that the constantly appearing theme of friend and staff being in a homelike family environment keeps cropping up, it is important that staff of the high quality that there is at Whitehall Street are sourced in any future accommodations that are looked for, once again, whilst there is no real love for Whitehall home as a building it is clear that the residents have built up really strong relationships and this is something which should be attempted to keep together in any future possible moves.

I ask Resident C if the thought of moving worry's her to which she replies "what is Whitehall Street going to do, where am I going to live, will I move to L" Resident C starts to show signs of getting emotional and anxious, once again, the idea of uncertainty over the future is causing an increase in negative emotions. I ask her what help to make her feel less worried about moving, to which she says again "what is Whitehall Street going to do".

R (her brother) tells me that this is part of the problem, there is no what is going to happen next information, there are multiple questions that are not being answered and so how you not expect people to be worried, anxious and unsure. Resident C is clearly getting a bit stressed with my presence so I asked her permission to talk to her brother R about Whitehall Street to which she says that I can. In circumstances like this where you cannot be sure the client fully understands your questions, as in a best interest meeting you speak to those closely involved with the client, I ask R for his thoughts.

His thoughts are that he feels there has been no choice given to the clients about whether they want to move from WHS, there has been no information on what might accommodation and services will be available when WHS closes, he thinks it has been handled very badly. The lack of information is extremely frustrating for him and he does not live at WHS, so how frustrating must it be for the residents.

R thinks that WHS is Brilliant, he tells me that Resident C was formerly at Linden Rd and Talbot Rd and that out of the three places she has lived WHS in his opinion was clearly the best provider, he thinks that WHS has a brilliant staff team and that the WHS environment has improved greatly since the redevelopment it had.

He thinks that the nature of the local area means that the service users do not go out much in the evening and that they tend not to use local shops which he feels is a shame, but understands that Tottenham is not the greatest environment in which one would feel safe. He is worried about where Resident C might move to, he would like it if at all possible that an environment that looks nice should be considered. R is a council driver and picks clients up from multiple care homes in the borough and he does not see anything that makes him think that yes, I would be happy if Resident C moved to that home. He says that in an ideal world, Resident C has holidays with a company called Break before in Norfolk, to which she really liked he says. A beautiful environment like that would be ideal.

He also tells me that he believes that Resident C's needs should be reassessed at this moment in time and that any move should be grounded in the conclusions found in that assessment so that any move can be up to date and correct for her needs.

Respite user E

Respite user at Whitehall street. Meeting with MH and brother F on evening of second consultation, 10-03-11

Respite user E says that he likes WHS, but in all honesty it would not bother him that much were he went for respite, he is not worried about WHS closing down, he just wants there to be a respite option. Respite user E does look forward to his breaks, it is a chance to get away and have a change of scenery, it is very good for him family to have a little break as well.

F tells me that since his mum died in 2009 he suffers from depression, he feels that Respite user E could benefit from having a holiday somewhere peaceful and nice rather than having his respite in a residential home.

Resident F

Permanent resident at WHS. Meeting with MH and Ermine road support worker 15-03-11

I start by explaining why I am there, Resident F is going through a period of being non verbal at the moment so I use my yes and no and good and bad cards for Resident F to point at. Resident F also has paper and a pencil with her and has decided that she can use this to give answers as well.

I ask her how she feels about the possible idea that WHS will close and that she might have to move, I ask her this 3 times in total throughout the whole meeting to which she answers twice that she is happy about the thought of

moving from WHS and once she say that she is unhappy about the idea of moving from WHS. I would gauge this to be inconclusive.

I ask her what she likes about WHS to which she writes down that she likes the food, I ask her what she thinks about the staff to which she says she likes them. I ask her what else she likes to which she does not expend on.

I then start to talk to her about what she does not like about WHS, she writes that she does not like the building and that she does not like her room. A, her support worker who is also present tell me that she has seen Residents F's room and that it is extremely bare, A says that this is because Resident F very often breaks things, she tells me that she believes there are not enough residents that are on the same communication levels as Resident F and feels that this is a negative thing for her, she can obviously communicate quite well and I am impressed by the quality of her writing skills, I can see how A's opinion could very well be true having met with quite a few of the residents myself.

Others have told me that it is not the most stimulating environment in the world and this could very well be something which is stifling Resident F's own personal development. I ask her whether she is worried about moving, she gives me both yes and no answers. I ask her if she would like to know more about other places to live which she writes yes to.

I ask her what she would like to do more of to which she writes she would like to do more stuff at home, like reading joke books, table tennis and swimming and going outside more. This has been something which I have picked up upon before during this consultation that people feel that the residents do not go outside of the building a great deal.

Resident F then makes it clear that she has had enough of me and we decide to end the meeting there.

Resident G

Permanent resident at WHS. One on one discussion with her on the 2nd consultation evening and then a discussion with her mother at Ermine Rd on the 16-03-11.

I tried to talk to Resident G about WHS on the evening of the second consultation but she was unable to display to me that she could understand the questions that I was asking her, she very much wanted to talk to me about cups of tea and she kept on asking me who I was but it seemed highly unlikely to me that I would be able to get her to focus on the issue of WHS without a considerable period of time. As is common in these cases and in best interest meetings I arranged to speak to her mother who is still active in Resident G's life.

Mother's comments are as follows:

"They should not move Resident G. Resident G is someone that likes to have a settled routine, if her routine is broken or changed this is very stressful for her and will make her very unhappy, I think it is evil to move her from her calm situation, from her home. As usual, the council are thinking about the financial consequences of WHS and not the emotional side of how this will affect human beings."

"It is Tottenham people and their council tax money that pay for these services, they should let Tottenham people decide what happens to their council tax money."

"I think WHS should be kept open, they should also tell people what the options and alternatives are, stop talking to us about money and start talking to us about how peoples lives are going to be effected. This is their home, I think it would be unfair to break people up from their friendship groups and unfair to break up their routine."

"WHS has been Resident G's home for a good few years and this will be a major distraction to her, I am really worried as are a lot of other people as to what might happen to her and where she will go, I hope that it is not L road, I am too old to look after her now, I wish I could, I am too old for all of this worry, I thought that WHS would be somewhere that Resident G could settle for life and now I am really worried."

"Change is extremely disruptive – they have not chosen to have a disability and the only comfort they have is their home. "

Mark Heath
Mencap Advocacy

Appendix 2

GUIDANCE
FOR
CLOSURE
&
TRANSFER
OF
VULNERABLE/FRAIL RESIDENTS
RESIDENTIAL CARE HOMES

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1.0 INTRODUCTION

The primary aim of this Best Practice guidance is to ensure that when a decision has been made to close a care home, the needs of residents, their relatives and others are met as far as possible, and that efficient and effective actions are taken in response to their individual circumstances and needs.

Underpinning this guidance are local and national experience, 'best practice', research, government circulars, statute, regulations and case law. Several sources of useful information are listed at Appendix 1 to this Guidance.

A coordinated response and effective partnership working can ensure the well-being of residents, their representatives and staff.

This guidance is between London Borough of Haringey, NHS, voluntary and independent sector partners and colleagues and the Care Quality Commission (CQC). Throughout the document these are referred to as the Local Authority, NHS, the voluntary and independent sector and CQC.

This guidance is provided to support the transition process which follows any decision to close or decommission a residential home for vulnerable people in or cared for by the Borough.

The process of closing a care home is complex, protracted and one which can potentially cause anxiety and stress for residents, relatives and staff alike. It therefore needs to be approached with care and sensitivity and undertaken in a dignified and a humane way. This guidance aims to provide a mechanism to support people through the closure and transfer process.

It also aims to ensure the protection of vulnerable adults at all times and that people are treated humanely and with dignity and respect ([Dignity Guidance](#)).

2.0 PRINCIPLES AND RIGHTS

The well-being, needs and rights of vulnerable adults are paramount. This cannot be assured without appropriate communication and consultation with users of services, next-of-kin, carers and other formal and informal representatives of people who use our services.

Appropriate communication must take into account the language and communication mode appropriate to the individuals involved (language, sensory and other impairment needs etc). Where possible, information should also be made available in accessible formats.

Consistent and timely communication with all involved parties is necessary, as are comprehensive records and notes of what has taken place.

Consultation with others about them is subject to obtaining informed consent from service users. Where an adult is unable to consent or make important decisions because of mental incapacity, the Mental Capacity Act 2005, its code of practice and regulations should apply to financial, serious health treatment and accommodation decisions.

Self-funders should be entitled to the same advice and assistance as other adults funded by statutory and voluntary organisations.

Agencies should work together cooperatively and take account of the following principles when relocating vulnerable adults and be mindful of the relevant key principles and objectives of the [Haringey Compact](#) in terms of effective working with statutory, voluntary and private agencies:

- Safety
- Safeguarding
- Minimising distress and disruption of services
- Dignity
- Choice
- Least restrictive options
- Respect for family life
- Equality and Diversity
- Privacy
- Realising Potential

It is acknowledged that multiple moves can be disruptive for individuals and their families and these should therefore be avoided unless there are extenuating circumstances that make them unavoidable.

The importance of protecting friendship groups when planning and actioning new placements for residents should be recognised and individual and group preferences accommodated wherever practical.

All agencies operate within the boundaries of resource constraints. Realistic expectations and planning should make best use of available resources.

2.1 COMMUNICATION WITH RELATIVES, FRIENDS AND CARERS

- Communications with relatives, friends and carers should be conducted on an individual resident by resident basis [correspondence, updates and, face-to-face once the decision to close a residential care home has been made].
- Residents' personal histories should form part of the information transferred when they move from the originating home to any new setting and where possible, relatives should be involved in providing this information – this is also to include likes and dislikes/preferred names etc.
- Generally, relatives, friends, carers and advocates (where identified as required) are to be involved throughout the managed closure period.

Prior to decisions being made, consideration should be given to the impact upon carers and vulnerable people (and be a part of the consultation, equalities and other impact assessments that form part of the decision-making)

Monitoring and review of the well-being of vulnerable adults should be undertaken at appropriate intervals, and should underpin the identification of good practice and lessons to be applied in up-dating of this Guidance and our procedures.

3.0 OVERALL MANAGEMENT OF THE CLOSURE AND TRANSFER

Any closure and transfer should be treated as a project and adopt 'project management principles' and be overseen at the appropriate senior management, Board level (e.g. Divisional Management Board). The group should meet fortnightly (monthly at the outside) and other members should include the appropriate service and specialists (Director/Deputy Director, Heads of Service, HR, Business Support, Finance, Press & Communications, Consultation, Equalities, Legal etc) in order to discuss relevant matters (risks and issues) and review progress leading up to, during and after any closure and transfer.

The appropriate Board should take all key decisions, including agreement that this Guidance has been fully adhered to before any transfers take place.

A 'named person or persons' should be responsible for overseeing the project on a day to day basis from conception to completion – reporting to the Board and supported along the pathway by individuals with identified roles within the various work streams as appropriate to the stage or stages of the project.

The Board shall ensure oversight of the project/programme throughout the closure and transfer and a formal evaluation/review should take place 6 weeks after the transfer of the final residents.

There should be a designated individual for the home(s) in question to whom staff and others can turn with their concerns if they believe that the process is not being handled sensitively or appropriately.

An overall project plan including key milestones should be produced.

A risk register and issues log should be produced and updated as required.

A project initiation document (PID) should scope the range, outcomes and outline business case as appropriate.

Table 1 – Illustrative time line for key activities.

Activities (month)	1	2	3	4	5	6	7	8	9 etc
Communication									
Project planning									
Consultation with residents/families									
Consultation with workforce									
Risk assessment									
Equalities impact assessment									
Identification of jobs at risk and issuing redundancy notices									
Individual support planning meetings/ exploring options									
Individual meetings with staff: relocation/ redundancy									
Staff skills development/time off for job seeking									
Medical/nursing assessments									
Visits to potential new homes/staff visits									
Decisions about moves									
Closure events – party, memory books etc.									
Identification and securing of property									
Coordinating moves									
Staff leaving									
Facilities/property security and closure									
Monitoring and follow up of process									
Lessons learned from process									

4.0 CONSULTATION

Consultation and decision-making should be as open and transparent as possible. See the Council's [Consultation Charter](#) Residents and relatives and others stakeholder/stakeholder groups directly affected must be involved throughout.

Neither should be rushed and must be genuinely entered into, with face-to-face contact explaining the reasons for closure among the means of effective consultation employed. Residents should be offered an advocacy service (and access to legal advice) where they have no friend, relative or carer to speak on their behalf.

The timing and manner of breaking the news to residents is also critical. Using the analogy of bereavement, people should be allowed to go through the various stages such as shock, denial, anger and finally acceptance with skilled staff and others on hand to assist individuals through this. Residents' families or close friends may also have feelings of guilt and anxiety and may need special attention. Building in enough time through the stages is crucial. The local authority should keep people well informed every step of the way, making sure the residents, relatives, advocates and staff are among the first to know of any developments. They need to be told the facts in a straightforward way, without bad news being couched in language intended to soften the blow, if this could be perceived as patronising.

Consultation is a partnership in the decision-making process. In having their say, those involved can share in how and what decision is made and the shaping of any future or alternative provision.

“In any context the essence of consultation is the communication of a genuine invitation to give advice and a genuine receipt of that advice”

There are four minimum requirements of consultation

- It must be when proposals are still at a formative stage
- Sufficient information must be given to permit informed consideration and response
- Adequate time must be allowed for the consultation
- Consultation must be meaningful and conscientiously taken into consideration in reaching decisions.

Even when there is no statutory requirement to consult, there is likely to be an expectation of doing so, either because of a promise/past practice and/or because of the interests involved (at any rate in the case of residents and staff).

Consultation can be on a preferred or 'in principal' option. If there is an amended proposal arising from responses to the consultation, there is no need to start the consultation process again (i.e. views have been listened to). If however, it is a 'new' proposal, then there will be a requirement for further consultation. Whether a proposal is an 'amended' one or a 'new' one requires advice from the Local Authority's legal and consultation experts before any action is taken.

Residents of homes or people who use our service have a right to be consulted about proposals which affect their support and care service, even where it may cause them distress to do so. This is relevant particularly for people with learning disabilities where carers have argued that residents should not be informed about options because it would 'upset them considerably'. The argument has also been made about the residents of homes for older people.

What is important to consider is the timing of the consultation, how it is communicated and handled so that distress is minimised and support is given to residents and people who use our services throughout.

Consultation is not a 'process'. A 12-week period of formal consultation should be used to include residents and carers, general public, stakeholders and staff and Trade Unions.

A detailed account should be maintained for analysis and reported to inform decision-making and should be made available to relevant stakeholders.

A dedicated team of experienced, and specially trained social care staff should be established to support and offer advice to residents and their families throughout the entire period.

The dedicated social care worker would complete the consultation with residents and their family members on the proposals relating to home closures. The purpose of the consultation is to give residents, relatives and carers, the opportunity to contribute their views/suggestions on the proposals.

Throughout the consultation, consultees should be advised of the timescales involved and it should be stressed that no decision has yet been made.

Consultation with others about an individual is subject to obtaining informed consent from people who use our service. Where an adult is unable to consent or make important decisions because of mental incapacity, the Mental Capacity Act 2005, its code of practice and regulations, should apply.

IMCA services should be accessed to support residents without mental capacity and who have no next of kin or advocates. Advocacy support would be available.

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5.0 RISK ASSESSMENT

Risk assessments in relation to the transfers should be completed on an individual basis as part of the assessment process in the run up to the transfer to another home and should involve relevant professionals, including health staff. Consultants in Old People's Medical and Old People's Mental Health to provide appropriate clinical assessment and oversight to support residents and staff during the transition planning process. However, there are some general risks which can be foreseen and actions taken to minimise the impact of any transfer on older people.

- (i) *There is likely to be greater risk for people with severe dementia/confusion and in particular for those people who are extremely frail and have co-existing medical illnesses. As an example (but not exclusively) these would include heart and lung disease, Parkinsons, previous breakdown, great age, male gender, liability to falls/reduced mobility, incontinence, impaired vision/hearing, anxiety/depression/paranoid thoughts, obesity, multiple medication and a history of chest infection (and/or combinations of the above).*

Action required: medical examination initial assessment and also immediately prior to any proposed transfer (if indicated) will be important as part of the individual risk assessment and should indicate whether a resident is fit to transfer and any additional precautions which may need to be taken.

- (ii) *Residents who need particular pieces of equipment (e.g. special mattresses in order to have adequate care) may be at an increased risk.*

Action required: a review of the equipment needs of any residents transferring to a new home should be undertaken and no resident should be moved until the receiving home has in place the required equipment and where necessary staff have received training in its use.

- (iii) *Residents with special dietary needs, particularly those who may need assistance with feeding (for whatever reason) may also be at increased risk.*

Action required: that these individuals are identified and their support plans fully reflect any assistance which may be required in this area. In addition, named care staff from the receiving home should be fully briefed and trained on any particular skills which may be required. A transition form/checklist

should accompany the resident to the receiving home to ensure all identified information requirements are in place. This may be effected by staff from the current home “in-reaching” to discuss matters with the receiving homes staff.

(It is not possible for London Borough of Haringey staff to move with residents to private care homes except to transfer and offer support on arrival to settle in.)

- (iv) *Generally, the up-to-date knowledge of an individual’s medical condition and their fitness to transfer is key, as is the handover between one medical practitioner and another.*

Action required: up to date medical and nursing evaluation (see below).

- (v) *The impact of a move is greatest immediately after relocation and during the first 3 months in the new environment, but may also be evident in the period of consultation and preparation for a forthcoming move.*

Action required: all relevant staff involved should be briefed on the stress/anxiety likely to be experienced by the residents and how best to help. The receiving home should be asked to identify a key worker and if possible a resident to assist the new resident to become familiar with the home.

6.0 RECOMMENDATIONS FOR RISK MANAGEMENT: PRE-TRANSFERS

- It should not be a 'rushed' approach. Careful, sensitive planning should be the watchword to any individual transfer. A suitable period of planning for transition should be available – this is likely to be approximately 6 months and avoiding winter months if at all possible. (However if users/relatives wish a move to take place earlier, this should be accommodated and a risk management plan identified to minimise the risks associated with a move undertaken in those circumstances.)
- Usually a maximum of 1 resident on any one day should move from the originating home between Monday and Friday. However, if groups of friends express a wish to move together and suitable staffing arrangements including travelling support can be arranged, then this should be explored as it may be beneficial to the residents for them to move and travel together. This may be a particular issue towards the end of the managed closure when the worry of being one of only a few residents left at the originating home may outweigh their concerns about transfer. In addition, if family members wish to move their relative and providing suitable transfer arrangements can be made, this can be outside the maximum number transferring in a week. A risk management plan should be identified to minimise the risks associated with a move undertaken in these circumstances.
- Careful planning should demonstrate the following: adequacy of the assessment and examination of the residents in the immediate period before transfer; adequacy of the documentation; quality of transfer arrangements (particularly for residents requiring special equipment e.g. mattresses); relevant documents travelling with the resident on transfer and the need to adequately communicate care staff to care staff, nurse to nurse and doctor to doctor so that care/medical/nursing needs are fully understood by the receiving home.
- There should be flexibility and a willingness to delay a move if additional hazards are identified whilst appropriate control measures are put in place to reduce the identified risks.
- The emphasis should be on meeting the individual's needs rather than looking at the resettlement of a wider group of people as a whole. This may include a need for particular individuals to move in friendship

groups. However, individual programmes should be looked at in the context of a need to have some overall coordination.

- Visits to alternative care settings for residents and their carers should be facilitated, with appropriate transport provided where required.
- Additional staffing resources should be identified if required during the transitional period and appropriate resources identified and deployed to lead on the assessment processes, to offer additional support to the residents at the originating home. Advocacy resources should be identified where this is indicated to support individual residents.
- The residents' co-worker or nominated care worker should have oversight of the resident in the week up to their planned move. Staff should look for any changes in physical or mental well-being which may indicate a higher risk on transfer e.g. loss of appetite, onset of confusion, changes to regular toilet habits etc. If required, medical advice should be sought.
- Resident's views should be sought throughout regarding their new placement i.e. if the resident is moving to a newly constructed home/extra care unit where possible they should have involvement in decoration choices, day of transfer, staff involvement in transfer etc.
- Where supported housing/extra care is an option, social care staff should apply for relevant grants and assist in the setting up arrangements for flats/tenancies.

Table 2 – Mitigation of Risks

Risk	Mitigation
Higher levels of risk for people with dementia and confusion, particularly where there is frailty or an underlying illness	<p>Good social care practice requires explanation, support, reassurance and more explanation. This may need to be repeated.</p> <p>Medical examinations on initial assessment and prior to move. Additional medical interventions if necessary at point of move.</p> <p>Face to face handover between medical and health practitioners if required.</p>
Risks relating to residents requiring specific equipment, such as mattress, ceiling track host, hi-lo bath	<p>Review of equipment needs prior to move. Equipment provision to be checked at new home before moving.</p> <p>What equipment can be transferred with the resident.</p>
Risks to residents with special dietary needs and those who require support to eat or artificial feeding (such as PEG)	<p>Support plans to be reviewed to ensure full information is included. Briefing and training of staff of receiving home by current staff. Current staff working alongside those in receiving homes if necessary short term.</p>
Risks of impact of move through stress and anxiety over changes during preparation period and in first 3 months following move.	<p>Full briefings on effects of stress and anxiety to all involved in supporting residents. Receiving home to allocate key worker and 'buddy' if possible to support people prior, during and following the move.</p>
Risks of moving without adequate planning and preparation for each individual.	<p>Planning and transition process should be scheduled for a maximum of approximately 6 months. Consideration should be given to not moving people in inclement weather. Where friendship groups are moving together, they should be moved at the same time. Focus on each individual each day for moving.</p>

6.1 SOCIAL AND HEALTH CARE ASSESSMENTS OF INDIVIDUAL RESIDENTS

- An up-to-date needs-led assessment should be completed for each resident as the main way of identifying a suitable care setting/supported housing option as an alternative to the originating home. The nominated care manager should ensure that all relevant professionals, including health professionals, contribute to this. Where supported housing is an option an Occupational Therapist should contribute to the assessment process. The views of family/next of kin should also be sought. The resulting support plan should address all aspects of care, but should also include information such as dietary needs and “likes/dislikes”, spiritual and/or cultural needs and other specific requirements which may be particularly important to the individual resident. As identified elsewhere in this Guidance this information should be shared with the receiving home.
- Issues relating to the safeguarding and protection of Vulnerable Adults should be referred to the host team for a Risk Assessment prior to transfer. Factors that should be taken into consideration are Capacity issues, Transfer of information to the new placement and Risk factors in relation to other residents. Therefore, guidance should be taken from the Adult Protection Team and/or Legal Services as appropriate in relation to planning the transfer.
- The completed assessment should be considered against the NHS Continuing Health Care criteria.
- Each resident should be individually assessed for their suitability to transfer and to ensure that any new provider agrees that their needs can be fully met in the receiving care home or supported housing option. A support plan should be developed jointly between the social care worker, their existing home and any new provider which should be reviewed a few days immediately before transfer to ensure that it is completely up to date.
- Incapacity - Where we are caring for an incapacitated individual, the following factors should be built into the assessment and decision making process:

- The ascertainable past and present wishes and feelings of the person concerned and the factors the person would consider if able to do so.
- The need to permit and encourage the person to participate or improve his/her ability to participate as fully as possible in anything done for and any decision affecting him or her.
- The views of other people whom it is appropriate and practical to consult about the person's wishes and feelings and what would be in his/her best interests; and
- Whether the purpose for which any action or decision is required can be as effectively achieved in a manner less restrictive of the person's freedom of action.
- Whether there is a reasonable expectation of the person recovering capacity to make the decision in the reasonably foreseeable future.
- The need to be satisfied that the wishes of the person without capacity were not the result of undue influence.
- Where appropriate residents should have a full physical examination no more than 3 months prior to transfer, with a further examination and a medical discharge summary (dated) within 1 week of their arrival at the new home and with more assertive medical/nursing follow up (within 24 hours) for those clients who are particularly frail and/or have dementia. In the event of a medical examination being identified and not undertaken due to time restriction or referral this should be recorded and the new provider informed. The pre-transfer assessment should specifically address fitness of the resident to move and any special precautions which may need to be taken in each case (medical risk assessment).
- Clear arrangements for the medical transfer of each resident should be made prior to any relocation.
- Where applicable, a nursing transfer letter should be sent with the resident which identifies the critical issues relating to their nursing care needs. The Lead local Nurse and the relevant General Practitioners should be involved in assisting Adult Services with this exercise, also a therapy plan as required.

- If friends or groups of friends wish to move to the same home, then where possible this should be accommodated and planned for accordingly.
- At the conclusion of this process an Operational Manager (or more senior officer) should authorise the assessment and if appropriate agree that the resident may be transferred to an available placement. They should retain oversight of the arrangements to ensure that it remained appropriate for the client to transfer and that their needs continue to be met.

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6.2 ARRANGEMENTS FOR RESIDENTS TO TRANSFER

- An identified social care worker should be available for each resident and their relatives/carers to provide advice and support on vacancies, preferred area and choice of accommodation.
- Consultation should take place between the homes management team, service users and their families regarding the best way to transfer from one home to another. The management team should ensure that sufficient staff are available to support the transition. This should not normally mean more than one resident moving per day.
- No transfer should take place at the weekend – unless family or service user specifically request it and suitable arrangements can be assured. The exception should be if groups of friends express a wish to move together, relatives support the request and suitable staffing arrangements including travelling support can be arranged. This may be a particular issues towards the end of the managed closure when the worry of being one of only a few residents left as the originating home may outweigh resident's and relatives concerns about transfer.
- Following assessment including the appropriate risk assessments, the individual support plan should be reviewed and updated within 1 week prior to transfer. A formal review of each resident should be conducted at approximately 4 weeks, evaluation at 3 months and 6 months, and a 12-month review by the Social Care Worker after transfer. As is standard practice for formal reviews, all relevant parties should be invited to be involved and adjustments should be made to the support plan if required. A representative from the care home or Local Authority should visit the resident in their new accommodation within 1 month of transfer wherever feasible.
- Appropriate arrangements should be made for any new providers' staff to become familiar with the resident and their support plan prior to transfer – including familiarity with dietary and other relevant needs.
- Staff from the new residential/nursing home should be assisted to become familiar with the residents and their support plan prior to transfer.
- A visit/several visits to a prospective home, supported living environment should be arranged. Having a meal, overnight stay would

be preferable. In the case of people with a learning disability a handover over several days should be arranged. Haringey staff members should spend time with the individual resident in their new environment. This is very important as part of the settling in period.

- The Homes Manager should take responsibility for ensuring that any documentation for individual residents is fully developed and accurate, for transfer with that resident to their new accommodation.
- It should be made clear to the Registered Manager of any receiving care home or nursing home that they are empowered to refuse the transfer of a resident if they are not happy that all suitable arrangements have been put in place and that the support plans etc are absolutely clear.
- A member of the originating home's management team should contact each of the receiving homes/housing providers in the 24 hours before the date of the planned transfer of any individual as a final check to ensure they are fully prepared to accept the older person the following day.
- Ongoing contact should be maintained with the receiving home to make the transfer and this would be maintained for an appropriate period.
- Transport arrangements should be made to ensure that the vehicle is suitably equipped to accommodate the needs of the individual resident who should be accompanied by a carer who knows them and can offer support during the journey.
- Any client who is considered not to be physically well enough to move should have their transfer date put back until well enough to transfer to the new home. Appropriate medical involvement should be sought and appropriate staff involved in the assessment and treatment of the person.
- Where there is no representative/friend or family member available or on request, a care worker with the individual older person should travel with that resident from the originating home to any new accommodation in order to ensure a smooth handover to a named worker in the new unit. Negotiations should take place between the originating home and new providers to ensure that staff familiar with the residents can support

the resident who is transferred for a suitable period of time (during the first week) to ensure smooth transfer.

- The clothing, possessions and furniture of residents should go with them to the new establishment so that their new environment is as familiar as possible.
- The Manager (or identified member of the home(s) management team) on duty at the originating home on the day of transfer should have the authority to cancel or postpone the move of a resident if they have any doubts as all that it is appropriate or safe on that day. They should know that they have the support of senior managers to take this decision.

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6.3 TRANSFER OF HEALTH CARE

- The residents' own GP should be asked if they have any medical advice to give concerning the transfer and where possible should be asked to continue the care of the person after the move.
- Arrangements should be initiated for a GP to be appointed at least one month prior to the transfer of any resident to a new care home/nursing home. Both the GPs at the originating home and the receiving GP should be asked to be involved in the planning of the transfer to individual residents.
- Residents should have a full physical examination no more than 3 months prior to transfer and this report should be made available to the receiving home.
- A transfer letter should be sent with the resident, identifying any critical issues relating to their nursing of care needs.

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6.4 **ADVOCACY**

- Independent advocacy, similar to that made available during the consultation period, should continue to be offered throughout any managed closure process for residents of homes with no friends or family to assist them.

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6.5 FACILITIES MANAGEMENT

Table 3 – Facilities management and actions for closure

WHAT	ACTION REQUIRED	LEAD PERSON	TIME SCALE	PROGRESS UPDATE
Gather all relevant stakeholders information	Contact/write to <ul style="list-style-type: none"> • Day Centres • PCT/LCC • SW/GPs • Agencies • Utilities • Community nurses • Transport • Trade directories • Neighbours 			
Keys	Collect keys from any key holder			
Signage	Remove all signage			
Credit cards	Cancel all credit cards			
IT	Inform any IT department <ul style="list-style-type: none"> • Remove access to network • Phones to be diverted • Computers to be removed 			
Insurance	<ul style="list-style-type: none"> • Inform building and contents insurers if building is to be empty • Liability and indemnity insurance cancelled 			
Vacancy rates	Apply for vacancy rates			
Utilities	Take a reading of gas/water and electric. Ask for final phone bill and broad band bill			
Portable and electrical equipment	Remove all small electrical equipment, i.e. TVs music systems, microwaves			
Inventory	Check inventory against any checklists			
Fridges/Cupboards	Empty cupboards and fridges, leave fridge doors open			
Mail	<ul style="list-style-type: none"> • Inform bands and other correspondents 			

	<ul style="list-style-type: none"> Inform Royal Mail and have mail diverted to appropriate address 			
Medicines	Remove all medicines and record disposal accordingly			
Confidential files	Remove all confidential files and archive according to current legislation			
Stationery	Remove all stationery			
Contractors	Consult services contracts. Inform contractors of termination. Serve notice if required			
Minibus/cars	Cancel insurance/contract			
Rubbish	Remove all rubbish from site/unit			
Cleaning of unit	Cleaners to action			
Petty cash	To be signed off			

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6.6 FOLLOW-UP

- Personalisation and Assessment staff should complete a review 4-6 weeks after transfer, to which friends, relatives, carers and advocates should be invited to attend.
- A further evaluation should be scheduled for 3 and 6 months post-transfer.
- Following that, the usual 12 monthly (annual) review should apply, unless there is a request for a re-assessment.

7.0 DEBRIEF, FEEDBACK AND LESSONS IDENTIFIED

- It is recommended that this Guidance is formally reviewed annually but within 6 months in the first year.
- To facilitate a continuous approach to learning and improvement it is recommended that each time the Guidance is issued, the Lead Officer, following debriefings from residents, their representatives and staff should complete a learning report and make any necessary amendments to this document.
- The above to be completed within 3 months of a closure.

8.0 CONCLUSION

A number of factors influence the outcomes for vulnerable adults in transition from one care setting to another including the individuals' physical and mental frailty, the adequacy of social and health care assessment prior to transfer, timescales and arrangements for transfer, support systems and effective partnership, consultation and communication.

Understanding that some frail people will be particularly vulnerable to the stress of relocation, the Guidance outlined above is proposed as a way of ensuring that these issues are planned for and robustly addressed in a timely fashion. It is intended for use by lead officers to ensure the closure and transfers are handled sensitively and responsibly are employed and to provide confidence to residents, relatives and others that individuals should be treated with dignity, humanity and respect and the ongoing well-being of the individual paramount.

Appendix 1 Other Useful Sources of Information

Personal Social Services Research Unit: *Guidelines for the closure of care homes for older people*, October 2003.

Association of Directors of Adult Social Services: *Achieving Closure, Good practice in supporting older people during residential care closures*, Undated.

Social Care Association, *Managing Care Home Closure*, 2011.

Appendix 2 - Good Practice Checklists and Action Plans

A. Checklist for Senior Management, Registered Manager or Project Manager (Immediate Actions)

Actions	Yes/No	Named Person	Comments
1. ON ANNOUNCEMENT OF CLOSURE Have all residents and staff involved been given a written statement:			
✓ Detailing the actual facts?			
✓ Stating the reasons for the decision?			
✓ Giving any secondary decision making process?			
✓ Ensuring that the future is clear?			
✓ Ensuring that they know where they stand?			
✓ Describing the communications plan?			
2. HAS IMMEDIATE CONSULTATION WITH TRADE UNION AND PROFESSIONAL ASSOCIATIONS COMMENCED? Will these ensure:			
✓ Adequate measures for redundancy?			

✓ Or: continuity of employment?			
✓ That the staff group are retained intact for the whole of the closure and subsequent settling down period?			
✓ Full agreement with all staff on personnel issues?			
3. HAS A NAMED PERSON OUTSIDE THE HOME BEEN APPOINTED TO ACT AS AN EXTERNAL ADVISOR FOR THE RESIDENTS AND STAFF ACROSS THE WHOLE CLOSURE PERIOD?			
✓ Have they been adequately prepared and briefed?			
✓ Including the nature of their possible “contact” with the staff team and understanding of supervision as a tool?			
✓ Are they able to operate independently?			
✓ Do they have access to personal support and supervision?			

✓ Do they have access to resources, e.g. special training for staff?			
4. WILL YOU ENSURE THE INVOLVEMENT OF RESIDENTS AND STAFF IN THE PLANNING PROCESS? How will your approach to project management ensure:			
✓ Maintenance of professional standards			
✓ They have a clear sense of requirements?			
✓ Variations in user numbers over the transition period are handled professionally?			
✓ Risks are assessed and the possible harmful impact on residents is minimised?			
5. HAVE CQC, COMMISSIONERS AND OTHER LAs BEEN INFORMED OF THE CLOSURE PLANS?			
✓ Plans for closure and timescales			
Alterations required to Registration status			

✓ Commissioners notified of relevant residents			
6. HOW DO YOU PLAN TO WORK WITH RESIDENTS AND THEIR FAMILIES?			
✓ Is your key worker system effective?			
✓ Are reviews up-to-date including for self-funders?			
✓ Do you have access to advocates?			
✓ What is your approach to people with dementia?			

B. Checklist for a designated person outside the home appointed to act as an external advisor for residents and staff

Actions	Yes/No	Named Person	Comments
1. IN NEGOTIATING YOUR BRIEF WITH THE MANAGEMENT FOR THE AGENCY, HAVE YOU OBTAINED THEIR AGREEMENT ON YOUR VIEW OF:			
✓ The nature of their possible “contract” with the staff team?			
✓ Being able to operate independently?			

✓ Having access to personal support and supervision?			
✓ Access to resources, e.g. special training for staff?			
2. HAVE YOU:			
✓ Enabled residents and staff to move from a state of shock to one of being able to plan for the future?			
✓ Enabled a supportive environment and relationship?			
Agreed the “contractual parameters of working including:			
✓ Timescale?			
✓ Amount of inputs including number and duration?			
✓ Limits of authority?			

✓ The goals and basis of the sessions?			
✓ The relationship with third parties including line management?			
✓ The setting up of participative structures?			
✓ The basis of renegotiation of the “contract”?			
Enabled residents and staff to:			
✓ Ventilate their feelings?			
✓ Understand what is happening to them?			
✓ Face reality and acknowledge the changes?			
✓ Avoid resisting the change?			
✓ Face the challenge ahead?			
3. HAVE YOU:			
Enabled staff to work through and develop			

strategies to meet issues facing them			
✓ Low morale?			
✓ Limited options?			
✓ Lack of information?			
✓ Fear/anxiety?			
✓ Lack of encouragement?			
✓ Conflicting interests?			
✓ Tiredness?			
✓ Enabled the acknowledgement of satisfying experiences which can be built upon?			
✓ Fostered a spirit in which reactions staff are going through are seen as natural to the situation?			
✓ Enabled staff to look to needs beyond the stress			

of immediate problems and issues?			
✓ Enabled the establishment of a new sense of structure?			
✓ Enabled sharing within the staff team?			
✓ Fostered a spirit of working on common problems?			
✓ Enabled planning together to work upon requirements?			
✓ Fostered the creation and maintenance of positive experiences?			
Enabled the staff team to:			
✓ Obtain a sense of realism?			
✓ Be honest with each other?			
✓ Plan priorities?			

✓ Support each other			
✓ Commence realistic planning?			
✓ Think positively?			
✓ Consider options available?			
✓ Consider and work with the requirements for good practice?			
✓ Enabled any anger, resentment or complaints to be formally expressed by all?			
4. HAVE YOU: Enabled the staff team to:			
✓ Establish and maintain professionalism?			
✓ Look to their own and their service user's future destiny?			
✓ Maintain professional standards?			

✓ Examine factors which will/are preventing good practice?			
✓ Work through implications of any projected variation in service user numbers over the transition period?			
✓ Give guidance, advice or reassurance to residents and their relatives?			

C. Checklist for members of the care staff team

Actions	Yes/No	Named Person	Comments
1. IN RELATION TO COLLEAGUES, ARE YOU:			
✓ Providing a supportive environment?			
✓ Helping them to be able to adapt to change?			
✓ Helping them to retain a sense of personal worth?			
✓ Helping them to participate in establishing a new sense of structure?			

✓ Helping them to look to needs beyond the stress of immediate problems?			
✓ Examining and sharing common problems?			
✓ Planning to work through new requirements?			
✓ Discussing issues in open staff forums?			
✓ Endeavouring to create and maintain positive experiences?			
✓ Promoting a sense of realism?			
✓ Being honest?			
✓ Supporting each other?			
✓ Thinking positively?			
✓ Considering requirements for good practice?			
✓ Endeavouring to establish/maintain			

professionalism?			
✓ Examining factors which will/are preventing good practice?			
Endeavouring to minimise the damaging effect of:			
✓ Low morale?			
✓ Limited options?			
✓ Lack of information?			
✓ Fear/anxiety?			
✓ Lack of encouragement?			
✓ Conflicting interests?			
✓ Insensitivity/tiredness?			
2. AS SOON AS THE RESIDENTS ARE FIRST TOLD ABOUT A CLOSURE DECISION HAVE			

YOU ESTABLISHED:			
✓ A network of support for the service user?			
✓ Involved significant others?			
✓ Relatives?			
✓ Friends?			
✓ Field social workers?			
✓ Any others involved?			
3. 48 HOURS AFTER THE INITIAL ANNOUNCEMENT HAVE YOU:			
✓ Enabled residents to show their emotions freely?			
✓ Enabled residents to draw mutual comfort from each other?			
Discussed with relatives their fears and uncertainties about their family members' circumstances - for example:			

✓ Fears about moving?			
✓ Fears about changing key workers?			
✓ Concerns about personal finance?			
✓ Set up any sessions required for counselling residents and others?			
✓ Set up procedures/sessions for formal “reviews”?			
✓ Made provision for the continuity of care of residents?			
4. IN RELATION TO FUTURE NEEDS OF RESIDENTS HAVE YOU:			
✓ Developed a strategy to deal with any projected variation in service user numbers over the transition period?			
✓ Planned necessary group experiences and events?			
✓ Enabled residents to assess options and choices available to them e.g. by arranging visits to			

possible new establishments?			
✓ Enabled personal financial advice where required?			
✓ Enabled residents to keep in touch with any who may have already left?			
✓ Enabled residents and their relatives to talk freely to each other and to staff about their experiences?			
✓ Enabled continuity of experience for all residents?			
✓ Enabled residents to maintain contact with significant adults so as to maintain guidance or reassurance?			
COMMENTS			

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Acknowledgements: ADASS, PSSRU, SCA and Sandwell Metropolitan Borough Council

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Appendix 3 – List of private and voluntary sector run care homes in Haringey borough for older people and people with a learning disability

Residential care homes for older people

Organisation	Total Capacity	Type	Provider Type	Quality Rating as at March 2010	vacancies	Funded
Alexandra Park Home	15 places	Care home only (Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category + Physical disability over 65 years of age)	Private	**	1	5
Brownlow House	24 places	Care home only (Dementia - over 65 years of age + Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category)	Private	**	0	5
Fer View, The	6 places	Care home only (Learning disability over 65 years of age + Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category)	Private	***	0	2
Mary Feilding Guild	43 places	Care home only (old age, not falling within any other category)	Voluntary	***	0	3
Meadow, The	40 places	Care home only (physical disability + dementia + mental health, excluding learning disability or dementia + old age, not falling within any other category)	Voluntary	**	0	2
Nightingale House	9 places	Care home only (old age, not falling within any other category + physical disability + Physical disability over 65 years of age + Dementia - over 65 years of age + mental health, excluding learning disability or dementia + Mental health, excluding learning disability or dementia - over 65 years of age)	Private	**	3	2
Stirling Park	6 places	Care home only (Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category)	Private	**	1	2

Residential care homes for people with learning disabilities

Organisation	Total Capacity	Type	Provider Type	Quality Rating as at March 2010	vacancies	Funded
Acash Lodge I	6 places	Care home only (learning disability)	Private	**	1	All
Bedford Road 7	6 places	Care home only (learning disability + physical disability)	Private	**	0	6
Burghley Road 77	4 places	Care home only (learning disability)	Private	***	0	4
Carlingford Road, 181	4 places	Care home only (learning disability)	Charity	***	0	1
Cassini House	6 places	Care home only (learning disability)	Private	**	0 at no 13 1 at no 15	3 across both addresses
Chelsea House	3 places	Care home only (learning disability)	Private	**	0	0
Coleraine Road 30 & 37	8 places	Care home only (learning disability)	Private	***	3	5
Endymion Road, 2	6 places	Care home only (learning disability)	Private	**	0	5
Evelyn House	3 places	Care home only (learning disability)	Private	**	0	0
Granville Road 75-77	6 places	Care home only (learning disability)	Private	**	0	All

Great North Road 68	5 places	Care home only (learning disability)	Private	**	0	5
Green Lanes Projects	6 places	Care home only (learning disability)	Private	**	1 Ground fir en suite	2
Greenfield Road 9	3 places	Care home only (learning disability + mental health, excluding learning disability or dementia)	Private	**		
Hillgreen Care Limited	5 places	Care home only (learning disability)	Private	**	1 (Myddleton Rd) 4 (Enfield)	2
Kitchener Road 83	3 places	Care home only (learning disability)	Private	***	0	3
Lansdowne Care Home	6 places	Care home only (learning disability + mental health, excluding learning disability or dementia)	Private	**	0	4
Meridian Walk	6 places	Care home only (learning disability + physical disability)	Voluntary	**	0	6
MI CASA	5 places	Care home only (learning disability)	Private	**	0 at no 13 1 at no 15	3 across both addresses
Park Avenue 4	6 places	Care home only (learning disability)	Voluntary	***	0	4
Roseberry Gardens 36	3 places	Care home only (over 65 years of age + learning disability + Learning disability over 65 years of age + mental health, excluding dementia)	Private	**	1	5
Sherringham Lodge	4 places	Care home only (learning disability)	Private	**	1	1
St Raphael's Integrity Care Home	8 places	Care home only (learning disability)	Private	**	0	8

Vartry Road, 18	4 places	Care home only (learning disability)	Voluntary	**	1	All
White Moon Lodge	3 places	Care home only (learning disability)	Private	**	0	3

Appendix 4

Bed- Based Respite currently utilised in Learning Disabilities Service

Home	Cost/week	Location	Respite bed capacity
Sidney Avenue Lodge	550	N13	1
Apollo Care	1200	N4	1
Green Lanes project	1000	N4	1
Millennium Care	805	N13	1
Person centred Care home	1200	Enfield	2
Overzest	1200	Enfield	2
Red Ridge Activity Centre	574	Wales	Residential short break
Pendaren holiday Centre		Wales	Residential short break

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'CALL IN' OF DECISIONS OF THE CABINET

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

TITLE OF MEETING	Cabinet
DATE OF MEETING	19 th July 2011
MINUTE No. AND TITLE OF ITEM	CAB20 – PROPOSED CLOSURE OF THREE OLDER PEOPLE'S RESIDENTIAL CARE HOMES AND LEARNING DISABILITIES RESIDENTIAL AND RESPITE CARE HOMES

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

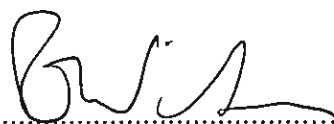
The proposal is considered to be inside the policy and budget framework but:

- The proposal does not adequately take into account the specific needs of the users of 100 Whitehall Street, many of who have severe learning disabilities, have built up personal relationships with staff and other users, and will find the change extremely difficult
- The proposals will result in reduced provision and choice for people with learning disabilities and their families, contrary to Council policies on widening choice and personalising care.
- The proposal fails to address the shortage of acceptable alternative respite care provision for people with severe learning disabilities, which was highlighted as a real problem by the user's families during the consultation, and which Haringey officers agreed was a problem during the consultation meeting.
- The proposal does not consider the substantial £550,000 capital investment made by the Council just 5 years ago on 100 Whitehall Street, and the cost effectiveness of continuing to use the building for services for people with learning disabilities.
- The proposal has been developed without consideration of or consultation with local residents who live in the vicinity of 100 Whitehall Street or local residents associations.

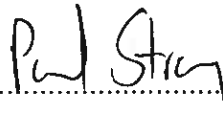
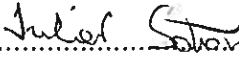

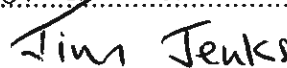

2. Variation of Action Proposed

- There should be an immediate suspension of the process of closing 100 Whitehall Street
- The Council should develop a management plan for reducing costs at 100 Whitehall Road to deliver the £237,234 savings set out in the budget plans, without closing this well-loved facility
- The Council should use expertise from the voluntary, independent or private sector to look at ways of reducing costs at 100 Whitehall Road.
- If necessary, the Council should consider transferring ownership or management of the centre over to a voluntary, independent or private sector provider, if this secures the continuation of a quality service at 100 Whitehall Street.

Signed:

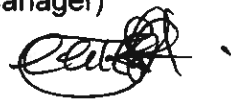
Councillor:  (Please print name): RICHARD WILSON

Countersigned:

- 1. Councillor:  (Please print name): PAUL STRANG.
- 2. Councillor:  (Please print name): JULIET SOLOMON
- 3. Councillor: MONICA WHITE (Please print name): 
- 4. Councillor:  (Please print name): 

Date Submitted: 29 July 2011

Date Received: 29 July 2011 @ 8.15hrs
(to be completed by the Non Cabinet Committees Manager)



Notes:

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

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

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CAB20 PROPOSED CLOSURE OF THREE OLDER PEOPLE'S RESIDENTIAL CARE HOMES AND LEARNING DISABILITIES RESIDENTIAL AND RESPITE CARE HOMES

CAB20

PROPOSED CLOSURE OF THREE OLDER PEOPLE'S RESIDENTIAL CARE HOMES AND LEARNING DISABILITIES RESIDENTIAL AND RESPITE CARE HOMES (Report of the Director of Adult and Housing Services - Agenda Item 9)

We noted that the purpose of the report was to inform us of the outcome of a process of consultation in relation to the future of four separate service areas, all of which are directly provided by the Council, and to give us sufficient information to enable an informed decision to be made about all four services.

We also noted that the Red House, Broadwater Lodge and Cranwood were residential care homes for older people, while Whitehall Street provided residential and respite care services for people with learning difficulties. The decisions now being recommended were being taken in the context of decisions in principle to close these services, subject to full consultation with service users and all other interested parties, taken at our meeting on 21 December 2010 and in the wider context of the Haringey Efficiency Savings Programme.

In response to a question about whether the local market for people with multiple disabilities had been assessed officers confirmed that homes with capacity had been mapped out and that they would provide Councillor Weber with further details outside the meeting.

RESOLVED:

1. That approval be granted to the closure of Broadwater Lodge, Cranwood, The Redhouse Council-run residential care homes for older people producing a gross savings of £2.805 million and a net savings of £1.813 million per annum from 2013/14.
2. That approval be granted to the closure of Whitehall Street, a Council-run residential and respite care home for people with learning disabilities producing a gross savings of £918,000 net savings of £237,000 per annum from 20/12/13.
3. That the proposed dates of closure should be no later than 31 March 2012, for Whitehall Street, and no later than 31 March 2013 for the three older people's residential care homes.
4. That it be noted that Whitehall Street was a residential care home for people with learning disabilities, offering permanent places for 10 people, and a respite service utilising 5 beds.

CAB20 PROPOSED CLOSURE OF THREE OLDER PEOPLE'S RESIDENTIAL CARE HOMES AND LEARNING DISABILITIES RESIDENTIAL AND RESPITE CARE HOMES

5. That it be noted that Cranwood, The Redhouse and Broadwater Lodge were all residential care homes for older people, offering services for very frail older people with and dementia care.
6. That it be noted that all the residential care homes were registered with the Care Quality Commission (CQC), and were seen by them as being compliant with regulations made under Section 20 of the Health and Social Care Act 2008 and that all the services provided were assessed as 'Good' by CQC in the previous inspection regime.
7. That the in principle decision to close these four services taken at our meeting on 21 December 2010 (vide Minute CAB.91 – 2010/11) to close these four services, having taken into account the outcome of the consultation process (Appendix 1), including the outcome of the consultation with trade unions and staff (Appendix 6) and the attached Equalities Impact Assessment (Appendix 2) be confirmed.



Agenda item:

[No.]**Cabinet****On 19th July 2011**

Report Title: **Proposed closure of three Older People's Residential Care Homes and one Learning Disabilities Residential and Respite Home**

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

Signed:

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

Email: Lisa.redfern@haringey.gov.uk

Telephone: **020 84892326**

Wards(s) affected: **All**

Report for: **Key**

1. Purpose of the report

1.1 The purpose of this report is to inform Cabinet of the outcome of a process of consultation in relation to the future of four separate service areas, all of which are directly provided by the Council. It is also to give Cabinet sufficient information to enable it to make an informed decision about all four services; The Red House, Broadwater Lodge, Cranwood and Whitehall Street. The first three services are residential care homes for older people, the latter provides residential and respite care services for people with learning difficulties. These decisions are being taken in the context of decisions in principle to close these services, subject to full consultation with service users and all other interested parties, taken on 21st December 2010 at Cabinet and the wider context of the Haringey Efficiency Savings Programme.

The proposals to be considered by the Cabinet are as follows:

- a) To close three residential care homes for older people, The Red House, Broadwater Lodge and Cranwood

- b) To close a residential/respite care home for people with learning disabilities, Whitehall Street

2. Introduction by Cabinet Member

- 2.1 Adult Social Care has been judged as **Performing Well** over the last three years by the Care Quality Commission (CQC). Nationally we have performed in the top quartile over the last year in terms of the residential and non-residential care that we commission locally. This means that the services that we commission are rated as good or excellent in terms of their quality. This is very good news for Haringey's vulnerable residents.
- 2.2 However, going forward, we face a challenging budgetary framework in which to operate and a number of Adult Social Care service reductions to consider. In order to ensure that we continue to offer the highest quality of service we can to support some of Haringey's most vulnerable people we need to consider and agree our priorities; our statutory 'must do's', we need to look at what we currently provide and the way in which we provide our services. We should be satisfied that we deliver good quality services but in the most efficient and value for money way. We are committed to protecting frontline services as far as possible in the face of the budgetary challenge.
- 2.3 In order to meet the required budgetary savings Adult Services is required to deliver a reduction in expenditure over the next three years. We have been asked to put forward savings proposals. In essence these proposals are about the Council providing much less in-house services and instead commissioning high quality, value for money services from the private and voluntary sector. It is also about services being offered in a different way, as described above.
- 2.4 There is no doubt these services are valued by those who use them, many of whom I have met and listened to very closely during the recent consultation meetings; the attached consultation report reflects this. However, it is because of the current budgetary challenge that I am asking Members to consider the very difficult decision of the closure of these three older people's residential care homes and Whitehall Street, our in-house residential and respite care home for people with a learning disability.
- 2.5 Please note, if this proposal is agreed, all residents and people who access respite care will receive a full assessment and review of their care plan, and an alternative, high quality residential placement found which fully meets both theirs and the needs of their carer, in terms of both quality and appropriate geographical location. This will be handled in a most careful, humane and sensitive manner with plenty of time to consider an appropriate placement minimising distress and disruption to a person's care. Residents of the care homes who will be affected by these closures will have every support, along with their families, in identifying another suitable care home to move to.

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

3.1. Adult and Community Services Council Plan Priorities are:

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

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

4. Recommendations

- 4.1 It is recommended that Cabinet agree the closure of Broadwater Lodge, Cranwood, The Redhouse Council-run residential care homes for older people producing a gross savings of £2.805 million and a net savings of £1.813 million per annum from 2013/14.
- 4.2 It is recommended that Cabinet agree the closure of Whitehall Street, a Council-run residential and respite care home for people with learning disabilities producing a gross savings of £918k net savings of £237k per annum from 20/12/13.
- 4.3 The proposed dates of closure, if agreed at Cabinet, will be no later than 31 March 2012, for Whitehall Street, and no later than 31st March 2013 for the three older people's residential care homes.
- 4.4 Whitehall Street is a residential care home for people with learning disabilities, offering permanent places for 10 people, and a respite service utilising 5 beds.
- 4.5 Cranwood, The Redhouse and Broadwater Lodge are all residential care homes for older people, offering services for very frail older people with and dementia care.
- 4.6 All the residential care homes are registered with the Care Quality Commission (CQC), and is seen by them as being compliant with regulations made under s20 Health and Social Care Act 2008. All the services provided were assessed as 'Good' by CQC in the previous inspection regime.
- 4.7 It is recommended that Cabinet Members confirm their decision in principle, taken on 21st December 2010, to close these four services, having taken into account the outcome of the consultation process (appendix 1), including the outcome of the consultation with trade unions and staff (appendix 6) and the attached Equalities Impact Assessment (appendix 2).

5. Reason for recommendation(s)

- 5.1 Cabinet is asked to note the Council has no statutory obligation under the National Assistance Act 1948 to directly provide residential care services. This includes the services directly provided at Cranwood, The Red House, Broadwater Lodge and Whitehall Street.
- 5.2 Cabinet is asked to note there are many similar residential care home services in the independent sector.
- 5.3 Were Members to make a decision to close the three older people's residential care homes, the process of closure would not be expected to be complete until the end of March 2013 and during that time it would be possible to move affected residents in a gradual manner which reflected all good practice in such circumstances. The process of closure for the learning disabilities residential and respite care services would not be expected to be complete until 31 March 2012. Contact has been made with researchers in the University of Birmingham to ensure any potential movements of remaining residents complied with best current practice.
- 5.4 Cabinet Members are asked to note there is no change to the Council's eligibility criteria. In 2003, Adult Services set its eligibility threshold under the then Fair Access to Care Criteria at Critical and Substantial. Fair Access to Care Services has been replaced with [Guidance on Eligibility Criteria for Adult Social Care \(2010\)](#) from the Department of Health, with the guidance retaining the four eligibility bands set out in Fair Access to Care Services – that is, Critical, Substantial, Moderate and Low. Haringey Adult and Community Services will continue to provide services to individuals who are assessed as having needs that are substantial or critical need and there are no plans to change this threshold.
- 5.5 Cabinet are asked to consider and note Adult Services plans to mitigate the loss of these residential services, should members agree that the proposal should proceed. Cabinet will also be aware of the need for Adult Services to plan carefully to ensure appropriate support of people with learning disabilities and older people, in view of public sector funding cuts impacting on health and other Council programmes including Supporting People.
- 5.6 The proposal to close these residential care homes is in line with a general shift within the Council to become a commissioning organisation, with the Council providing much less in-house services and instead commissioning services from the private and voluntary sector. It is also about services being offered in a different way, It is accepted and acknowledged just how difficult it is to consider these proposals.

6. Other options considered

- 6.1. There is no obligation for the Council to directly run care homes. In terms of the care home market for older people, there are nine residential care home services in the independent sector in the borough offering a total of 231 beds. There are also a significant number of residential care homes close to the borough boundary. The Council currently commissions approximately 75% of all older people's residential care in the private sector, both within the borough and out of borough (for example where an older person prefers to live in another area to be closer to family). In Learning Disabilities services, there are 28 care homes with 139 beds in the borough as well as the Council's Linden House with 6 beds. The Council currently commissions over 90% of learning disabilities placements from the independent sector. Appendix 3 lists the voluntary and private sector care homes in Haringey for older people and people with learning disabilities, that the Council could commission alternate residential provision from.
- 6.2. The Council considers there is therefore appropriate alternative capacity and a good range of providers and support already available to suit the specific needs of the residents.
- 6.3. In addition there is currently a review of respite provision for people with a learning disability underway with the aim of providing more person-centred respite in Haringey. There are a number of existing providers of care who have the capacity to provide this service, based on individual assessed need and the wishes of service users. All service users who are currently provided with a bed based respite service are encouraged to go on personal budgets and buy in alternative services. Each service user who has been assessed as needing bed based respite due to complex needs will have an individual needs based package of respite. These bed based respite options are currently being developed with independent and voluntary sector providers to support the implementation of personalisation. In addition the "shared lives" scheme in Haringey where people spend time in family settings is being extended. This adult placement scheme in Haringey has recently last year drawn national acclaim. A range of respite / short break options are also envisaged which individuals can purchase with their personal budget. These include sitting service/ sleep in service/ accompanying service users to activities/outings/ holidays.
- 6.4. Discussions were undertaken, as part of the consultation process, with a local group of interested individuals in relation to a possible redevelopment of the Cranwood site as a residential care home for both older people and people with learning disabilities. A feasibility study was submitted by the group. Serious consideration was given to both the content and recommendations of the report; however, it was not possible to take forward the proposals on both care and economic grounds. A detailed response was sent to the group on 31st May 2011, and further information can be found in the Equalities Impact Assessment (Appendix 2, Section 4).

7. Summary

- 7.1. As part of a range of proposals to achieve a balanced budget, Cabinet made a decision in principle on 21st December 2010 close these three residential care homes for older people and one residential/respite care home for people with learning disabilities. The decision in principle to close these services was to be reviewed, following a 90 day period of consultation which ended on 30th April 2011.
- 7.2. **The Red House – Proposed closure date 31st March 2013 (latest)**
 This is a residential care home service with the capacity to provide a physical, social and emotional care and support service to 35 older people. There are currently 23 permanent residents, with the balance of the beds being occupied by respite/temporary residents. It is registered by the Care Quality Commission (CQC) and is seen by them as being compliant with the Section 20 of the Health and Social Care Act 2008 (Essential Standards of Quality and Safety). The home is situated in West Green Road, N15. The service provided was assessed as being “Good” by CQC in the previous inspection regime.
- 7.3. **Broadwater Lodge - Proposed closure date 31st March 2013 (latest)**
 This is a residential care home service with the capacity to provide a physical, social and emotional care and support service to 45 older people. There are currently 36 permanent residents, with the balance of the beds being occupied by respite/temporary residents. It is registered by the Care Quality Commission (CQC) and is seen by them as being compliant with the Section 20 regulations of the Health and Social Care Act 2008 (Essential Standards of Quality and Safety). The home is situated in Tottenham N17. The service provided was assessed as being “Good” by CQC in the previous inspection regime.
- 7.4. **Cranwood - Proposed closure date 31st March 2013 (latest)**
 This is a residential care home service with the capacity to provide a physical, social and emotional care and support service to 33 older people. There are currently 23 permanent residents, with the balance of the beds being occupied by respite/temporary residents. It is registered by the Care Quality Commission (CQC) and is seen by them as being compliant with the Section 20 regulations of the Health and Social Care Act 2008 (Essential Standards of Quality and Safety). The home is situated in Muswell Hill N10. The service provided was assessed as being “Good” by CQC in the previous inspection regime.
- 7.5. **Whitehall Street - Proposed closure date 31st March 2012 (latest)**
 This is a residential care home service providing a physical, social and emotional care and support service to 15 people with a learning disability (with 11 beds available for permanent long-term placements and 4 beds for respite for people with a learning disability). There are currently 10 permanent residents, with the balance of the beds being occupied by respite/temporary residents. The home is registered by the Care Quality Commission (CQC) and is seen by them as being compliant with the Section 20 regulations of the Health and Social Care Act 2008 (Essential Standards of Quality and Safety). The home is situated in Tottenham N17. The service provided was assessed as being “Good” by CQC in the previous

inspection regime.

- 7.6. In Whitehall Street, there has been 20% turnover of residents for the comparable period of January 2010 to December 2010. In addition there have already been planned moves to a more independent setting for 5 of the 10 permanent residents including moving back to live with parents or moving to adult placements and 24-hour supported living schemes. Given the plans already in place and the turnover rate, it is estimated that there would be 5 remaining people who would require plans to move to be put in place where such planning has not already begun. Of those 5 residents, 4 have already expressed a wish to stay together and plans could potentially be put in place to support them to move into their own home with 24 hours community-based support, were Members to make a decision to close the Whitehall Street service. The remaining resident (who is funded by NHS Haringey), can transfer to a more suitable placement which is consistent with their health needs, in consultation with the NHS and their family.
- 7.7. Due to the recent government spending review, Adult and Community Services have had to made significant savings in the budget for 2011/12 and beyond, as has the whole of the Council. Adult social care services are provided to frail and vulnerable people of Haringey and budget savings have been identified with the need to continue to prioritise services to the most vulnerable in the Borough. Applying the Council's eligibility criteria for social services support, services are provided to those people whose social care needs have been assessed as "substantial" or "critical", but there is no legal obligation to provide services in a specific way or maintain any particular type of service. It has been necessary, therefore, to evaluate the services currently being provided to identify those that will be able to continue to satisfy these high levels of need in the most cost-efficient and appropriate way.
- 7.8. Residential care homes managed by the Council are provided alongside a well developed independent sector care home market. Haringey Adult Services has strong commissioning practice and we only buy residential care beds that offer the highest quality of care; in early 2011, the Care Quality Commission judged Haringey's commissioning practice, in terms of the quality of residential care for adults, to be the best in London and we have performed in the top national quartile nationally for the quality of residential care that we commission for the last two years.
- 7.9. There is no planned 'shift' from this robust approach to the quality of care that Haringey commissions; Haringey is moving from a model of directly provided adult care services to one where such services are commissioned from a wide range of providers in the independent sector. This proposal is consistent with that strategic approach and the wider requirements of "[Putting People First](#)" and "[Think Local, Act Personal](#)". In addition and in line with the national direction of travel, Adult Services has looked to reduce reliance on residential care, with more people supported to live at home with support where needed, to remain as independent as possible. Our performance in this area has been acknowledged by the Care Quality Commission as excellent over the past three performance years. This is

demonstrated in the table below:

7.10.1 – Admissions to residential care (all adults)

Performance Year	Outturn*
2007/08	157
2008/09	148
2009/10	127
2010/11	126

7.10.2 – Helped to live at home (all adults)

Performance Year	Outturn
2007/08	2355
2008/09	3141
2009/10	3944
2010/11	Information available end July 2011

- 7.10. Haringey Adult Services have a strong and proven track record of good, well-embedded commissioning and contracting practice, on a solid foundation of strong management of the social care market; current practice is to avoid large block contracts and large numbers of people being placed with any one provider. This mitigates against the potential collapse of particular providers and maximises the choice for clients and their families, within a system of benchmark pricing in the residential care home market. This approach would continue were a decision to be made to close the homes concerned.
- 7.11. Access to all four residential care services is via an assessment of need by a care manager, in addition to a financial assessment. When a person has been assessed as having a need, a care plan is drawn up with the service user and a decision made as to how that need can be met. Following a re-assessment of need, each service user will have a new care plan identifying suitable alternative residential care, or supported living for people with a learning disability as appropriate to their needs, taking into account the wishes of the individual residents and their families. A system of periodic reviews of residents' needs and the suitability of the care plan is in place and would continue for affected residents. As a consequence, their circumstances will be closely monitored by care managers into the future, irrespective of where they were living.
- 7.12. To mitigate the impact of the closures, as above, we will do all that we can to help and support users, relatives and carers to find suitable alternatives should the decision be taken to close the homes. People will not therefore be on their own. People's choices would be taken into consideration and of course we would look to maintain friendship groups. Transitional arrangements would therefore include, where possible, moving groups of residents together to a new home (where appropriate to do so), so that social networks could be maintained and continued.

- 7.13. For those already in the service as permanent residents, officers are confident that the proposed long lead-in period to closure of the three older people's care homes (The Redhouse, Broadwater Lodge and Cranwood) by 31st March 2013 will enable sensitive, careful and holistic assessments and reviews of need to be undertaken and sufficient time will be taken to plan an alternative care home placement with the resident and her/his carer(s) both in terms of appropriateness of the new home and its location; any remaining residents who need to move will therefore be assisted to do so in a manner consistent with best practice and the need to minimise the transition shock for the residents concerned.
- 7.14. For the residents of the learning disability home at Whitehall Street, there is appropriate alternative capacity and a good range of providers and support already available to suit the specific needs of the residents. There are a number of existing providers of care who have the capacity to provide this service, based on individual assessed need and the wishes of service users.
- 7.15. At present there are a reduced number of people living permanently in the older people's residential care homes, with the available capacity being made available for step-down from hospital as well as respite. The total number of available beds is 113, whilst the current number of permanent residents is 82. By using the bed capacity more flexibly for step-down and respite, this has meant there will be a smaller number of people permanently placed that will need to be moved in these care homes.
- 7.16. In respect of the 10 permanent residents with learning disabilities who are living at Whitehall Street, it is worth noting that four of these individuals have long established support plans that include them moving back into the community with appropriate personal budgets and support services. This planning pre-dated Cabinet's original decision in December 2010 to go out to consultation on the proposed closures, and work with the individuals and their families is now well underway.
- 7.17. We do not anticipate difficulties in finding places for those who wish them elsewhere in the Borough and will support anyone who wishes to be relocated closer to a family member or friend with whom they are in regular contact.

8. Chief Financial Officer Comments

- 8.1. If a decision is made by Members to close the residential homes detailed above full year gross savings of £3.72 million and net savings of £2.05 million could be achieved. These savings have been calculated allowing for an estimated level of alternative re-provision.
- 8.2. The Medium Term Financial Plan as presented to Cabinet on 8th February included the proposed savings, of which gross savings of £918k (net savings £237k) for Whitehall Street was to be achieved in 2012/13 and the remaining gross savings of £2.805 million (net savings £1,814k) for older people's homes to be achieved in

2013/14. The net savings represent the overall savings after the costs of re-provision of services in the private sector are taken into account (refer 'Service Financial Comments')

9. Head of Legal Services Comments

- 9.1. The Cabinet in exercising these powers needs to take into account the views and opinions of users, providers and other stakeholders and to have carried out extensive consultation on these proposals.
- 9.2. The decisions by the Cabinet concerning the recommendations set out in the report must be informed by and take into account the outcome of the consultation with service users, providers and other stakeholders, which is set out in Appendix 1 to this report.
- 9.3. In reaching their decisions the Cabinet must also have due regard to the authority's public sector equality duty and thus should take into account the attached full equality impact assessment included at Appendix 2 to the report. The extent of the public sector equality duty on the Council, enforced by the Equality Act 2010, is set out in Appendix 3 to this report. As the attached equality impact assessment highlights the effect of proposals on a number of specific groups within the community, defined as those with protected characteristics under the Equality Act 2010 (by reason of their ethnicity, sex, age, or disability), particular consideration must be given to those effects and to the proposals made to reduce or mitigate them.
- 9.4. A decision to close the three residential care homes and a respite care home for people with learning disabilities will have specific consequences for the staff who are employed by the Council within those facilities. The Council's Corporate Committee retains authority under the terms of the Council's Constitution for decisions regarding changes to employee establishment of this size and nature. However in view of the implications of the recommendations contained in this report, the Cabinet should, before making any decision concerning the closure of these facilities, give due consideration to the completed consultation with staff and trades unions (at Appendix 6) while taking into account the outcome of the consultation with service users and other stakeholders.
- 9.5. The Council has a duty to provide residential accommodation, whether long-term, short-term or for respite stays, under s21 of the National Assistance Act 1948 and also by exercise of other statutory powers where necessary. However, there is no legal obligation to meet these duties in a specific way. The commissioning arrangements currently in place meet the needs of the service users affected and any new arrangements should continue to meet these needs in order that the Council can discharge its duties without the need for these homes. Specific arrangements will need to be made in respect of each individual which should be achievable in the proposed timeframe.

10. Head of Procurement Comments

10.1. N/A

11. Equalities & Community Cohesion Comments

11.1. An Equalities Impact Assessment has been completed in respect of the proposed closures of three Council run residential homes for older people; and a Council run residential/respite care home for people with Learning Disabilities.

11.2. The proposed closures of these services, if agree, are 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:

11.3.1 Older People's residential care homes

- Across the three Council-run care homes for older people, there are
- All service users have a form of disability, as defined by the Equalities Act 2010.
- The proportion of older people who are Black or Black British living in Council run residential homes is 28.6% as against the overall profile of older people in all residential care (both internal and external services) of 15.5%. This is especially the case at Broadwater Lodge, where the proportion of Black or Black British residents living in the care home is 46.3%.
- The proportion of White Irish living in Council run residential is 12.2%, where a higher proportion of this Race group are identified as living at Cranwood (21.7%).
- No other particular disproportionate impact has been identified for any of the other equalities strands.

11.3.2 Learning Disabilities residential/respite care homes

- In Learning Disabilities, there are 10 permanent residents in Whitehall, and approximately 36 regular users of the respite service which consists of 4 beds
- All service users have a form of disability, as defined by the Equalities Act 2010.
- The Equalities Impact Assessment shows an over representation of adults aged 45-54 (28.3%) who use respite as against the expected population of people with learning disabilities in Haringey (15.5%), with 63% of these users usually living with their parents who are elderly.
- For people who live permanently at Whitehall, eight out of ten residents are aged between 30-49 years of age, meaning there is an over representation of this age range at 80%, although no disproportionate impact is anticipated.
- There is an over representation of females with learning disabilities using the respite service (53%) as against the number of females with learning disabilities in permanent residential care (34.3%), and against the overall projected number of females with a learning disability in Haringey. For those living at Whitehall Street permanently, there is also an over representation of females

(70% of 10 users) when compared to the profile of people with Learning Disabilities in residential care (as above – 34.3%), although no disproportionate impact is anticipated.

- There is a significant overrepresentation of people with learning disabilities from a Black or Black British ethnic background using the respite service (50%) when compared to the proportion of people in learning disabilities permanent residential care (26.5%).
- No other particular disproportionate impact has been identified for any of the other equalities strands.

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

Issue	Mitigating Actions
Black and Black British older people accessing appropriate residential care and respite services	<ul style="list-style-type: none"> • Ensure care management staff plan with service users, families/carers and providers that the specific cultural needs of user can be met when making placements.
Risks of higher need for other forms of support and care services in future	<ul style="list-style-type: none"> • Identifying non-traditional respite options and improving take-up of personal budgets • Commissioning more services in the independent sector • Developing a diverse market in services
Risk of insufficient capacity in care home market to meet demand	<ul style="list-style-type: none"> • Commissioning and Market development work with existing and potential new providers in ensuring the right level of capacity (of the right quality) • Ensure capacity for specific disabilities requirements – dementia care, and learning disabilities
Improve equality monitoring in relation to transformed services	<ul style="list-style-type: none"> • Ensure that all services users in transformed services are fully equality monitored against the Equality Act 2010 categories

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.

11.6. The key findings from the staffing EqIA for Cranwood are as follows:

- This assessment considers the impact on staff of the proposal to cease the delivery of services at Cranwood Residential Home for Older People in relation

to the protected equalities groups of ethnicity, gender, age, disability and maternity. It does not consider issues relating to sexual orientation, gender reassignment, pregnancy and religion or belief, as the relevant data is not available for these groups.

- Staffing profile data used in this EqIA for comparison purposes is from December 2010.
- If the unit is closed these proposals will displace 42 members of staff. Analysis of the characteristics shows the following.
- Ethnicity – 76% of the staff are of a BME background as compared with 54% across the Council and therefore the impact is disproportionate on this group of staff. This specifically applies to the Sc6-SO1 grade range.
- Gender – 93% of the staff are female as compared to 67% across the Council generally and therefore the impact is disproportionate on this group of staff when compared to the Council generally. This applies to all grade ranges employed at the unit.
- Age – Overall there is no significantly disproportionate impact on any particular age range
- Disability – Overall, there is no significantly disproportionate impact on staff with a disability in this staff group (9.8%) as compared to the Council profile (7%).
- The proposal to close this service by April 2013 is based on the need to make financial savings. The service has been taking all necessary steps to consult with staff in order to mitigate against compulsory redundancies by identifying volunteers for redundancy and planning the application of the councils redeployment procedure. If the decision to close is taken the voluntary redundancy and redeployment processes can commence in line with Council processes so that staff can be redeployed into vacancies that exist up until April 2013.

11.7. The key findings from the staffing EqIA for The Red House are as follows:

- This assessment considers the impact on staff of the proposal to cease the delivery of services at Red House Residential Home for Older People in relation to the protected equalities groups of ethnicity, gender, age, disability and maternity. It does not consider issues relating to sexual orientation, gender reassignment, pregnancy and religion or belief, as the relevant data is not available for these groups.
- Staffing profile data used in this EqIA for comparison purposes is from December 2010.
- If the unit is closed these proposals will displace 44 members of staff. Analysis of the characteristics shows the following.
- Ethnicity – 81% of the staff are of a BME background as compared with 54% across the Council and therefore the impact is disproportionate on this group of staff. This applies to all grade ranges employed at the unit.
- Gender – 86% of the staff are female as compared to 67% across the Council generally and therefore the impact is disproportionate on this group of staff when compared to the Council generally. This applies to all grade ranges employed at the unit except for the Sc6-SO1 grade range.

- Age – Overall there is no significant disproportionate impact on any particular age range.
- Disability – Overall, there is not a higher level of staff with a disability in this staff group (2.6%) as compared to the Council profile (7%).
- The proposal to close this service by April 2013 is based on the need to make financial savings. The service has been taking all necessary steps to consult with staff in order to mitigate against compulsory redundancies by identifying volunteers for redundancy and planning the application of the councils redeployment procedure. If the decision to close is taken the voluntary redundancy and redeployment processes can commence in line with Council processes so that staff can be redeployed into vacancies that exist up until April 2013.

11.8. The key findings from the staffing EqIA for Broadwater Lodge are as follows:

- This assessment considers the impact on staff of the proposal to cease the delivery of services at Broadwater Lodge Residential Home for Older People in relation to the protected equalities groups of ethnicity, gender, age, disability and maternity. It does not consider issues relating to sexual orientation, gender reassignment, pregnancy and religion or belief, as the relevant data is not available for these groups.
- Staffing profile data used in this EqIA for comparison purposes is from December 2010.
- If the unit is closed these proposals will displace 44 members of staff. Analysis of the characteristics shows the following.
- Ethnicity – 98% of the staff are of a BME background as compared with 54% across the Council and therefore the impact is disproportionate on this group of staff. This applies to all grade ranges employed at the unit.
- Gender – 93% of the staff are female as compared to 67% across the Council generally and therefore the impact is disproportionate on this group of staff when compared to the Council generally. This applies to all grade ranges employed at the unit.
- Age – Overall there is a disproportionate impact on the 45-54 age range (59%) as compared with the Council generally (35%)
- Disability – Overall, there is not a higher level of staff with a disability in this staff group (0%) as compared to the Council profile (7%).
- The proposal to close this service by April 2013 is based on the need to make financial savings. The service has been taking all necessary steps to consult with staff in order to mitigate against compulsory redundancies by identifying volunteers for redundancy and planning the application of the councils redeployment procedure. If the decision to close is taken the voluntary redundancy and redeployment processes can commence in line with Council processes so that staff can be redeployed into vacancies that exist up until April 2013.

11.9. The key findings from the staffing EqIA for Whitehall Street are as follows:

- This assessment considers the impact on staff of the proposal to cease the delivery of services at Whitehall Street Residential Home for people with

Learning Disabilities in relation to the protected equalities groups of ethnicity, gender, age, disability and maternity. It does not consider issues relating to sexual orientation, gender reassignment, pregnancy and religion or belief, as the relevant data is not available for these groups.

- Staffing profile data used in this EqIA for comparison purposes is from December 2010.
- If the unit is closed these proposals will displace 32 members of staff. Analysis of the characteristics shows the following.
- Ethnicity – 82% of the staff are of a BME background as compared with 54% across the Council and therefore the impact is disproportionate on this group of staff. This applies to all grade ranges employed at the unit.
- Gender – 82% of the staff are female as compared to 67% across the Council generally and therefore the impact is disproportionate on this group of staff when compared to the Council generally. This applies to all grade ranges employed at the unit.
- Age – Overall there is no disproportionate impact on any particular age range.
- Disability – Overall, there is no significantly higher disproportionate impact on staff with a disability in this staff group (12%) as compared to the Council profile (7%).
- The proposal to close this service by April 2012 is based on the need to make financial savings. The service has been taking all necessary steps to consult with staff in order to mitigate against compulsory redundancies by identifying volunteers for redundancy and planning the application of the councils redeployment procedure. If the decision to close is taken the voluntary redundancy and redeployment processes can commence in line with Council processes so that staff can be redeployed into vacancies that exist up until April 2012.

12. Consultation

- 12.1. There has been a complex and wide-ranging process of consultation over the period between 31st January 2011 and 30th April 2011 in relation to the proposals to close the homes. It is clear how much the homes are valued by those who use them and their wider family networks. The consultation has raised concerns in relation to the level of disruption both to individual residents and their friendship networks. It has also raised concerns about the negative impact of transition shock on frail older people/people with learning disabilities who are required to move to another location. Please see Appendix 1 for the full details of our 90 consultation responses regarding these proposals. Meetings were held with users of services, relatives and carers as well as staff either immediately before and after Christmas 2010 and at the start of the New Year 2011 to alert them to the proposed budget cuts and that we would be consulting on the proposal. This was followed up, at various stages between January and April 2011, by letters and emails, notices in the local press, via the independent and voluntary sector, the local online community and NHS colleagues so that the message could be cascaded to as wide as possible an audience.

- 12.2 There have been several main channels for people to have their say in relation to the homes. Cabinet members and senior officers within Adult Services have met with service users, relatives, carers in each of the homes, at least monthly – a dozen meetings in all. A total of more than 60-70 users, relatives and carers attended one of these meetings in the first month of the consultation alone. Of the total of 200+ letters, emails, members enquiries received to date on the Adults consultation proposals, some 60 concerned the homes. In addition, interested parties have submitted petitions for the homes collectively and individually. . We received a 168 signature petition against the closure of the Whitehall Street Centre’ and a further 58 signatures to save Broadwater Lodge. The Liberal Democrat Group in Haringey, wrote to us in regards to the proposals regarding the drop-in’s, luncheon clubs and day services for older people (including submitting a 586 signature petition) and we received a further 99 signatures from a joint campaign to defend all adult social care services in the Borough.
- 12.3 There is also a routinely maintained consultation web page ([Adult Services Budget Savings Consultation Website](#)) which has had over 2,100 “viewings”.
- 12.4 Comments received have been considered and analysed. The full details of the consultation are contained in a separate more detailed consultation report (Appendix 1). However, a summary is set out below.
- 12.5 **Impact for users, relatives and carers**
Those who attended meetings or who wrote in have understandably expressed a range of emotions and strengths of feeling. Many people who participated in the consultation did so with personal stories and explained the impact of the cuts for them and/or their loved ones or the groups and individuals whose interests they represented. For those in residential care, this was “their home” and the staff “their family”.
- 12.6 **Impact for the future and the wider community**
Some respondents worried that these savings would have lasting consequences for the community and those groups and individuals they supported and cared for. Others pointed to a potential extra demand for statutory and non-statutory services across the Borough and as they saw it the wider social impact of the proposals. There were worries too about current and future capacity if services closed or amalgamated or that the quality could not or would not be replicated in the independent sector or that prices would rise.
- 12.7 **Comments on the proposal**
The general view was that residential and respite services provided vital, much-needed services and support. People overwhelmingly would prefer it if they remained as they were and ‘strongly opposed’ or ‘opposed’ the proposal. Several respondents, including leading charities, expressed their opposition to any cuts in funding that threatened services for vulnerable people within the community and felt that savings could and should be found elsewhere even if they largely accepted and understood that funding shortages lay behind the proposal. Some

people said that the proposed savings were a false economy and/or that it would cost more in the long run. Those in favour of the proposals said that the needs of all Haringey residents must be put ahead of the few and suggested a range of alternatives.

Many extended offers of help and/or suggested steps (please refer to Appendix 1) the Council should and could take to mitigate and/or monitor the impact were the cuts to go ahead. Some were pleased to see the personalisation programme moving forward and were keen to work with the Council in developing a diverse market in services. Others like the Unions were concerned that the personalisation agenda was being used to justify the proposal.

12.8 **Comments on the consultation**

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

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

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

12.9 **Frequently asked questions**

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

12.10 **Consultation on proposals for Residential and Respite Care**

Some had no objections in principle to outsourcing of residential home care services to the independent and voluntary sectors and recognised the Council’s policy to use only those providers rated ‘excellent’ or ‘good’ by the Care Quality

Commission. Others were concerned about standards in the private sector and what would replace residential and respite services if the homes closed. There was concern about the self-assessment procedures used by providers and that there should be robust monitoring arrangements in place. Loss of continuity and consistency of service and moving residents out of the borough would make visiting loved ones more difficult were also raised as concerns.

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

12.12 Looking to the Future

Asked what factor(s) councillors should take into account when making their final decision, two-thirds to three quarters thought continuity of care and quality of care the most important factors - significantly higher (80-90%) in case of day centres and residential care homes. A safe and secure environment, well-trained and friendly staff and home cooked nutritious food was important for 50-60%+ of residential home and bed-based respite respondents. In addition to a safe secure environment, help and support when they needed it and being able to maintain links with family and friends were the services/support that care home respondents wanted most (60-80%) going forward. The respite options people most wanted into the future were short breaks and bed-based respite (around 60% apiece); close to half wanted holidays, support day activities and week-ends away. Just over 30% wanted a sleep-in service.

13. Service Financial Comments

13.1. A decision to close the services detailed above will allow savings to be achieved of £2.05 million, full year effect after allowing for an appropriate level of re-provision.

13.2. The savings that will be achieved should the closure(s) of the Council's care homes for Older People be agreed by Cabinet are net of projected costs of re-provision in the private and voluntary sector. This is shown in the table below.

	Current		Reprovision		Net
	Budget	Beds	Budget	Beds	Saving
Red House	982,500	34	268,016	13	714,484
Broadwater Lodge	939,400	45	373,024	17	566,376
Cranwood	883,200	33	349,890	17	533,310
Total	2,805,100		990,930		1,814,170

13.3. The savings that will be achieved should the closure of the Council's care home for Learning Disabilities be agreed by Cabinet are net of projected costs of re-provision in the private and voluntary sector. This is shown in the table below.

	Current		Reprovision		Net
	Budget	Beds	Budget	Beds	Saving
Whitehall Street	918,700	15	681,466	14	237,234
<p>14. Use of appendices /Tables and photographs</p> <p>14.1. Appendix 1 - Adult Social Care Consultation Update</p> <p>14.2. Appendix 2 – EqIAs:- closure of residential homes for older people and residential/ respite homes for people with learning disabilities.</p> <p>14.3. Appendix 3: The public sector single equality duty</p> <p>14.4. Appendix 4: List of care homes for older people and people with learning disabilities in the borough</p> <p>14.5. Appendix 5: Summary analysis of consultation questionnaire</p> <p>14.6. Appendix 6: Trade Union Comments and the Staff Consultation Report for Residential Homes</p>					
<p>15. Local Government (Access to Information) Act 1985</p> <p>15.1. January 2011, “Think Local, Act Personal”, Cabinet Office</p> <p>15.2. No reason for confidentiality or exemption</p>					

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

Report – May 2011

Sections

1. Background
2. Results
3. Supporting Documentation

Section 1 - Background

Introduction

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

Consultation Details

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

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

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

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

- Consultation surveys (printed and online versions were made available), where, participants could separately complete questionnaires for day care centres, drop-ins, residential care homes/bed based respite care or

the Alexandra Road Crisis Unit and, in doing so, respond to specific questions and/or add comments of their own.

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

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

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

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

16/02/2011	Muswell Hill Pensioners Action Group
9/03/2011	Cranwood Community Group
09/02/2011	Tom's Club
18/02/2011	Clarendon Centre
21/03/2011	Haringey Local Improvement Network (LINK)
21/03/2011	Older People's Drop-in Centres workshop
15/04/2011	Meet with Cllr Schmitz Options for Willoughby Rd
14/06/2011	Hill Homes 'Extra care' scheme
20/06/2011	Meeting with Cllr Winskill and a Carer

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

Responses to the Consultation

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

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

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

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

Number of meetings: users, relatives, carers	56
Number of other meetings attended or facilitated	10
Number of completed user questionnaires	
68 responses to the proposed closure of day care centres	
48 responses to the proposed closure of drop-in centres	
22 responses to the proposed closure of residential care homes and bed based respite services	191

53 responses to the proposed closure of the Alexandra Road Crisis Unit	
Number of supporting letters (service users, other organisation, MPs, Members Enquiries etc)	
56 responses to the proposed closure of day care centres, of which 6 related directly to the proposed Haynes/Grange merger	
23 responses to the proposed closure of drop-in centres	
60 responses to the proposed closure of residential care homes and bed based respite services	
21 responses to the proposed closure of the Alexandra Road Crisis Unit	
62 general and other enquiries, including about the Jackson's Lane Luncheon Club	222
Petitions (total number of signatories: 1416)	9

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

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

Accessibility Issues

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

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

Equalities

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

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

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

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

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

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

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

Comments on the consultation

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

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

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

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

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

Feedback

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

Section 2 - Results

Interpreting the Consultation Responses

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

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

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

Key findings

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

1. Views of users of services

Meetings with users of services and correspondence (pages 35-60) received:

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

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

The general view of those present at meetings and writing-in was that these organisations provided vital, much-needed services and support. They overwhelmingly would prefer it if they remained as they were and 'strongly opposed' or 'opposed' the proposal. People also said how highly they

valued and rated these services and for the most part had no complaints with them, making favourable comparisons with the help and support that they had previously received elsewhere and/or referred to their current services as 'beacons of excellence' and 'invaluable in a crisis'.

Many people who participated in the consultation did so with personal stories and explained the impact of the cuts for them and/or their loved ones or the groups and individuals whose interests they represented. We received 27 'impact statements' from users of the Haven about what the closure would mean for them personally. Many said how they would miss the social interaction, friendships they have struck with staff and other users of services or meals, outings and/or other activities on offer including foot care, dancing, bingo etc. Many said how it was the only time they socialised or had contact with people outside of the home and that they looked forward to coming to centres, drop-ins etc. For those in residential care, this was "their home" and the staff "their family".

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

Alternatives proposals/sources of funding

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

Some people said that the proposed savings were a false economy and/or that it would cost more in the long run to provide them with support at home or in another setting, lead to over-crowding (684 Centre), a lack of capacity (dementia services) and/or even longer waiting lists (Alexandra Road/respite

services). Others said that it was difficult to put a value on the emotional comfort and support that they received or did not believe that 'relatively small sums' could not be found to keep their service or these services generally open.

Included in the responses were suggestions that the Council use its reserves, money from the Icelandic banks, cut management posts, executive pay, communications/IT costs and waste and generally look elsewhere before cutting these 'vital', front-line services. Some queried the decision not to cut any of the Borough's libraries and/or to expand these services. There were worries that for some, including those that were less mobile, 'use of a library' was not an effective option. Others suggested the council tender services out, they be run through a charity or trust or trained volunteers supervised by qualified staff, people pay-per-use. Others suggested that alternative sources of funding be found: charities, lottery, local retailers etc. Some were prepared to pay more council tax. Others suggested that service users might attend different venues on different days or share venues and providers; that operating hours be reduced or saw the logic in amalgamating centres and homes (provided at least one of each type remained in existence) or that neighbouring authorities work together on finding a solution. Others said that what was wanted was more training to get back to work or voluntary work.

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

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

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

One respondent confirmed that supported housing schemes organised events and that they were fairly under-used.

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

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

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

Effects of the cuts – Service-Specific comments:

Residential and Respite Care

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

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

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

Drop-ins and Day Care centres:

It was said that these preventative services provided a 'life line' for those who used them and that many people would be isolated or lose the only

significant social contact they had without them. People also considered that without the monitoring of vital signs and regular contact of staff in these centres, the physical and mental health of older service users and those with mental health issues, could worsen as service users could come to harm through neglecting to eat properly or take their medication leading to more demands on social care and health services.

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

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

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

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

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

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

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

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

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

Alexandra Road Crisis Unit:

ARCU was seen as an extremely important part of the mental health service in Haringey providing a positive pathway to avoiding hospital admissions, pressure on GPs etc. Closing ARCU would, it was argued, be short-sighted and high in both financial and human terms. A short stay at ARCU can, it was argued, prevent some people from needing to go onto more serious units for more serious conditions, make a real difference and save lives and was preferable to locked wards and a hospital setting which were not viewed as viable or preferred alternatives and about which there was genuine anxiety. People it was said, did not want a medical model but a person-centred approach like ARCU.

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

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

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

Other comments:

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

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

Comments on the Way Ahead – the Future

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

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

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

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

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

User Survey Questionnaires:

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

A total of **191** responses were received about proposed changes to services. There were four different questionnaires, reflecting the proposals concerned being (i) Older People's Residential Care Homes and bed based respite services for people with Learning Disabilities; (ii) the Alexandra Road Crisis Unit; (iii) Drop-in centres and (iv) Day Care centres. A detailed breakdown of results of each of these has been compiled and the applicable breakdown is attached as an appendix to the main report under consideration by

Members. **Pages 20-24** includes some of the analysis that has been drawn out.

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

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

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

Leading charities such as Age UK voiced their opposition to some or all of the proposals but at the same time extended offers of help and/or suggested steps the Council should and could take to mitigate and/or monitor the impact were the cuts to go ahead. Some were pleased to see the personalisation programme moving forward and were keen to work with the Council in developing a diverse market in services. Others like the Unions were concerned that the personalisation agenda was being used to justify some of the proposed closures and or questioned how we could be advocating more choice and control if we were at the same time proposing to reduce services. They were concerned too that personalisation was being used to generate a market in social care.

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

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

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

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

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

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

Supported by the member of parliament for Hornsey and Wood Green, the Haringey Liberal Democrat Group believes the day centres, drop-ins and luncheon clubs for older people in Haringey should not close and is suggesting that the money to run the centres can be found from savings in other parts of the council budget and that they are "inexpensive and represent excellent value for money". There were concerns too that there has been no comprehensive assessment of the effects these closures would have on the lives of those who used them nor the financial impact for the council or others of their closure.

Section 3 - Supporting Documentation

Notes on Interpreting the data

Qualitative research

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

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

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

Quantitative research

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

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

- **Other Caveats and assumptions**

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

1. It is important to bear in mind that responses may be based on differing levels of knowledge.
2. There were submissions from providers, voluntary organisations etc. This group of stakeholders is likely to be particularly engaged and have much expertise in the subject area, and as a result, many of the submissions comprised detailed, well-researched responses.
3. Many of the users, relatives and carers and providers who have

responded would be directly affected by the proposals and thus have a personal interest in the outcome.

4. Not all participants, for whatever reason, chose to answer all questions.

5. While every attempt has been made to classify each participant into the correct category for reporting purposes and capture equalities data, it is not always possible to be certain to which specific category respondents belong. There were for example a number of surveys that could not be attributed to a group or sector or problems interpreting hand-writing.

6. While the consultation was open to everyone, the respondents were self-selecting, and certain types or groups of people have inevitably been more disposed to contribute than others.

7. It is recognised that a number of forms will have been completed on behalf of users of services users by relatives, carers, advocates or, in some cases, service providers. However, there are a number of identical submissions in the same hand-writing; where this is obviously the case, these have been discounted.

Analysis of Questionnaire Responses

About the respondents:

- **Drop-ins** – 45% of those who completed Drop-in questionnaires indicated that they used the centres or were a relative/unpaid carer of someone who did. Of those who did, almost 50% used the Irish Centre, 20% of them used Woodside House, and 4% of respondents apiece attended either Willoughby Road or Abyssinia Court. Almost 38% of respondents said they were members of the public thereby possibly accounting for the ambivalence about the drop-ins retention.
- **Day centres** – 60% stated that they used one of the council-run day care centres. Just under a fifth of respondents were relatives or carers of someone who used the centres and just under 1 in 10 described themselves as members of the public and 6% were health or social care professionals or working in the independent sector. There was a high response rate from users of the Haven (40 people or some 59% of respondents) and not surprisingly given the nature of the centres, much lower percentages for the Haynes and the Grange.
- Over 50% of **Residential and respite care** respondents did not live in or use the homes affected by the proposal or access the respite service with relatives and unpaid/carers understandably accounting for majority of respondents. Of those who did, just under 20% came from Broadwater Lodge with a further 9% of users coming from each of the other 3 homes.
- 45% of **ARCU** respondents were living in accommodation they rented from the Council or a Housing Association, 11% from a private landlord, 9% lived in sheltered housing and 21% owned or part owned their own home. 9% of respondents were currently at ARCU and over half of respondents had previously used the Centre. Relatives and unpaid carers made up 6% and members of the public almost 20% of the respondents. Just under 10% were social care, mental health or other professionals.

Responses to specific questions:

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

	Day centres	Drop-ins	Homes	ARCU
Opposed, strongly opposed	82%	54%	75%	94%

Support, strongly support	10%	30%	20%	6%
Neither	8%	16%	5%	0

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

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

Sector	Yes	Not Sure	No
Homes	82%	0%	18%
Centre	78%	9%	13%
Respite for people with LD	73%	5%	18%
Drop-ins	67%	6%	23%
ARCU	57%	11%	30%
Respondents	133	15	40

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

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

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

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

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

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

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

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

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

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

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

	Day Centres	Drop-ins	Homes	ARCU
	1 (96%) Safe place to go	1 (81%) Safe place to go	1 (78%) Well- trained friendly staff	1 (74%) Accommodation
	2 (84%) Social Activities	2 Social Activities (79%)	2 (59%) Home cooked food	1 (74%) Social support
	3 (78%) Transport	3 Meals (64%)	3 (46%) Social	3 (62%) Meals

			activities	
	4 (75%) Meals	4 Transport (50%)	4 (36%) Outdoor space	4 (55%) Social activities
	5 (60%) Break for relative and carers	5 Refreshments (41%)	5 (32%) Space for own furniture and possessions	5 (53%) Creative activities
	6 (54%) Refreshments	6 Healthcare /foot care (35%)	5 (27%) Good-sized bathroom	6 (38%) Physical activities
	7 (49%) Art/craft activities	7 Break for relative and carers (35%)	6 (23%) Space to entertain in private	7 (36%) Housing benefit and debt advice
	8 (31%) Health/foot care			8 (30%) Education or training
				9 (21%) Help to stay in work
				10 (17%) Help back to work

Looking to the future, friendship (reminiscing), hot and cold lunches and trips out were the services/activities most drop-in respondents wanted in the future. Keeping fit, health care and refreshments were next. 4 in 10 wanted access to advice and information in the future with hairdressing and light snacks least highly rated.

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

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

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

For ARCU respondents, the key services they think must be provided in the future are a safe place to go (over 80%); helping those in a crisis to manage

their own mental health (79%); and information and advice (53%) followed by the support of other users/survivors (42%).

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

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

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

Homes	
1 (50%)	Residential care delivered by the Council
2 (27.3%)	Care delivered in a residential care setting
3 (13.6%)	Delivered to users in their own homes
3 (13.6%)	Delivered in sheltered housing
5 (9.1%)	Maintain own independence, stay in community, get access to 24-hr care
6 (4.5%)	Residential care delivered by the private sector
6 (4.5%)	Other

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

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

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

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

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

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

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
		Forum for Older People	Len Weir Head of Provider Service (Older People/Mental Health)
Willoughby Road	11 Apr 11	34 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Irish Centre	15 Feb 11	50 users, relatives and carers Vice Chair for Haringey Forum for Older People	Councillor George Meehan Len Weir Head of Provider Service (Older People/Mental Health)
The Irish Centre	15 Mar 11	8 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Councillor George Meehan Len Weir Head of Provider Service (Older People/Mental Health)
The Irish Centre	14 Apr 11	10 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Haynes/Grange	9 Feb 11	6 users, relatives and carers Chair of the Lewis & Mary Haynes Trust	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Councillor Joe Goldberg, Cabinet Member for Finance and Sustainability
The Haynes/Grange	15 Feb 11	No one attended	Len Weir Head of Provider Service (Older People/Mental Health) Len Weir Head of Provider Service (Older People/Mental Health)

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
The Haynes/Grange	15 Mar 11	10 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Len Weir Head of Provider Service (Older People/Mental Health)
The Haynes/Grange	15 Mar 11	5 users, relatives and carers Sue Hessel, Haringey Federation of Residents Association.	Mun Thong Phung, Director, Adult and Housing Services Len Weir Head of Provider Service (Older People/Mental Health)
The Haynes/Grange	19 Apr 11	10 users, relatives and carers Patrick Morreau, Lewis & Mary Haynes Trust Haynes Relatives Support Group	Councillor Jim Jenks Len Weir Head of Provider Service (Older People/Mental Health)
Woodside DC	9 Feb 11	19 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Len Weir Head of Provider Service (Older People/Mental Health)
Woodside DC	18 Feb 11	23 users, relatives and carers, some of whom mentioned that they had	Beverley Tarka, Head of Service, Learning Disabilities Partnership

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
		been coming there for 10-15 years. Maureen Carey, Vice Chair of Haringey Older People's Forum	
Woodside DC	11 Mar 11	23 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
Woodside DC	6 Apr 11	32 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
Woodside DC	8 Apr 11	20 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	9 Feb 11	16 users, relatives and carers	Councillor Dilek Dogus, Lead Member for Adults and Community Services. Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	14 Feb 11	13 users, relatives and carers, 1 advocate, 1 volunteer	Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	7 Mar 11	Haringey Carers Forum 15 users, relatives and carers	Councillor George Meehan Mun Thong Phung, Director, Adult and Housing Services

Location of monthly consultation meetings	Date	Numbers in Attendance Groups/individuals who identified themselves:	Those in attendance
The Haven	10 Mar 11	18 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	11 Apr 11	10 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
The Haven	15 Apr 11	13 users, relatives and carers	Councillor Gideon Bull, Chair of Overview & Scrutiny Councillor Anne Stennett Len Weir Head of Provider Service (Older People/Mental Health)
Woodside/Haven	16 Feb 11	10 - users, relatives and carers Vice Chair for Haringey Forum for Older People	Councillor Claire Kober, Leader of the Council Len Weir Head of Provider Service (Older People/Mental Health)
Woodside/Haven	23 Mar 11	5 users, relatives and carers	Len Weir Head of Provider Service (Older People/Mental Health)
Woodside/Haven	13 Apr 11	8 users, relatives and carers	Councillor Gideon Bull, Chair of overview & Scrutiny Councillor Anne Stennett Len Weir Head of Provider Service (Older People/Mental Health)
684	9 Feb 11	22 users, relatives and carers	Councillor Claire Kober, Leader of the Council Barbara Nicholls, Head of Commissioning, Adult Services

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

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

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

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

				their ward
	9 May 11	UNISON		Formal response to consultation – see main report
The Red House	31 Jan 11	Relative (out of Borough)		Concerned about impact on their loved one. Comfort knowing so well cared for. Request for notes/feedback etc as unable to travel to meetings.
Cranwood				
	7 Jan 11	Relative		Going to be abroad; wanting to be kept informed.
	9 Jan 11	Relative		Thanking staff for their dedication, explaining the impact and asking if there is anything they can do to halt the process
	11 Jan 11	Friends of the residents *		Wish to emphasise that loss of this service would be, (as they see it), a 'disaster' for residents and adversely viewed by the local community.
	16 Jan 11	2x Member of the public (N10)		Concerned at closure of a home with a good reputation. Calls for creative planning to ensure Cranwood survives. Wants council tax used for "humanitarian purposes".
	16 Jan 11	Member of the public (N10)		Apprehension and concern locally. "Sad and appalled" if elderly through no fault of their own end up bearing brunt of cuts.
	16 Jan 11	Frequent visitor (N10 – age 9)		Look forward to going there and think visits have made residents happier. Please do not shut it down.
	16 Jan 11	Frequent visitor (N10 – age 11)		How aged 11, visiting Cranwood has made a real difference to their life. How church they attend would help with lunch clubs.
	16 Jan 11	Frequent visitor (N10 – age 12)		How the home is very important to them and friends who visit; please do not close it.
	16 Jan 11	Frequent visitor (N10 – age)		Sad Cranwood might close. Loves the residents

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

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

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

				Gives user a regular experience of being away from carer and home for when carer no longer able to care for them and carer the only opportunity to visit family outside London.
	9 Feb 11	Relative (N17)		Relatives condition such that unable to care for self, live independent life and totally dependent on the care of others. "Prospect of move will probably have an enormous adverse effect on behaviour and quality of life". Leave Whitehall St and other care homes 'out of the equation'.
	16 Feb 11	Member of the public		Concerned about closure after spending money on its refurbishment
	28 Feb 11	Carer (N10)		Proposal causing stress and lead, (as they see it) to crisis at home with families/carers unable to cope. Respite not easy to find once it closes down; already people waiting. Take months/years to resolve. Please save Whitehall St.
	23 Mar 11	Relative		Ever-lasting appreciation for the service provided and how it has played such an important part in their and their loved one's lives for a good many years. Would be a great loss and implore councillors to think again.
	5 May 11	User of services (N8)		Saying what excellent help they receive from the centre and asking for this to be taken into consideration
Broadwater Lodge	10 Jan 11	Relative		So called "cutbacks" hitting the defenceless – "easy pickings". Users of services have 'paid into the system' over many years and are being badly let down. Concerned at what will happen to people in

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

			Carer	<p>centre closed. Plea to keep it open</p> <p>Grave concerns at closure. Outlining their experiences and appreciation for the support and what it would be like for their close relative if centre were to close in terms of their health and well-being (depression, loneliness, happiness, mental stimulation etc). Cuts ill-advised and short-sighted (as they see it) with impact for NHS etc. Debt owed to wartime generation. "All be old one day".</p>
	3 Mar 11		Relative (N22)	How haven has transformed loved ones life, worried on impact on both of them if no respite.
	25 Apr 11		Relative (email)	Relative concerned that without the day centre, and the lunch club their immediate relative attends, s/he will become housebound, and therefore their physical and mental well-being will suffer, leading to extra costs to NHS and Council "who would find itself picking up the pieces in other ways". Worries too about the choice of cuts and their use as "political footballs".
	15 Apr 11		Relative *	Vital to maintaining health and quality of life of older and disabled residents of the borough. Debt owed to older people by present generation.
	Undated		User of Services	Concern at closure and loss of opportunity to socialise and interact with people like themselves
	Undated		Relative	Personal life story and how life has been changed for the better by attending the centre: "the transformation has been miraculous" and the impact on users of services of taking the facility away (as they see it): deprived, neglected and

			<p>forgotten with nothing to look forward to. Dispute claim that provision could be replicated by a personal budget.</p>
Undated	Relative (out of Borough)	<p>“Different kind of care that family cannot give” “Staff go the extra mile”. Personal story of how trips and other activities the centre lays on have made a difference to their loved one’s general health and well-being. How relative would have struggled to cope with help and support of staff at the centre.</p>	
Undated	Young Adult Volunteer	<p>Vital for people to get out of their house, go shopping, keep their independence, interact and avoid loneliness.</p>	
Undated	User of Services (N17)	<p>Only place can go because in a wheelchair and find other transport too difficult. Only time close relative who is a carer gets a break. [same letter written to several councillors]</p>	
Undated	User of Services (N17)	<p>Helps to overcome isolation and loneliness. Without centre (and its transport) service users lives will deteriorate and older people will be stuck at home which will lead, (as they see it), to higher levels of dementia. Trips, other activities enable users to lead a normal life. Plea to find a way to keep the centre open.</p>	
Undated	User of Services (N22)	<p>Strongly protesting at proposed closure and how news has affected their health. Outline what impact (misery, despair etc) would be of closure of this ‘life-line’ for all concerned. Angry that most vulnerable, (as they see it) are being made to pay for the mistakes of others. Spare the Haven;</p>	

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

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

Alexandra Road			commissioning strategy.
Crisis Unit (ARCU)		Interested party	Proposal is a short term one and a 'soft option' that would be difficult to reverse as and when the financial situation improves.
	28 Apr 11	Haynes Relatives Support Group *	Formal response – see details main report
	22 May 11	Secretary, Lewis & Mary Haynes Trust *	Notification of deputation to Cabinet meeting in Jul 2011
Woodside DC	31 Jan 11	Relative (out of Borough)	How attending the centre has completely transformed their loved one's life. Appreciation for all the staff there do.
	1 Feb 11	2 x users of services (N10)	Essential if these two users of services are to lead independent lives as they would struggle to cope otherwise.
	20 Mar 11	Relative (N17)	How attending the centre and being with other people has contributed to their loved one's health and well-being on the day's s/he attends. How the relative would be unable to replicate the service offered.
	22 Mar 11	Carer (N15)	How, as sole carer, has seen condition of loved one with dementia get progressively worse and how the centre has given the user of services a 'new lease of life' and made a difference to his/her demeanour and afforded the carer "beneficial" respite. Concern that s/he will have no regular contact with others if the centre closes and the impact, (as they see it): depression, isolation and general deterioration in their condition. Centre provides an "invaluable and vital service".

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

			telephone support preventing out of hours contact with GPs and other health professionals. Preferable to locked wards. Replacement provision hospital assessment unit and recovery house(s)) won't, (it is argued), be cheaper (figure work provided) and are not in survey returns favoured by users. "People don't want a medical model but a person-centred approach like ARCU."
	12 Feb 11	SARCU*	Health-related queries for the PCT to address about Oak House and recovery houses, respite care and the telephone support service.
	1 Mar 11		99-signature Petition. Deprived borough; provision already stretched (Office of National Statistics). Disadvantaged people need as much choice and independence as others. Cuts reckless, unfair and disproportionate. With equalities at the heart of its policies, contradictory for council to be targeting, (as they see it), the most deprived. Not convinced that reliance on private and independent sector can fill gap. Urges councillors to not implement the cuts and 'defend the borough's vital public services' and pleads with council to reconsider its position.
	20 Mar 11	Save Alexandra Road Crisis Unit*	Request for council help with setting up ARCU as a social enterprise and information on costs and demand levels.
	20 Apr 11	Service User (N17)*	ARCU a valuable role to play in preventative provision, providing a short period of support away from home. Proposal should not be looked at in isolation and that strategy (mental health) and facts

			<p>not set out at the beginning making it difficult to consider the proposal properly. Fundamental that there is sufficient supply/quality/alternative provision and overlap between existing and any new provision. Greater certainty needed about Recovery House(s) and other alternatives before firm decisions on ARCU. Worries for self-referrals, those 'below the threshold' of recovery Houses and about respite for carers. Increased risk of spending elsewhere.</p> <p>Formal response to consultation – see details main report</p>
	29 Apr 11	SARCU	<p>Worried at this loss of positive pathway to avoiding hospital admissions.</p>
	2 May 11	Social Care Professional	
684 Centre	11 Feb 11	Mind in Haringey (at request and with permission of service users at the Centre)	<p>Of those users spoken to, nearly all (two wished it to close and one did not say), wished the centre kept open. Personal experiences and explanations of how the centre enabled people to overcome boredom, avoid hospital, lead normal lives and help with daily tasks: trips out, computing classes, use internet, washing, eating etc, go onto get work with the experience and qualifications gained there). Queries over whether it could be re-sited at St Ann's and what would happen to the building. Concerns from users about where they would go. How services it offers save users money: on lunches, on transport.</p>
	15 Feb 11	Service User (anon)	<p>ARCU should close as brings only short term</p>

			benefits and people use it 'as a hotel'. There is St Ann's Hospital for those who are unwell. Should be looking at closing the Clarendon Centre instead – benefits few, is expensive to run and does not empower service users. Retain 684, on whatever basis. 684 has given people skills to cope and is financially and otherwise successful.
	20 Apr 11	User of Other MH Services (N17)*	Acknowledges does not have detailed knowledge of provision there. Concerned threshold to access social care will be changing and personal budgets will be inadequate to meet future needs. Worries that remaining/alternative provision won't be adequate and people will fall through the 'gap'. Any closure needs to be accompanied by a proper, non-stigmatized assessment of needs.
Drop-ins			
Unnamed Drop-in	Undated	User of Services (N22)	Without drop-in would not get out, socialise or provide respite for close relative/carer.
	15 Jan11	User of services (N22)	Concerned and disappointed and urging councillors to reconsider
Abyssinia Court	28 Apr 11	Relative*	Questioning whether decision had already been made and how the cuts were to be implemented. Enquiring how they might participate in the process. Concerned about its potential impact ad a regular user of the service on their loved-one's health and

				well-being.
		7 Jan 11	Relative (N21)	Explaining what impact would be for their loved-one and hoping the Council would keep drop-in open
Abyssinia Court		27 Apr 11	50 Something Service	Relaxed comfortable atmosphere, accessible venue and with the necessary space and place where 50 something service users made to feel at home. Adds to their general well-being and fulfilment. Venues like this hard to come by.
		Undated	User of Services	Dramatic blow. Centre is close to home and met lots of people there.
Woodside House		6 Jan 11	User of Services	Submission of petition to save the centre
		13 Jan 11	Dance Club members	Devastated by the news. Club self-supporting and been running for many years at no cost to the council. Request for someone to explain the situation to them.
		16 Jan 11	Member of public	Pointing out stress and concern the proposal is causing users of services and asking the council to reconsider
		1 Feb 11	User of Services	Member of the Dance Club worried at loss of venue
		15 Feb 11	User of Services (on behalf of 28 or more other signatories)	Served as a hub for older people in the local community for many years now. Opportunity to socialise, meet friends and feel part of the community. Realise need to make cuts but for sake of their well-being and independence hoping proposed closure will be quashed.
		14 Mar 11	User of Services	Concern at impact for members of the dance group and their health and well-being if Woodside closed.
		1 Mar 11	Relative (out of Borough)	Relative devastated by news. How another local authority has joined forces with a not for profit

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

			Outlining (as they saw it) the impact of closing 684, ARCU: loneliness, loss of place of refuge etc. Anxiety at a reliance on St Ann's or for people with mental health issues future well being (self-harm, suicidal tendencies). Disagreement for how the cuts are proposed to be implemented.
		16 Mar 11	Difficult to hear and understand what is going on - "a waste of time"; people "only interested in what the plans are for Cranwood."
	User of Services (attending a meeting at Cranwood)	10 Feb 11	Notification of letter from SARCU to GP's on the commissioning executive committee.
	SARCU*	16 Feb 11	Request for information and statistics concerning ARCU
	SARCU*	11 Mar 11	Request for notes from meetings at ARCU
	General Enquiries: Member of the public* Voluntary group SARCU* Member of the public* Cranwood Community Group member* Relative Local GP Haringey Older Peoples Forum Hayen Relatives Support Group *	5 Jan 11 11 Jan 11 25 Jan 11 5 & 12 Jan 27 Jan 11 3 Feb 11 7 Feb 11 22 Feb 11 1 Mar 11 2 Mar 11	Request for budgetary information Querying what will happen to Jackson's Lane building Details of NHS involvement in consultation Request for information and follow-up Querying rumour building had already been sold. Further details meetings etc Woodside DC Request for further information Request for feedback from meetings Request for information (occupancy figures, design standards etc) – Day Centres [preceded by

	<p>22 Mar 11 31 Mar 11</p> <p>4 Apr 11 6 Apr 11 6 Apr 11 6 Apr 11 6 Apr 11 7 Apr 11 13 Apr 11</p> <p>18 Apr 11 27 Apr 11 28 Apr 11 2 May 11 5 May 11 5 May 11</p> <p>8/11/12 May 11 13 May 11</p> <p>16 May 11 18 May 11</p>	<p>Relative, carer</p> <p>User of services Faith leader Freelance photographer Relative*</p> <p>Relative, user, carer Relative, user, carer Member of the public Member of the public (N22) Charity Member of the public (N10) Member of the public Relative (out of borough) Member of public Cranwood Community Group * Relative (out of borough)</p> <p>SARCU*</p> <p>Haynes Relatives Support Group* Voluntary Sector organisation member of public (out of borough)</p>	<p>representation to full Council in Feb 11) Request for financial information – the Haven</p> <p>Request for further information Request for further information Request to take photos of buildings proposed for closure Details of what council spends its money on Details of Broadwater Lodge ward councillors Request for consultation questionnaire(s) Take off mailing list – not a user of services Double check closing dated for the consultation Request for consultation questionnaire</p> <p>Request for financial information - ARCU Request for future information via email How to submit proposals Asking where to send the feasibility study</p> <p>Details of how soon after any ‘closure’ decision changes would be implemented Querying where to drop off petition and more completed questionnaires Further details about the Haynes/Grange and about EQIAs and final decision Copy of previous updates/feedback</p> <p>Asking for information about policies and procedures</p>
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		request for details of submitting a deputation
	<p>Voluntary Sector organisation</p> <p>Members Enquiries:</p> <p>Lynne Featherstone MP</p> <p>11 Jan 11</p> <p>12 Jan 11</p> <p>25 Jan 11</p> <p>11 Feb 11</p> <p>18 Feb 11</p>	<p>Request for rundown on the proposed closures</p> <p>Correspondence from constituent concerned about dementia services and how their needs will be taken into consideration</p> <p>Feedback and follow-up questions following visit to Cranwood.</p> <p>Constituent concerned at proposed closure of Whitehall St and Edwards Drive and the impact on people with learning disabilities having no respite or residential care. Hugely concerning, cannot be easily replaced or left to the personal budget system leading to concerns over potential costs and ability to meet future needs quickly and flexibly enough if at all. Need a mix of provision and not total reliance on the private sector. [also submitted as a representation to councillors to Feb's full Council]</p> <p>Constituent (N10)* not satisfied by earlier response</p>

			to request for information on the budget
		3 Mar 11	Constituent (N22) concerned about the impact of closure of the Haven day centre on her immediate relative, how it has made a difference to both their lives.
		25 Mar 11	Constituent (social care professional in Central London) worried about the quality of services that would be provided by a social enterprise and the impact of any change of Mental Health provision on service users: (as they see it) homelessness, hospital admissions, health issues.
		28 Apr 11	Formal submission from the MP supporting Haringey Liberal Democrat's response
	David Lammy MP	20 Jan 11	Letters from a number of constituents concerned at proposed closure of Willoughby Road lunch club saying how they value facility and how it would be impossible to conduct current way of life without: safe environment (outside the home), social interaction, health care, food. Financially ineffective, (as they see it), as they'd turn to other services for assistance.
		25 Mar 11	Request for details of the source of the funding (Formula grant, Department of Health etc) that has been cut.

	13 Apr 11		Carer (N17) concerned about impact of cuts on their loved one and stating what the impact would be for her and pointing to rising levels of dementia.
	7 Apr 11	Cllr Bull	Request from carer * for Overview and Scrutiny Committee to consider the proposed closures in advance of Cabinet/full Council concerned about the loss of 'much valued' day care and respite services and its impact, particularly on other services such as the Haynes. [encouraged to make representations on 9 May 11]
	24 May 11	Cllr Bull	Asking to meet with Cabinet member to discuss proposals and raising concerns on behalf of a deputation to Overview & Scrutiny.
	22 Mar 11	Cllr Allison	What will happen to the building (Cranwood)
	16 Mar 11	Cllr Davies	Parent of disabled adult * querying proposed amendments to Fairer Contributions Policy and questioning the savings generated
	8 Jan 11	Cllr Egan	Query from relative re-the Haven and the facilities that would be provided if the closure went ahead
	25 Jan 11	Cllr Egan	Request for financial information and about review/assessment process
	16 Jan 11	Cllr Gibson	Correspondence from constituent how everyone at meeting confused and stressed by proposed changes and wanted to know where to turn for support
	12 May 11	Cllr Goldberg	Request for financial information – Abyssinia Court
	16/17 Mar	Cllrs Kober, Khan and Mallet	Multiple letter to councillors from carer (N15)* about

			the proposed closure of the Haven and how its closure would impact on both user (fall, end up in hospital) and relative (who works part-time).
	10 Feb 11	Cllr Mallett	Admissions policy and how care homes will be run down.
	28 Feb 11	Cllr Mallett	Sustainability of the proposal and equalities implications for day centres being run by community groups.
	21 Mar 11	Cllr McNamara	Volunteer at one of the homes concerned that homes are under threat of closure and what can be done to prevent them.
	1 Mar 11	Cllr Newton	intended audiences at meetings in homes and centres, assurances that views of the most vulnerable will be taken into account and any changes would be tailored to an individual's needs.
	5 Jan 11	Cllr Schmitz	Breakdown of costs – Willoughby Road
	3 Feb 11	Cllr Schmitz	Additional material and details in Harringay ward, particularly Willoughby Road
	17 Feb 11	Cllr Schmitz	Request for information regarding the lease on Willoughby Road
	15 Apr 11	Cllr Schmitz	Interest from users of services, (it is said), in running Willoughby Road themselves. Request for meeting to consider.
	3 Feb 11	Cllr Vanier	User of the Haven * begging councillors not to close the centre.
	26 Mar 11	Cllr Watson	Older Person/user of services (N15) worried about the impact of the proposed closure of the Haven

				and asking councillors to reconsider.
	22 Mar 11	Cllr Wilson		Written Question (4 Apr 11) – how many responses have been received to the consultation
	10 Feb 11	Cllr Winskill		Request for some sort of forum of drop-in users
	18 Feb 11	Cllr Winskill		Enquiry from constituent regarding accessibility of information about the proposed cuts for blind and partially sighted people
	21 Mar 11	Cllr Winskill		Concerns from a local voluntary organisation at ‘late notice’ (as they saw it) of remaining consultation dates and why ward councillors not aware [the notification referred to was a reminder notice at the mid-point of the consultation of dates issued in Jan 11]
	4 Apr 11	Cllr Winskill		Relative living in Muswell Hill outlining what the impact of closure of day care centres would mean, (as they saw it), for people with dementia: isolation, further pressures on already limited places, confusion, together with requests for answers to specific questions about capacity, staffing levels etc at the Haynes/Grange. [identical to other correspondence received]
	8 Apr 11	Cllr Winskill		Feedback on workshop with Drop-in Centre users on 21 Mar 11
	28 Apr 11	Cllr Winskill		Details of other changes in adult provision
	22 May 11	Cllr Winskill		Request for opportunity to discuss proposed changes to provisions for residents with mental issues

* Multiple

Proposed closure of Residential Day Care – Literal Responses

Question 2 To what extent do you support our proposal to close the following residential care homes owned by the council? Please tell us the reasons(s) for your answer.

- The older people need all the help they can get. Mentally disabled often get higher benefits and could therefore pay for their extended care needs
- It is costing the council more to operate the homes rather than finding alternative cheaper care in the private sector
- How the care homes are closed is more important than the fact of the closure. The independent sector is capable of providing care of equal quality. What matters is that the individual residents are treated as individuals and not just as victims of necessity.
- Whitehall Street provides an essential service to enable parents/carers to continue to provide care for people with a very high level of need. An uncertain future adds hugely to the stress on these families. People with severe learning disabilities need familiar environments and staff who know them.
- Cost
- They are all quite small in numbers and expensive
- It's wrong to cause such upset and disruption to vulnerable people
- These are services to the most vulnerable in our society. They are not able to speak out for themselves and so their wishes are not being taken into account. They should be the last people to suffer from cuts. The proposals are short sighted - there will continue to be ongoing costs for their care, so the proposed enormous upheaval in the removal of them from their home will only result in a one off saving on the premises costs.
- I do not support your decision to close any of the homes but especially Broadwater Lodge as I have a relative there who has just settled in.
- This is a vital resource for vulnerable, difficult to place adults. It has been their home for many years and to split up the grove would be very distressing. Staff have become like a family to them.
- Broadwater provides an essential service - why close it?
- Reasons being, my husband who suffers from Dementia and is presently in residential care finally settled down and is now use to his environment, so moving him would be devastating because he doesn't like change. I am afraid that he would just give up and die. Also because the homes are

local his family and friends are able to make frequent visits, but moving him out of the borough would be difficult almost impossible for such visits. However, it is shameful to take such drastic measures against vulnerable people.

- We need care homes run by the Council and owned by the Council. The care workers at The Red House are very good and I feel secure that my relative is being looked after in the best possible way.
- The standards seem higher than in many residential homes I have seen. There is a very strong profit motive in the private sector and more [?] and less qualified staff. Council run homes have always provided better career prospects for staff and residents and carers feel they can trust council run establishments. They do not always feel that way about the independent sector.
- Whitehall Street has been the home to 2 groups of very vulnerable adults with severe learning difficulties for many years. The staff who are quite constant have become their families and source of support. It would be very cruel to uproot them against their wishes and take them away from familiar staff, building and possibly separate them from their friends who they are living with.
- Reason being I do not want my husband to move away from his friends and family. I want him to stay in the Borough.
- "In your consultation update you state that you have to make 6.2 million of savings over the next 2-3 years, just over 2 million a year. In the past you had the financial resources to invest 50 million in the Icelandic banks, what other money does the council have that it is not spending? Reading in the newspapers that the average chief executives pay is well over 100k, how many of these people are losing their jobs. Councillors get salaries and expenses 2-k+ town clerks are now chief executives with salaries to match. The list goes on, web sites, data processing, it etc. we all survived in the past without these resources, in fact councils seemed more efficient. The young and old are some of the most vulnerable people in society they are the last people who should be involved in any cost cutting exercise. If these residents get moved into private care and these homes close what happens them? A freedom pass for transport costs 2.5 million that is enough to keep the homes opened. We managed years ago and very few people had cuts. Just read in the paper council paid out £427 million in mileage allowances 2009/2010. No wonder there is no money!"
- "They are essential"
- I think it is wrong for Haringey council to close these residential homes. They are not only homes but communities and to move residents will cause great distress. Especially Whitehall Street whose residents have

learning and physical disabilities and have already lost many facilities and are now looking at being farmed out to who knows where. I think it is a callous proposal and Haringey Council have a duty of care to their most vulnerable residents.

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Question 4: If you do not understand the reasons, or are unsure, why Haringey Council is proposing to close its residential care homes, Please tell us why?

- The council believes it will save money but could end up spending more on paying profit making companies to provide a lower level of care.
- Yes, because of the money but it is unfair to everyone
- If the service was unnecessary - then close it, but it is vital
- I understand the reason that the Council gave to close the residential homes, but what I don't understand is why in the name of God would the Council target the Social Services, especially for people with Dementia. To quote the old saying "Kick a man while he is down." Why don't you?

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Question 6: If you do not understand the reasons, or are unsure, why Haringey Council is proposing to close its respite facility for people with learning disabilities, Please tell us why?

- Some families will be unable to continue to maintain their relative at home. This will mean high cost residential provision being provided by profit making companies.
- As above

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Question 7a – Which of the following do you think we should take into account when making our final decision Other – Please specify

- The needs of ALL haringey residents must be put above the needs of the few
- The true costs of closure.
- Scope for innovation and future needs
- The effect on users and carers. The upset would ultimately make families give up being able to care and would be more costly.

- I would like to emphasise quality of care. Many private homes fall below the standards of council run homes. I have seen this from my own observations.
- These residents enjoy a good quality of care -personal budgets and private residential care will not replace what they already have. It is inhumane to send these most vulnerable people into an uncertain future.

Question 10 Is there anything not listed above in question 9 which is really important to you.

- A cheerful environment. The quality of staff is paramount and hinges on the quality of the manager. A poor manager means a poor home; a good manager means a good home.
- Staying safe. Access to good medical care. Advocacy services.
- I would like to be able to have: Pets. Having my own phone line. Having access to internet. Being able to make my own hot drinks.
- Continuity of care and the security of knowing your home is there for the long term
- Home should be local and familiar daily day centre run activities provided in care package
- Cleanliness, mutual respect, safety
- Community and friendship that has been built up over many years, consistency of care by staff who know the residents well. Particularly for residents with learning and physical disabilities. Families need to feel assured that their children are being cared for by people they trust.

Q12a Which other care services do you think people should have access to in future?

- All are desirable. I have ticked those I think most important
 - Being respected. Not having different people coming into my home for a few minutes and then leaving.
 - Telecare options. Intergenerational activities, not just with people my own age.
 - These completely depend on the persons own needs and abilities
-

Q13a Which other respite options do you think people should have access to in future?

- All should be available. The type of respite care has to depend on the individual circumstances.
- A reliable safe place where the staff know the needs of the person they are caring for.
- Support in own home- day and night.
- These all depend on the persons needs, their current degree of support, the current service provision they have and on the family networks available.
- I think the adult placement scheme is a good one but this has not proved to be possible for most adults with severe disabilities

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Q14 Use the space below to tell us any other ideas or suggestions about the future of respite care for people in Haringey

- Respite care gives a break to the carer and the person with a disability. It needs to be properly staffed and consistently monitored to ensure safety of vulnerable people. Some privately or voluntarily run provision is good but some is shamefully inadequate. Public services should lead the way in providing services not pass the buck to others.

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- In own home. Use of a bank of personal assistants who know me and what I need.
 - Respite needs to be individualised according to the needs of the person and their family or carer
 - If the Council's proposal to close most of the adult social services in the Borough become a reality there would be no future of respite care for the people in Haringey. However, the Council is doing a very good job at the moment, there is no need to change.
 - Respite is both for the benefit of the client and carer. Whatever form it takes must be enjoyable for all concerned and reliable. It is a learning experience for all and necessary to prepare the person with learning difficulties to learn to live without the parent.
 - I feel there has to be good quality council run respite care as well as sue of personal budgets. What are the council doing to do if someone needs to go into respite care if there is a family crisis? Will there be adequate resources? Respite facilities are already running on bare minimum.

Respite has to be available in a well run local facility with activities , health care, community, well trained support staff who understand their residents needs and can give good quality care and understanding.

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Q15 How do you think residential care could be provided differently?

- Who provides the care is less important than that the care is of the highest standard, and that the Council retains responsibility for establishing and monitoring those standards. To one method of providing care is "best". It all depends on the individual's circumstances and wishes.

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- I applaud the existence of a range of options but residential care is a necessary part of provision for vulnerable people.
- More extra care type settings. Retirement villages. In my own home.
- I think there should be a variety of provision. People have different levels of need. The care homes and respite services should be retained for those who cannot simply go elsewhere
- It could be recognised as providing a home for life - people with learning disabilities or mental frailty need a secure home environment, not a mish-mash of services and carers
- At present the residential care homes in Haringey are offering an excellent service, therefore there is no need to change the system. Instead the Council need to be commended for the high level of care that they are providing in their care homes. The system is working perfectly and that is the reason why I don not want the care homes to be closed.
- "The staff at Cranwood where my mother resides are excellent and the staff seem to have a very good relationship with the residents. No doubt built up over a period of time. If these residents are displaced they will have to adapt to a completely new environment. With most of them in the latter years of their lives it is not something they should be required to do. The next move might not well be their last if the home they are moved to closes. The councils should consider building purpose built homes with the emphasis on low maintenance. The residents should be allowed to move in with existing staff and residents. Just a question how much is this consultation process costing?"
- "I don't"

- I think Haringey Council has to provide good quality residential care, which maintains communities, preventing people from becoming isolated. People who have physical and learning difficulties are particularly vulnerable and it is so important they are in a safe well run and supervised community that understands the residents and their needs. Whitehall Street already provides this. Families need to know and feel assured that their children, brother, sisters etc are being well cared for and will be cared for as long as is necessary. Many private facilities are not so well regulated and often to find somewhere suitable, the family might have to travel long distances which would make it difficult to keep regular contact with their loved ones. Depending on their needs as people start coming into the residential care system maybe they could be offered support living accommodation or if the family feels it appropriate private residential could be considered if for instance the person has a specific disability. Obviously the council has to offer a range of options but they have to fit the person not try to fit the person into the budget available.

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Q16a How do you think services currently provided by council-run residential care homes would best be provided in future? Other, please tell us

- See comments above.
- It's wrong to push for just one type of solution
- Again, it depends on peoples needs- some may be best served by community based support but there are others whose needs will only be met by residential care and they should not feel that their home can be taken away at the stroke of a pen

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Q18a I am completing this survey as..... Other, please specify

- A parent of a man with learning disabilities
- Parent of a young disabled adult
- A relative/unpaid carer of young adult with learning disabilities
- I am a member of the public, have a brother with severe learning difficulties and am a trustee of a charity providing homes for adults with learning difficulties in Somerset. Also - how can you state the information from this survey will be used regardless of ability etc, when the vast majority of these residents will be totally unable to complete this questionnaire.

- Parent of person (age 39) with learning difficulties
 - A wife whose husband is suffering from dementia and is presently in residential care.
 - Relative/carer of a 40 year old daughter with learning difficulties
 - A wife
 - I am a carer, my son is now 20
-
-

HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT (EqIA)
FORM

Service: Adult and Community Services

Directorate: Adult and Housing Services

Title of Proposal: **Setting the strategic direction for Adult services:** Proposed closure of council-run respite and residential services for Older People and Learning Disabilities.

Lead Officer : Lisa Redfern

Names of other Officers involved: Len Weir, Beverley Tarka, Barbara Nicholls

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

1. Introduction

- 1.1 The proposals in this EqIA cover the learning disabilities and older people residential care homes.
- 1.2 The 2010 Comprehensive Spending Review and the subsequent local government settlement require Haringey Council to make savings of up to £81m or approximately 30% over the next four years. It is in the context of severe budget pressure that Haringey's Adult Social Care service is setting the strategic direction and priorities for the next three years. This has placed the Council in an unprecedented position and it is seeking to reduce spending and make savings where possible. This comes alongside the need to transform adult social care services in line with the **Putting People First** programme which aims to deliver personalised care through self-directed support, with the aim of ensuring that vulnerable adults have greater choice, control over their care, and over their lives. The proposed changes are designed to respond to the changing needs of older people, people with learning disabilities and those with mental health needs by providing more cost effective, individualised care and support packages, with the aim of ensuring they are able to live more independently in the community.
- 1.3 As part of the transformation of adult social care there is a need to shift focus to a more 'personalised' approach and offer all people assessed as requiring social care a personal budget (PPF-Putting People First and the updated policy: Think Local, Act Personal. The council needs to offer re-ablement, early intervention and extra care services. This is part of an overall approach to reduce reliance on costly residential care services, and increase the range of community services to keep our residents living as independently as possible in their own home for as long as possible. This approach will help Adult Services to address the increasing needs of an older population (including higher needs as people with learning disabilities also live longer), but with less money, we need to find other ways of delivering care and housing in the future. The **Dilnot Commission** is currently reviewing how we as a nation we will pay for care in the future given the rapidly increasing ageing population and subsequent demand, and is due to produce its report in July 2011. The cost of running

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these services, partly as a consequence of higher administration and labour costs, is about 40% more than that for those owned by other sectors. We spend a high percentage of our older people's and learning disabilities social care budget on residential care, which means that there is less money to spend on more personalised services, tailored to the needs of individuals.

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

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

1.4 Proposed changes

Overall the following proposals are being made in relation to the services in the list below. **Those listed in bold are covered in this EqIA.** The proposals relating to the Day Care Centres are the subject of separate EqIAs and will be considered by Cabinet when it makes its final decision about these services in October 2011. The proposals in relation to closure of Council run Drop-In Centres and withdrawal of funding to Jacksons Lane and Cypriot Centre were considered at Cabinet on 7th June 2011, and had a separate EqIA completed. The proposal relating to Alexandra Road Crisis Unit has also been completed separately.

- Withdraw funding from the luncheon club at Jacksons' Lane by 1 April, 2011 or as soon after as possible after a decision is made.
- Withdraw management from the Cypriot Elderly and Disability Project at the Cypriot Centre from 1 April, 2011 or as soon as possible thereafter.
- Close the four drop-in centres: at Abyssinia Court, The Irish Centre, Willoughby Road and Woodside House. The plan is that this service would stop by 1 October 2011.
- Close The Woodside Day Centre no later than 1 April, 2012.
- Close Alexandra Road Crisis Unit no later than 1 April, 2012.
- Close The Haven no later than 1 April, 2012.
- The closure of the Homecare Service no later than 1 April, 2012.
- **Close The Whitehall Street Centre no later than 1 April, 2012.**
- Merge the services at The Grange and the Haynes Centre, to come into effect no later than 1 April, 2012.
- **Close The Red House residential care home no later than 1 April, 2013.**
- **Close Cranwood residential care home no later than 1 April, 2013.**
- **Close Broadwater Lodge residential care home no later than 1 April, 2013.**

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

Step 2 - Consideration of available data, research and information

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

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

Section contents:

2.1 Council run residential care homes for older people – Page 3

2.2 Council run residential and respite care homes for people with learning disabilities – Page 8

2.1 Council run residential care homes for older people

The Council currently operates three residential care homes for older people, details as follows:

The Red House – Proposed closure date 31st March 2013 (latest)

This is a residential care home service with the capacity to provide a physical, social and emotional care and support service to 35 older people (with 15 beds for people with dementia and 20 beds for physically frail older people). There are currently 23 permanent residents, with the balance of the beds being occupied by respite/temporary residents. It is registered by the Care Quality Commission (CQC) and is seen by them as being compliant with Section 20 of the Health and Social Care Act 2008 (Essential Standards of Quality and Safety). The home is situated in West Green Road, N15. The service provided was assessed as being “Good” by CQC in the previous inspection regime.

Broadwater Lodge - Proposed closure date 31st March 2013 (latest)

This is a residential care home service with the capacity to provide a physical, social and emotional care and support service to 45 older people (with 30 beds for people with dementia and 15 beds for physically frail older people/older people with mental health problems). There are currently 36 permanent residents, with the balance of the beds being occupied by respite/temporary residents. It is registered by the Care Quality Commission (CQC) and is seen by them as being compliant with the Section 20 regulations of the Health and Social Care Act 2008 (Essential Standards of Quality and Safety). The home is situated in Tottenham N17. The service provided was assessed as being “Good” by CQC in the previous inspection regime.

Cranwood - Proposed closure date 31st March 2013 (latest)

This is a residential care home service with the capacity to provide a physical, social and emotional care and support service to 33 older people (with 9 beds for people with dementia and 24 beds for physically frail older people). There are currently 23 permanent residents, with the balance of the beds being occupied by respite/temporary residents. It is registered by the Care Quality Commission (CQC) and is seen by them as being compliant with the Section 20

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regulations of the Health and Social Care Act 2008 (Essential Standards of Quality and Safety). The home is situated in Muswell Hill N10. The service provided was assessed as being “Good” by CQC in the previous inspection regime.

Funding Proposal for Council run residential care homes

It is proposed that the Council’s Cabinet agree the recommendation to close its residential care provision for older people.

Service User Equalities Information

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

Key findings:

- **Age** – the proportion of older people in Council run residential care as a proportion of the adult population show that there are higher proportions of older people in the upper age ranges from age 75 and up (refer table 2.1.1). It is assumed this reflects the increased frailty and disabilities of people as they get older, therefore needing higher levels of support and assistance. When compared against the profile of older people who are in all Council funded residential care (external and inhouse providers), there are more older people aged between 75-84 compared to all Council funded provision (53.1% as against 35.8%), whilst the reverse is true of people above the aged 85+ (30.6% as against 54.1%). This suggests that a higher level of frailty and dependency is already supported across all Council funded provision in the private sector and inhouse, meaning no disproportionate impact is anticipated against ‘Age’.
- **Sex** – no disproportionate impact identified. Table 2.1.2 shows a higher proportion of females to males in Council run residential care (60.2% female) against the borough gender profile (49% female), however Council run residential care has a lower proportion of females when compared to all Council funded residential care, internal and external (69.6% female). As with ‘Age’, this is broadly to be expected when considering the changing profile of males to females across the age ranges 65 years and above (Table 2.1.2a). Therefore no disproportionate impact is anticipated against ‘Sex’
- **Race** – in one Council Inhouse Home (Cranwood), disproportionate impact has been identified for ‘White Irish’, with 21.7% of the residents at Cranwood (or five people) coming from a ‘White Irish’ background – as against 4.3% of the general population in Haringey. Also at Broadwater Lodge, it has been identified that there will be a disproportionate impact for Black or Black British older people – refer table 2.1.3. 46.3% (or 19 people) of Broadwater Lodge residents currently living at the home are from a Black or Black British background, as against their profile in the general population of 20.0%. This is also the case when comparing the profile of Broadwater Lodge residents against the profile of all Council funded (external and Inhouse) which is 15.5%.
- **Disability** - all older people in Council funded residential care services (including Council’s Inhouse services), have meet Council eligibility criteria (critical and substantial) as per DoH guidance, and are considered to have a disability as defined by the Equalities Act 2010. Fair Access to Care Services has been replaced with [Guidance on Eligibility Criteria for Adult Social Care \(2010\)](#) from the Department of Health, with the guidance retaining the four eligibility bands set out in Fair Access to Care Services – that is, Critical, Substantial,

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Moderate and Low. Haringey Adult and Community Services will continue to provide services to individuals who are assessed as having needs that are Critical or Substantial. Table 2.1.4 gives a further breakdown of disability for older people living in Council run residential care homes. It can be seen that in Broadwater Lodge, this home is registered to provide specialist mental health and dementia care for residents (just over 95% of all residents). Cranwood primarily works with older people who have physical disabilities (69.6% of current residents), with some dementia care (26.1% of current residents), whilst Redhouse cares for only older people with physical disabilities (100% of current residents).

- No disproportionate impact was identified in respect of '**Religion**' (refer table 2.1.5), '**Marriage or Civil Partnership**'; or '**Sexual Orientation**' (all residents living in the care homes identified as heterosexual). No residents currently living in any of the three Council run residential care homes identified themselves as going through '**Gender Reassignment**'. The protected characteristic of '**Pregnancy and Maternity**' is not relevant in this instance as all the residents are older people aged 65+ (except one aged between 60-64).

Table 2.1.1 Age of people in Council run residential care

Age group	broadwater	broadwater profile	cranwood	cranwood profile	redhouse	redhouse profile	Older People residential total	Older People's residential profile (inhouse)	Haringey Borough Profile (all people in residential care over 65 years old)	Haringey Borough Profile (all adults)	Haringey Borough Profile (people over 60)
Under 60										88.8%	n/a
60-64	1	2.4%	0	0.0%	0	0.0%	1	1.0%		3.2%	27.4%
65-69	2	4.9%	1	4.3%	3	8.8%	6	6.1%	10.1%	2.4%	20.9%
70-74	8	19.5%	0	0.0%	1	2.9%	9	9.2%		2.3%	19.1%
75-79	10	24.4%	3	13.0%	5	14.7%	18	18.4%	35.8%	1.7%	15.1%
80-84	13	31.7%	10	43.5%	11	32.4%	34	34.7%		0.9%	9.0%
85-89	2	4.9%	3	13.0%	9	26.5%	14	14.3%	26.5%	0.5%	5.4%
90+	5	12.2%	6	26.1%	5	14.7%	16	16.3%	27.6%	0.2%	3.1%
total	41	100.0%	23	100.0%	34	100.0%	98	100.0%	100.0%	100.0%	100.0%

Table 2.1.2 Sex of people in Council run residential care

Sex	broadwater	broadwater profile	cranwood	cranwood profile	redhouse	redhouse profile	Older people residential total	Older People's residential profile (inhouse)	Haringey Borough Profile (all people in residential care)*	Haringey Borough Profile (all adults)*	Haringey Borough Profile (people over 60)*
Male	17	41.5%	10	43.5%	12	35.3%	39	39.8%	30.4%	51%	43.7%
Female	24	58.5%	13	56.5%	22	64.7%	59	60.2%	69.6%	49%	56.3%
total	41	100.0%	23	100.0%	34	100.0%	98	100.0%	100%	100%	100%

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Table 2.1.2a Sex/Age of older people in Haringey

Age group	Male	Female
65-69	44.7%	55.3%
70-74	46.6%	53.4%
75-79	45.3%	54.7%
80-84	39.2%	60.8%
85-89	35.6%	64.4%
90+	21.0%	79.0%

Table 2.1.3 Race of people in Council run residential care

Race	(Race subgroup)	broadwater	broadwater profile	cranwood	cranwood profile	redhouse	redhouse profile	Older People residential total	People's profile residential (inhouse)	Haringey Borough Profile (all people in residential care)*	Haringey Borough Profile (all adults)*	Haringey Borough Profile (people over 60)*
White British		14	34.1%	13	56.5%	16	47.1%	43	43.9%		45.3%	
White Irish		1	2.4%	5	21.7%	6	17.6%	12	12.2%		4.3%	
	<i>White Greek / Cypriot</i>	0	0.0%	0	0.0%	1	2.9%	1	1.0%			
	<i>White Turkish</i>	1	2.4%	0	0.0%	0	0.0%	1	1.0%			
	<i>White Gypsy</i>	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
	<i>White Irish Traveller</i>	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
	<i>White Turkish/Cypriot</i>	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
	<i>Kurdish</i>	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
	<i>White Other</i>	2	4.9%	1	4.3%	3	8.8%	6	6.1%			
Other White		3	7.3%	1	4.3%	4	11.8%	8	8.2%		16.1%	
Subtotal white		18	43.9%	19	82.6%	26	76.5%	63	64.3%	77.2%	65.6%	75.0%
White and Black Caribbean		0	0.0%	0	0.0%	0	0.0%	0	0.0%		1.5%	
White and Black African		0	0.0%	0	0.0%	0	0.0%	0	0.0%		0.7%	
White and Asian		0	0.0%	0	0.0%	0	0.0%	0	0.0%		1.1%	
Other Mixed		0	0.0%	0	0.0%	0	0.0%	0	0.0%		1.3%	
Subtotal mixed/white		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.6%	4.6%	1.8%
Asian or Asian British Indian		2	4.9%	1	4.3%	0	0.0%	3	3.1%		2.9%	
Asian or Asian British Pakistani		0	0.0%	0	0.0%	0	0.0%	0	0.0%		1.0%	
Asian or Asian British Bangladeshi		0	0.0%	0	0.0%	0	0.0%	0	0.0%		1.4%	
Asian or Asian British East Asian African		0	0.0%	1	4.3%	0	0.0%	1	1.0%			

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Asian or Asian British Other	0	0.0%	0	0.0%	1	2.9%	1	1.0%		1.6%	
Asian or Asian British	2	4.9%	2	8.7%	1	2.9%	5	5.1%	3.4%	6.7%	6.7%
Black or Black British Caribbean	18	43.9%	2	8.7%	5	14.7%	25	25.5%		9.5%	
Black or Black British African	1	2.4%	0	0.0%	2	5.9%	3	3.1%		9.2%	
Black or Black British Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%		1.4%	
Black or Black British	19	46.3%	2	8.7%	7	20.6%	28	28.6%	15.5%	20.0%	13.9%
Chinese	0	0.0%	0	0.0%	0	0.0%	0	0.0%		1.1%	
Other Ethnic Group	2	4.9%	0	0.0%	0	0.0%	2	2.0%		2.0%	
Chinese or Other Ethnic Group	2	4.9%	0	0.0%	0	0.0%	2	2.0%	2.8%	3.1%	2.6%
Not stated/not known	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.6%		
TOTAL	41	100.0%	23	100.0%	34	100.0%	98	100.0%	100%	100.0%	100.0%

Table 2.1.4 Disability of people in Council run residential care – additional information

Primary Disability	broadwater	broadwater profile	cranwood	cranwood profile	redhouse	redhouse profile	Older People residential total	Older People's residential profile (inhouse)
Deafness or partial loss of hearing	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Blindness or partial loss of sight	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Learning Disability	0	0.0%	1	4.3%	0	0.0%	1	1.0%
Developmental Disorder	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Mental Health	15	36.6%	0	0.0%	0	0.0%	15	15.3%
Dementia	24	58.5%	6	26.1%	0	0.0%	30	30.6%
Long term illness, disease or condition / physical frailty / physical disability	1	2.4%	16	69.6%	34	100.0%	51	52.0%
No disability	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other disabilities (please specify)	1	2.4%	0	0.0%	0	0.0%	1	1.0%
Not known	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	41	100%	23	100%	34	100%	98	100%

Appendix 2**Table 2.1.5 Religion of people in Council run residential care**

Religion	broadwater	broadwater profile	cranwood	cranwood profile	redhouse	redhouse profile	Older people residential total	Older People's residential profile (inhouse)	Haringey Borough Profile (all people in residential care)*	Haringey Borough Profile (all adults)*	Haringey Borough Profile (people over 60)*
Buddhism	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	1.1%	0.6%
Christian	37	90.2%	20	87.0%	30	88.2%	87	88.8%	45.5%	51.7%	70.8%
Hindu	2	4.9%	0	0.0%	0	0.0%	2	2.0%	1.0%	2.1%	1.9%
Jewish	0	0.0%	0	0.0%	2	5.9%	2	2.0%	2.2%	2.6%	3.9%
Muslim	1	2.4%	2	8.7%	1	2.9%	4	4.1%	1.2%	9.5%	5.0%
Sikh	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.3%	0.1%
Non-religious	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2.4%	21.1%	6.6%
Other religions	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2.4%	0.6%	0.4%
Not stated	1	2.4%	1	4.3%	1	2.9%	3	3.1%	45.3%	11.0%	10.6%
subtotal	41	100.0%	23	100.0%	34	100.0%	98	100.0%	100.0%	100.0%	100%

2.2 Council run residential and respite care homes for people with learning disabilities**Whitehall Street - Proposed closure date 31st March 2012 (latest)**

This is a residential care home service providing a physical, social and emotional care and support service to 15 people with a learning disability (with 11 beds available for permanent long-term placements and 4 beds for respite for people with a learning disability). There are currently 10 permanent residents, with the balance of the beds being occupied by respite/temporary residents. There are currently 36 users of the respite service (4 beds)

The Home is registered by the Care Quality Commission (CQC) and is seen by them as being compliant with the Section 20 regulations of the Health and Social Care Act 2008 (Essential Standards of Quality and Safety). The home is situated in Tottenham N17. The service provided was assessed as being "Good" by CQC in the previous inspection regime.

Funding Proposal for Council run residential care homes

It is proposed that the Council's Cabinet agree the recommendation to close its residential care provision for learning Disabilities at Whitehall Street.

Service User Equalities Information

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

Key findings:

- **Age** - there are 10 permanent residents in Whitehall, and approximately 36 regular users of the respite service which consists of 4 beds. The Equalities Impact Assessment shows an over representation of adults aged 45-54 (25.0%) who use respite as against the expected

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population of people with learning disabilities in Haringey (15.5%). For people who live permanently at Whitehall, seven out of ten residents are aged between 30-49 years of age, meaning there is an over representation of this age range at 70%. Refer table 2.2.1. There is therefore disproportionate impact anticipated, however because of the relatively small numbers of users involved, it is anticipated that mitigation actions will be implemented to minimise the impact;

- **Sex** - there is an over representation of females with learning disabilities using the respite service (52.8%) as against the number of females with learning disabilities in permanent residential care (34.3%), and against the overall projected number of females with a learning disability in Haringey. For those living at Whitehall Street permanently, there is also an over representation of females (70%) when compared to the profile of people with Learning Disabilities in residential care (as above – 34.3%). Refer table 2.2.2. There is therefore disproportionate impact anticipated, however because of the relatively small numbers of users involved, it is anticipated that mitigation actions will be implemented to minimise the impact;
- **Race** - there is a significant overrepresentation of people with learning disabilities from a Black or Black British ethnic background using the respite service (50.0%) when compared to the proportion of people in learning disabilities permanent residential care (26.5%). Therefore adverse impact is anticipated for this group. Refer table 2.2.3;
- **Disability** - all users with learning disabilities that are permanently placed in Whitehall Street or use the respite service, have met Council eligibility criteria (critical and substantial) as per DoH guidance, and are considered to have a disability as defined by the Equalities Act 2010. Fair Access to Care Services has been replaced with [Guidance on Eligibility Criteria for Adult Social Care \(2010\)](#) from the Department of Health, with the guidance retaining the four eligibility bands set out in Fair Access to Care Services – that is, Critical, Substantial, Moderate and Low.
- No disproportionate impact was identified in respect of '**Religion**' (refer table 2.2.4), '**Marriage or Civil Partnership**'; or '**Sexual Orientation**' (all residents living in or accessing respite at Whitehall Street identified as heterosexual). No residents currently living in or accessing respite at Whitehall Street identified themselves as going through '**Gender Reassignment**'. In terms of '**Pregnancy and Maternity**', no residents currently living in or accessing respite at Whitehall Street identified that they are either pregnant or currently nursing a baby (in the last 12 months)

Table 2.2.1 Age of Learning Disabilities users (Whitehall Street)

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Age group	Whitehall permanent	Whitehall permanent residents profile	Whitehall respite	Whitehall - respite users profile	whitehall total	Learning Disabilities residential profile (inhouse)	Haringey Borough Profile (all people in LD residential care)*	Haringey age profile for people with learning disabilities	Haringey borough profile - general population
18-19y	0	0.0%	1	2.8%	1	2.2%	1.2%	13.7%	2.6%
20-24y	0	0.0%	6	16.7%	6	13.0%	3.5%		9.0%
25-29	0	0.0%	3	8.3%	3	6.5%	10.5%	28.4%	13.2%
30-34	2	20.0%	4	11.1%	6	13.0%	8.2%		14.1%
35-39	0	0.0%	3	8.3%	3	6.5%	10.5%	23.2%	12.1%
40-44	2	20.0%	6	16.7%	8	17.4%	18.1%		11.3%
45-49	3	30.0%	5	13.9%	8	17.4%	19.9%	15.5%	9.3%
50-54	1	10.0%	4	11.1%	5	10.9%	14.0%		6.6%
55-59	0	0.0%	3	8.3%	3	6.5%	4.7%	9.0%	5.3%
60-64	1	10.0%	0	0.0%	1	2.2%	8.8%		4.5%
65-69	0	0.0%	1	2.8%	1	2.2%	0.0%	5.8%	3.5%
70-74	0	0.0%	0	0.0%	0	0.0%	0.0%		3.2%
75-79	1	10.0%	0	0.0%	1	2.2%	0.0%	3.3%	2.5%
80-84	0	0.0%	0	0.0%	0	0.0%	0.0%		1.5%
85-89	0	0.0%	0	0.0%	0	0.0%	0.6%	1.0%	0.9%
90+	0	0.0%	0	0.0%	0	0.0%	0.0%		0.5%
subtotal	10	100%	36	100%	46	100.0%	100.0%	100.0%	100.0%

Table 2.2.2 Sex of Learning Disabilities users (Whitehall Street)

Sex	Whitehall permanent	Whitehall permanent residents profile	Whitehall respite	Whitehall - respite users profile	whitehall total	Learning Disabilities residential profile (inhouse)	Haringey Borough Profile (all people in LD residential care)*	Haringey gender profile for people with learning disabilities	Haringey borough profile - general population
Male	3	30.0%	17	47.2%	20	43.5%	65.7%	57%	51%
Female	7	70.0%	19	52.8%	26	56.5%	34.3%	43%	49%
total	10	100.0%	36	100%	103	100.0%	100%	100%	100%

Table 2.2.3 Race of Learning Disabilities users (Whitehall Street)

Race	Whitehall permanent	Whitehall permanent residents	Whitehall respite	Whitehall - respite users profile	whitehall total	Learning Disabilities residential profile (inhouse)	Haringey Borough Profile (all people in LD residential care)	Haringey borough profile - general population
White British	5	50.0%	9	25.0%	14	30.4%		45.3%
White Irish	0	0.0%	0	0.0%	0	0.0%		4.3%
	<i>White Greek / Cypriot</i>	1	10.0%	1	2.8%	2	4.3%	
	<i>White Turkish</i>	0	0.0%	3	8.3%	3	6.5%	

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	White Gypsy	0	0.0%	0	0.0%	0	0.0%		
	White Irish Traveller	0	0.0%	0	0.0%	0	0.0%		
	White Turkish/Cypriot	0	0.0%	2	5.6%	2	4.3%		
	Kurdish	0	0.0%	0	0.0%	0	0.0%		
	White Other	1	10.0%	1	2.8%	2	4.3%		
Other White		2	20.0%	7	19.4%	9	19.6%		16.1%
Subtotal white		7	70.0%	16	44.4%	23	50.0%	59.6%	65.6%
White and Black Caribbean		0	0.0%	0	0.0%	0	0.0%		1.5%
White and Black African		0	0.0%	0	0.0%	0	0.0%		0.7%
White and Asian		0	0.0%	0	0.0%	0	0.0%		1.1%
Other Mixed		0	0.0%	0	0.0%	0	0.0%		1.3%
Subtotal mixed/white		0	0.0%	0	0.0%	0	0.0%	2.4%	4.6%
Asian or Asian British Indian		0	0.0%	1	2.8%	1	2.2%		2.9%
Asian or Asian British Pakistani		0	0.0%	0	0.0%	0	0.0%		1.0%
Asian or Asian British Bangladeshi		0	0.0%	0	0.0%	0	0.0%		1.4%
Asian or Asian British East Asian African		0	0.0%	0	0.0%	0	0.0%		
Asian or Asian British Other		0	0.0%	0	0.0%	0	0.0%		1.6%
Asian or Asian British		0	0.0%	1	2.8%	1	2.2%	6.6%	6.7%
Black or Black British Caribbean		2	20.0%	13	36.1%	15	32.6%		9.5%
Black or Black British African		0	0.0%	5	13.9%	5	10.9%		9.2%
Black or Black British Other		1	10.0%	0	0.0%	1	2.2%		1.4%
Black or Black British		3	30.0%	18	50.0%	21	45.7%	26.5%	20.0%
Chinese		0	0.0%	1	2.8%	1	2.2%		1.1%
Other Ethnic Group		0	0.0%	0	0.0%	0	0.0%		2.0%
Chinese or Other Ethnic Group		0	0.0%	1	2.8%	1	2.2%	4.8%	3.1%
Not stated/not known		0	0.0%	0	0.0%	0			
TOTAL		10	100%	36	100%	46	100%	100%	100%

Table 2.2.4 Religion of Learning Disabilities users (Whitehall Street)

Religion	whitehall permanent	whitehall respite	whitehall total	Learning Disabilities residential profile (inhouse)	Haringey Borough Profile (all people in LD residential care)*	Haringey borough profile - general population
Buddhism	0	0	0	0.0%	0.0%	1.1%
Christian	10	30	40	87.0%	41.0%	51.7%
Hindu	0	0	0	0.0%	2.4%	2.1%
Jewish	0	0	0	0.0%	7.2%	2.6%

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Muslim	0	4	4	8.7%	6.0%	9.5%
Sikh	0	0	0	0.0%	0.0%	0.3%
Non-religious	0	0	0	0.0%	1.8%	21.1%
Other religions	0	1	1	2.2%	2.4%	0.6%
Not stated	0	1	1	2.2%	39.2%	11.0%
TOTAL	10	36	46	100%	100%	100%

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Appendix 2***2b) What factors (barriers) might account for this under/over representation?*****2.3 OLDER PEOPLE****2.3.1 Age**

The nature of residential care is such that it predominantly impacts on the vulnerable people for which it is intended – ie older people. It is assumed this reflects the increased frailty and disabilities of people as they get older, therefore needing higher levels of support and assistance.

2.3.2 Sex

Nationally, women tend to live longer than men – in Haringey the life expectancy of men is currently 76.3 years of age, whilst for women it is 83.1 years of age¹. Therefore it is expected that there are higher numbers of older women in residential care

2.3.3 Race

Older People from a Black and Black British ethnic background are over-represented in terms of living in Council-run residential care at Broadwater Lodge in particular. There are higher numbers of people of non-white backgrounds living in the East of the borough - where Broadwater Lodge is located. Equally there is a higher proportion of White and White British (mainly White Irish) living in Cranwood, reflecting the ethnicity balance of the West of the borough.

2.3.4 Disability

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

2.3.5 Religion

No disproportionate impact identified

2.3.6 Gender Reassignment

Data is not currently collected on this group

2.3.7 Sexual Orientation

Data is not currently collected on this group

2.3.8 Maternity and Pregnancy

Not relevant for this group

2.4 LEARNING DISABILITIES**2.4.1 Age**

There is a higher proportion of people aged 45-54 using the respite service. It has been noted that 23 of the 36 regular users of the respite service normally live with their parents (63%). Given the age of the users, their parents are themselves older people, generally over the age of 65 years, and themselves may be increasing in frailty. The need for a break from their caring role is therefore more critical that for those parents who are younger.

¹ [Haringey Borough Profile 2010](#)
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2.4.2 Sex

There are higher numbers of females living both permanently in Whitehall Street, but also using the respite service when compared to the proportion of females in permanent residential care more generally. Respite services can be seen as part of a package of support in keeping people living in the community for as long as possible. It is indicated therefore that there are proportionately more men with learning disabilities in permanent residential care than women, with women accessing respite as part of their community support package.

2.4.3 Race

People with learning disabilities from a Black and Black British ethnic background are over-represented in terms of accessing Council-run respite residential care at Whitehall Street. The home is located in Tottenham (where the proportion and numbers of Black and Black people in Haringey is greatest), which may account for the higher numbers of people from this Race group accessing the service. Exact data in respect of all adults with learning disabilities living in Haringey, in terms of Race breakdown is not known. However national evidence² suggests that people of Black and Black British ethnic origin are almost twice as likely to have a learning disability requiring adult social care (based on data analysis of children with disabilities who are in transition from children's to adults services) than the profile of this race group in the general population. This is supported with local Haringey data in respect of children requiring specialist education placements (and have a Special Education Needs statement), with higher proportions children with disabilities in the transition process coming from a Black or Black British Race background – please see table 2.4.3.1 below.

2.4.3.1 Table showing numbers of children with disabilities in special education in transition.

Children and Young People's Service – Children in transition with SEN statement in Haringey – January 2010	Number of children with SEN statement	Profile of Children with SEN statement	Haringey School Population
WHITE BRITISH TOTAL	94	25.3%	18.40%
WHITE OTHER TOTAL - INCLUDING: White Irish White Greek/Cypriot White Turkish White Gypsy White Irish Traveller White Turkish/Cypriot White Other	76	20.4%	24.60%
BLACK OR BLACK BRITISH TOTAL	145	39.0%	29.80%
MIXED TOTAL	21	5.6%	10.20%
ASIAN OR ASIAN BRITISH TOTAL	23	6.2%	6.50%
OTHER TOTAL	0	0.0%	7.30%
Not Known / Stated	13	3.5%	3.20%
TOTAL	372	100.0%	100.00%

2.4.4 Disability

All users of the service provided at Whitehall Street have a form of disability, as defined by the Equalities Act 2010, and are eligible for services following a needs

² 2 May 2008, Centre for Disability Research, "Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England - <http://www.mencap.org.uk/all-about-learning-disability/information-professionals/more-about-learning-disability>

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assessment that assessed their eligibility as critical or substantial under the national [Eligibility Framework](#).

2.4.5 Religion

No disproportionate impact identified

2.4.6 Gender Reassignment

Data is not currently collected on this group

2.4.7 Sexual Orientation

Data is not currently collected on this group

2.4.8 Maternity and Pregnancy

No disproportionate impact identified – no current users were identified as being pregnant or nursing a child in the last year.

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Step 3 - Assessment of Impact

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

	Increase barriers?	Reduce barriers	No change
Broadwater Lodge	X		
Cranwood	X		
The Red House			X
Whitehall Street	X		

3.1 Summary of impact of current proposals – older people’s care homes – Cranwood, Broadwater Lodge, The Red House

3.1.1 Impact on Age:

As the main focus of all three Council run residential care for older people in terms of equalities protected characteristics is people over the age of 65, the adverse effects of these proposals would be felt across the age range above 65 years of age.

3.1.2 Impact on Sex:

The main users of the Council run residential homes for older people are women, who outnumber men approximately 2:1. This is true of all three residential homes with a slightly higher gender imbalance at The Redhouse

3.1.3 Impact on Disability:

All users in the three Council run residential homes for older people have a disability, including age-related disabilities, dementia and/or co-morbidity of a number of life-limiting conditions. Therefore it is to be expected that the proposed changes will adversely affect users.

3.1.4 Impact on Race:

In broad terms the groups affected by these changes are consistent with the overall borough profile for ethnicity. The two exceptions are Broadwater Lodge, where a higher proportion Black and Black British residing in the home, and Cranwood, where there are higher numbers of White Irish living in the home - indicating significantly more adverse impact for these groups

3.1.5 Impact on other protected characteristics: There is no adverse impact identified in respect of religion at any of the three care homes; whilst data is not collected in respect of the other protected characteristic, therefore it is not possible to assess for any adverse impact – that is: sexual orientation, gender reassignment, marriage and civil partnership. The protected characteristic of pregnancy and maternity is not relevant in this instance as all the service users are older people aged 65+.

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

3.2 Summary of impact of current proposals – learning disabilities – Whitehall Street

3.2.1 Impact on Age:

There would appear to be a disproportionate impact of the proposals on people aged between 45-54 using the respite service. Given this age range, there may be an adverse impact on older carers over the age of 65.

The table below gives the profile of carers of people with learning disabilities:

Table 3.2.1.1

Number of carers by age				
Age range	Number of carers of people with learning disabilities known to Adult Services 2010/11	Profile of carers of people with learning disabilities 2010/11	Age profile of Haringey carers (Census 2001)	Age profile of general population
18-64	91	66.4%	81.7%	88.00%
65-74	25	18.2%		6.60%
75+	21	15.3%	18.3%	5.40%
	137	100.0%	100.0%	100.0%

The table shows the within Adult Services Learning Disabilities Service, 33.5% of informal carers are over the age of 65 years. This is compared to a profile of all Haringey informal carers over this age of 18.3%.

3.2.2 Impact on Sex:

The main users of the Whitehall permanent residential homes for people with learning disabilities are women, who outnumber men approximately 8:1. Females are also more likely to use the respite service, therefore the proposed closures are likely to have a disproportionate impact on females.

3.2.3 Impact on Disability:

All users of Whitehall Street have a disability, therefore it is to be expected that the proposed changes will adversely affect users.

3.2.4 Impact on Race:

The protected group where the most adverse impact would be felt, should the proposal proceed, is Black and Black British. Barriers to this group would therefore increase. For people with learning disabilities there is also a strong correlation with socio-economic status³. Hence factors such as poverty, diet, poor living conditions, poor access to health services for people with learning disabilities can be a contributory factor to this.

3.2.5 Impact on other protected characteristics: There is no adverse impact identified in respect of religion at Whitehall Street; whilst data is not collected in

³ May 2008, Centre for Disability Research, "People with Learning Disabilities in England" - <http://www.mencap.org.uk/all-about-learning-disability/information-professionals/more-about-learning-disability>

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respect of the other protected characteristic, therefore it is not possible to assess for any adverse impact – that is: sexual orientation, gender reassignment, marriage and civil partnership. There is no adverse impact anticipated against the protected characteristic of pregnancy and maternity.

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

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

The existing model of social care provision can act as a barrier to people exercising choice and control, and achieving / maintaining their independence: for example, specific BME groups/individuals may find that a personal budget more easily lends itself to meet their needs. The objective of personalisation is to ensure that individuals are able to achieve their desired outcomes, through self-assessment, person-centred support planning, and the use of personal budgets. The overarching drive of personalisation and using personal budgets is to support more people to live at home for longer, thereby reducing the need for residential care. Year on year, Adult Services has reduced its reliance on residential care, including for older people and people with learning disabilities (refer tables 3.3.1 and 3.3.3 below).

However where the assessed need of the individual is such that residential care is considered the most appropriate option for them, this will be arranged for them. Should the proposals to close the Council run residential care homes for older people be agreed by Cabinet, a full assessment of their current level of care need will be arranged, involving the service user/resident and their families, as well as access to independent advocacy where necessary. Where appropriate, a referral to Independent Mental Capacity Advocate (IMCA) service will be undertaken, in situations where the individual care home resident lacks the capacity to participate in the assessment process, and make an informed decision about where they might want to move to, and they do not have any other individual (such as a family member) to provide this support.

Through self-directed-support and the wider transformation of social care individuals, with the help of those that support them will have the opportunity to manage their own care arrangements and achieve a better quality of life. Although there is likely to be an increase in the population of older people in Haringey over the next 20 years, access to effective, efficient and personalised enablement services will reduce the need for residential care in the future. This is especially so for people who are physically frail but want to live in their own homes. We have also been in the forefront of putting in place efficient personalised services that support people to live independently, with an improved quality of life, for longer.

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

- A move toward community-based services including service available at community hubs
- Commissioning services – working with the current and future provider market to ensure the right levels of capacity and at the right quality are available to support people's needs – both community based and residential care based services.

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- Enabling more personalised care through increasing use of personal budgets which gives increased choice and control for clients assessed as being in need of care and support.
- Robust assessment, person-centred care management and safeguarding.
- Developing a 'universal offer' based on volunteering and social responsibility.
- Development of new focused occupational therapy driven Re-ablement service.

It should be noted that residential care homes managed by the Council are provided alongside a well developed independent sector care home market. Haringey Adult Services has strong commissioning practice and we only buy residential care beds that offer the highest quality of care; in early 2011, the Care Quality Commission judged Haringey's commissioning practice, in terms of the quality of residential care for adults, to be the best in London and we have performed in the top national quartile nationally for the quality of residential care that we commission for the last two years.

There is no planned 'shift' from this robust approach to the quality of care that Haringey commissions; Haringey is moving from a model of directly provided adult care services to one where such services are commissioned from a wide range of providers in the independent sector. This proposal is consistent with that strategic approach and the wider requirements of "[Putting People First](#)" and "[Think Local, Act Personal](#)". In addition and in line with the national direction of travel, Adult Services has looked to reduce reliance on residential care, with more people supported to live at home with support where needed, to remain as independent as possible. Our performance in this area has been acknowledged by the Care Quality Commission as excellent over the past three performance years. This is demonstrated in the table below:

3.3.1 – Admissions to residential care (all adults)

Performance Year	Outturn*
2007/08	157
2008/09	148
2009/10	127
2010/11	126

3.3.2 – Helped to live at home (all adults)

Performance Year	Outturn
2007/08	2355
2008/09	3141
2009/10	3944
2010/11	Information available end July 2011

The Council has a statutory obligation under Section 21 of the National Assistance Act 1948 to make arrangements for the provision of accommodation for people who require it. However, there is no obligation for the Council to run care homes. In terms of the care home market for older people, there are 9 residential care home services in the independent sector in the borough offering a total of 231 beds. There are also a significant number of residential care homes close to the borough boundary. The Council currently commissions approximately 75% of all older people's residential care in the private sector, both within the borough and out of borough (for example where an older person prefers to live in another area to be closer to family). In Learning Disabilities services, there are 28 care homes with 139 beds in the borough as well as the Council's Linden House with 6 beds. The Council currently

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commissions over 90% of learning disabilities placements from the independent sector.

Therefore there is considered to be sufficient care home bed capacity both in Haringey and in the immediate surrounding boroughs for older people and people with learning disabilities, ensuring that where permanent residential care is required, there will be availability of suitable placements.

In addition, the Council has worked in close partnership with the new extracare sheltered housing provider (Hill Homes), to ensure an appropriate level of access to the new scheme, The Trees, in Highgate. The Trees is a new 40 unit extracare scheme, for people over the age of 55, and can be accessed by all client groups, including older people and people with learning disabilities. The Council has nomination rights to 30 of the 40 units. We are also working in partnership with One Housing (another registered social landlord), over their planned scheme in Hornsey (Roden Court), which is currently set to open in Summer 2012. The Council will have appropriate nomination rights for this scheme also, and should Cabinet agree the proposal to close Council-run older people's residential care homes, it is anticipated, the opening of this scheme will be ideally timed to accept appropriate transfer of residents from the Council's residential care homes.

At present there are a reduced number of people living permanently in the older people's residential care homes (The Redhouse, Broadwater Lodge and Cranwood), with the available capacity being made available for step-down from hospital as well as respite. The total number of available beds is 113, whilst the current number of permanent residents is 82. By using the bed capacity more flexibly for step-down and respite, this has meant there will be a smaller number of people permanently placed that will need to be moved in these care homes

For those already in the service as permanent residents, officers are confident that the proposed long lead-in period to closure of the three older people's care homes (The Redhouse, Broadwater Lodge and Cranwood) by 31st March 2013 will enable sensitive, careful and holistic assessments and reviews of need to be undertaken and sufficient time will be taken to plan an alternative care home placement with the resident and her/his carer(s) both in terms of appropriateness of the new home and its location; any remaining residents who need to move will therefore be assisted to do so in a manner consistent with best practice and the need to minimise the transition shock for the residents concerned.

With reference to respite provision at Whitehall Street, there is currently a review of respite provision for people with a learning disability underway with the aim of providing more person-centred respite in Haringey; There are a number of existing providers of care who have the capacity to provide this service, based on individual assessed need and the wishes of service users. All service users who are currently provided with a bed based respite service are encouraged to go on individualised budgets (IBs) and buy in alternative services. Each service user who has been assessed as needing bed based respite due to complex needs will have an individual needs based package of respite. These bed based respite options are currently being developed with independent and voluntary sector providers to support the implementation of personalisation. In addition the "shared lives" scheme in Haringey where people spend time in family settings is being extended. This adult placement scheme in Haringey has recently last year drawn national acclaim.

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A range of respite / short break options are also envisaged which individuals can purchase with their personal budget. These include sitting service/ sleep in service/ accompanying service users to activities/outings/ holidays.

The needs of the protected groups identified to be adversely affected by these proposals (i.e. black British people and older carers in 3.2.1). will be addressed through a person centred approach to planning with individuals. This approach will focus on an holistic assessment of needs which will inform commissioning outcomes. All carers as well as users will have individual person centred assessments. An approach will be taken with older carers that will include a focus on “future planning” and planning in case of emergency that may arise due to ill health /hospitalisation of carers. For Black British people a person centred approach and holistic support plan which includes cultural needs will also be undertaken.

In terms of Health needs all people with learning disabilities are supported within a Health plan managed by the Learning Disabilities Partnership. This framework has an emphasis on strategy and practice which supports a response to current and future health needs of individuals. Thus for example all individuals with LD have up to date Health Action plans. Our health and social care professionals also work closely with providers of alternative respite and residential services This work is based on a “community outreach” models which support people’s health needs being met as far as possible in community settings. We have a database of proven providers who are experienced and attend regular provider forums organised by commissioning and which support the attainment of identified quality assurance outcomes In addition all placements are subject to regular review and monitoring , at least annual and more frequently according to individual circumstances. Commissioning will respond to the outcomes of individual assessments to enable matching within a range of options for residents.

In respect of the 10 permanent residents with learning disabilities who are living at Whitehall Street, it is worth noting that four of these individuals have long established support plans that include planning for them moving back into the community with appropriate personal budgets and support services. This planning pre-dated Cabinet’s original decision in December 2010 to go out to consultation on the proposed closures, and work with the individuals and their families is now well underway.

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

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

Step 4 - Consult on the proposal

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

When we consulted

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

How we consulted

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

Pre-consultation activity

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

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

Details as follows:

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

Consultation web page, email address and telephone helpline

A comprehensive web page (www.haringey.gov.uk/budgetconsultation) was created to ensure people were able to read about the proposals and were kept informed of the consultation and what people were saying in feedback. The web pages have regularly been updated since their launch; this has received over 2100 viewings as follows:

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

We didn't, however, rely on this electronic means of communication, especially for those without access to the internet. All information was also supplied in hard copy for those who were unable to access it otherwise

Consultation Questions

We produced a series of surveys where participants could separately complete questionnaires for day care centres, drop-ins, residential care homes/bed based

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respite care or the Alexandra Road Crisis Unit and, in doing so, respond to specific questions and/or add comments of their own.

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

It was also a way of capturing equalities data that would help us to determine alongside the other information we had collated, the Equalities Impact of our proposals and allowed people who wanted to, to have their say anonymously.

The other reason for the questionnaire was that we not only wanted to know what people thought of the proposal but for people to help commissioners of services and others shape future services in the Borough if the proposed changes went ahead.

We identified the need for separate questionnaires: one for residential/bed-based respite care services, one for drop-ins, one for day centres and one for the Alexandra Road Crisis Unit to reflect the differences between the services and the very different nature of the provision (preventative services versus statutory ones and day opportunities versus residential care). We also have further distinguished in some case between services in the same questionnaire – i.e. older people's residential care (The Red House, Broadwater Lodge and Cranwood) and respite-based care (Whitehall Street). Doing so will allow decision-makers to analyse the results in more detail and provide commissioners and others with more specific information tailored to different users of services needs.

Overall structure of the questionnaires

The questionnaires followed a similar format inviting respondents to indicate:

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

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

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

Press notices

We prepared an initial briefing for the press, and have answered individual press enquiries throughout the consultation process, and subsequently to the consultation closing at the end of April 2011.

Appendix 2 Letters and e-mails

The Council recognised the anxiety caused by the proposals and the need to keep people informed as a way of minimising this.

A total of 1200 inaugural letters were sent to users, carers, relatives, providers, faith groups, churches followed by a similar number of others during various stages of the consultation:

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

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

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

Meetings

A significant number of events (56 in all) were held with users, relatives and carers where individuals were presented with information about the proposals and the consultation and then given the opportunity to discuss and comment upon the various aspects including the potential impact upon them and to put forward their case or alternative propositions.

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

16/02/2011	Muswell Hill Pensioners Action Group
9/03/2011	Cranwood Community Group
09/02/2011	Tom's Club
18/02/2011	Clarendon Centre
21/03/2011	Haringey Local Improvement Network (LINK)
21/03/2011	Older People's Drop-in Centres workshop
15/04/2011	Meet with Cllr Schmitz Options for Willoughby Rd
19/05/2011	Mental Health Carers Association Carers Support Group
14/06/2011	Hill Homes 'Extra care' scheme
20/06/2011	Meeting with Cllr Winskill and a Carer

Appendix 2 Reminders

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

Partnership working

Community and voluntary sector

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

Adult Partnership Boards

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

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

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

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

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Consultation – Summary of what people said

Impact for users, relatives and carers

Those who attended meetings or who wrote in have understandably expressed a range of emotions and strengths of feeling. Many people who participated in the consultation did so with personal stories and explained the impact of the cuts for them and/or their loved ones or the groups and individuals whose interests they represented. Many said that they looked forward to coming to centres, drop-ins etc.

It was said that these preventative services provided a 'life line' for those who used them and that many people would be isolated or lose the only significant social contact they had without them. For those in residential care, this was "their home" and the staff "their family". For others, services were 'invaluable in a crisis'. Closure of services was also thought to increase the likelihood of a more serious intervention by the Council or NHS.

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

Impact for the future and the wider community

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

Comments on the proposal

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

Many extended offers of help, including a Community Group asking to be allowed to tender to run Cranwood residential care home on the proviso that the current home was demolished and replaced by 4 x 12-bed homes; and/or suggested steps the Council should and could take to mitigate and/or monitor the impact were the cuts to go ahead. Some were pleased to see the personalisation programme moving forward and were keen to work with the Council in developing a diverse market in services. Others like the Unions were concerned that the personalisation agenda was being used to justify the proposal.

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Comments on the consultation

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

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

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

Frequently asked questions

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

Consultation on the proposals for Residential and Respite Care for Older People and People with Learning Disabilities

Some had no objections in principle to outsourcing of residential home care services to the independent and voluntary sectors and recognised the Council’s policy to use only those providers rated ‘excellent’ or ‘good’ by the Care Quality Commission. Others were concerned about standards in the private sector and what would replace residential and respite services if the homes closed. There was concern about the self-assessment procedures used by providers and that there should be robust monitoring arrangements in place. Loss of continuity and consistency of service and moving residents out of the borough would make visiting loved ones more difficult were also raised as concerns.

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

Consultation on the specific proposal for Broadwater Lodge

Residents and their families of Broadwater Lodge raised the following points:

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- People wanted to know why Adult Services had to make the level of savings proposed, and expressed concern that older people's services were being considered.
- People were concerned about what would happen to them (or their loved ones) if they had to move.
- People did not want to have to move out of borough, and were concerned to be able to move if possible, with people they lived with in the home – their friends who were also resident.
- People were worried that the private sector were only about making profit
- People expressed concern about what the Government was prioritising in terms of public sector spending.

Consultation on the specific proposal for Cranwood

Residents and their families of Broadwater Lodge raised the following points:

- People were concerned as to why the Council was considering closing a home with a 'good reputation', especially as it is their 'home', and they didn't have anywhere else to go.
- People were concerned that they would lose contact with friends they had made in the home.
- People were worried that the private sector were only about making profit, and whether the quality of care would be as good as at Cranwood.
- People expressed concern about what the Government was prioritising in terms of public sector spending.
- People wanted to know why Council-run provision was so much more expensive than private or voluntary sector run residential care.
- People wanted to know what else was being looked at within the Council to find the savings, such as libraries, Councillor expenses, salaries of staff.
- People expressed concern about the proposal, in view of for example, an aging population, and felt that other areas of Council spending should be looked at first ahead of closure of Cranwood.

Consultation on the specific proposal for The Red House

Residents and their families of The Red House raised the following points:

- People expressed strongly that the quality of care was very good at The Red House, and were worried about what would happen to them, if the home was closed. They expressed that they didn't deserve to be in a position of possibly having to move from what is their 'home'.
- People wanted to know why Council-run provision was so much more expensive than private or voluntary sector run residential care.
- People recognised that the home at the moment doesn't have ensuite bathrooms for every bedroom, a Care Quality Commission standard.
- People were worried about the impact on current residents, in terms of affecting their health, in terms of the worry about the proposals and then how soon things would happen, if the proposals were agreed.
- People expressed concern about what the Government was prioritising in terms of public sector spending, including other proposed changes for example to the benefits system.
- People wanted to know about changes they'd heard about to the way care homes are inspected [by Care Quality Commission]

Appendix 2**Consultation on the specific proposal for Whitehall Street**

Residents (via and advocate) and their families of Whitehall Street raised the following points:

- People were worried about where they would go, and where they would then get their respite service. People were worried that there might not be enough other places where they could get respite.
- Most people said they liked Whitehall Street and the staff there are very good. A couple of people said they didn't mind if the home were to close, as they weren't attached to it, and did not find it particularly stimulating.
- People felt it was not fair on parents of people with learning disabilities who rely on the respite service. Informal carers stated how much they rely on the service to get a break.
- People who lived there permanently, were worried about whether or not they could move with their friends who live there.
- People were worried about whether personal budgets would be cut in the future.
- People didn't want to use homes in the private sector, they felt Council run provision was better.
- People wanted to know what else was being looked at in the Council, whether new jobs were being created meaning places like Whitehall had to close. Or whether other services were being cut, such as libraries, parks and reducing manager in the Council.

Looking to the Future

Asked what factor(s) councillors should take into account when making their final decision, two-thirds to three quarters thought continuity of care and quality of care the most important factors - significantly higher (80-90%) in case of day centres and residential care homes. A safe secure environment, help and support when they needed it and being able to maintain links with family and friends were the services/support that care home respondents wanted most (60-80%) going forward.

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

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

Residential Homes (Cranwood, Broadwater Lodge, The Redhouse) - We have sought to reassure people of the mitigations in place. There is no change to Haringey Council's eligibility criteria to access adult social care services, so if a vulnerable adult is assessed as needing services s/he will continue to receive services.

We will do all that we can to help and support users, relatives and carers to find suitable alternatives should the decision be taken to close the homes. People will not therefore be on their own. People's choices would be taken into consideration and of course we would look to maintain friendship groups. Transitional arrangements would therefore include, where possible, moving groups of residents together to a new home (where appropriate to do so), so that social networks could be maintained and continued.

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Moreover, we have allowed sufficient time after any decision to ensure that, if the decision is taken to close a home or centre, we work with users, relatives and carers to arrange alternative outcomes that best meet their needs and provide them with the support they need.

Any proposed changes will be carried out in accordance with the highest of professional standards affording dignity, respect and humanity to our service users, by conducting review and assessments and choosing the most appropriate alternative care option.

Social workers will carry out an assessment and review of each resident's needs and an alternative home (if appropriate) found based on (i) the appropriate type of residential care, (ii) the same or even better quality and one that geographically meets the needs of a close family member, or friend who visits regularly and is involved in the person's day to day care.

We do not anticipate difficulties in finding places for those who wish them elsewhere in the Borough and will support anyone who wishes to be relocated closer to a family member or friend with whom they are in regular contact.

It is worth noting that two thirds of all our home care and residential care is already purchased from the independent sector. On residential care, Haringey was recently assessed by the Care Quality Commission as the best London council for placing people in homes which were rated as **Excellent** quality (3-star) and **Good** (2-star). Where placements of this nature remain appropriate, we will be looking to maintain this approach.

Respite (Whitehall St)

Changes to respite will involve access to a range of respite options which will include short breaks, bed based respite, personal support in the home and in the community; for example a possible development could be a Floating Short Breaks Service to provide service users with: a sitting service/ sleep in service/ accompanying service users to activities/ outings/ weekends away/ holidays/ appointments etc. We will continue to work very hard to achieve the very best standard of care for our vulnerable residents and will continue to plan and buy care which meets these high care standards.

We will still offer respite care options either in a person's own home, or in an alternative care home, as appropriate to their needs. The right care in terms of quality and cost.

Cranwood

As part of the consultation, we met on several occasions with a community group interested in discussing the future of Cranwood. The main thrust of their report proposal was that the existing home, which the group have acknowledged is uneconomic to run, is demolished and replaced by 4 12-bed care homes run by a not-for-profit organisation and that they and a possible partner to be identified be invited to bid to run the redeveloped site.

We gave serious consideration to the content and recommendation(s) of their report and have treated it as part of the overall consultation. However, both on care and

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economic grounds we did not consider that we could take forward the proposal. The principal reasons why this is the case are as follows:

- With the need for planning, design, competition and build to factor in, as a Council, we estimate that we would have to find the extra revenue to cover the anticipated period that the existing facility would remain in operation beyond our proposed date of closure (31st March 2013)
- The costs associated with the proposal, when considered against the reason behind our original proposal being very much to reduce the council's costs to meet the unprecedented cuts placed on local authorities by the Coalition government. Such costs might include - commissioning our own feasibility report, design costs, the cost of advertising and running the competitive procurement process, as well as legal fees and other issues
- As we see it, the proposal also did not avoid one of the principal concerns raised by users, relatives and carers during the consultation (and which we are very much alive to) which is that they are concerned about the impact that a move would have on their or their loved ones physical and mental well-being. Neither of our plans would avoid us having to move users of services out of the existing home or endeavouring to maintain friendship groups should the home close. Our plans however only involve moving people once. We would be most reluctant to contemplate a second move (which the proposal potentially involves) for current residents once the home they'd been moved out of was demolished and before it was replaced with new accommodation. The Community Group has since stated that this could be avoided as plans are for work to be undertaken with the residents in situ. This is something we would be unable to verify until we conducted our own feasibility report.

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

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

June 2011 – letters were sent to users, relatives and carers and others of drop-ins advising them of the position of the Cabinet decision on drop-in services and separate letter to uses, relatives, carers and others notifying them of the timetable residential homes, centres and the Alexandra Road Crisis Unit and pointing to where full details of the consultation could be found.

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

Step 5 - Addressing Training

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

It is important that all Officers involved in commissioning of services directly, or through the market development function and, where appropriate, some private

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organisations, must have received up to date, full, equalities training. This will be identified as a key action in section 8.

Step 6 - Monitoring Arrangements

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

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

Monitoring arrangements will include:

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

Engagement with providers will include:

- Monthly provider forums
- Ongoing work by Market Development.

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

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

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

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

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

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

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

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

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Step 7 - Summarise impacts identified

Unit	Age	Ethnicity	Disability	Gender	
Broadwater	No disproportionate Impact identified*	Disproportionate number of Black British users (46% v 28.6% across all Council Inhouse provision and 15.5% in Borough profile of all older people in Council funded residential care)	All users are disabled	No disproportionate Impact identified*	No disproportionate Impact identified with regard to religion, sexual orientation and the other protected categories
Cranwood	No disproportionate Impact identified*	Disproportionate number of White Irish users (21.7% v 12.2% in all Council Inhouse provision)	All users are disabled	No disproportionate Impact identified*	
Redhouse	No disproportionate Impact identified*	No disproportionate Impact identified*	All users are disabled	No disproportionate Impact identified*	
Whitehall permanent	8 out of 10 residents (80%) are between 30-49 compared to Borough profile of people with LD in residential care of 57%	No disproportionate Impact identified*	All users are disabled	70% of users are female compared to Borough profile of people with LD in residential care of 34%	
Whitehall respite	No disproportionate Impact identified*	Disproportionate number of Black British users (53% vs 27% in Borough profile with LD in all Council funded residential care)	All users are disabled	Disproportionate number of female users (53% vs 34% in Borough profile with LD in all Council funded residential care)	

* **'No disproportionate Impact identified'** signifies that the percentage of people using the particular service is not significantly different to the overall Borough profile of all users of the service. All settings have been compared individually against Borough overall figures in the summary spreadsheet

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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
Black and Black British older people accessing appropriate residential care and respite services	<ul style="list-style-type: none"> Ensure care management staff plan with service users, families/carers and providers that the specific cultural needs of user can be met when making placements. 	Head of Assessment and Personalisation Head of Learning Disabilities Partnership	Ongoing <ul style="list-style-type: none"> 	Existing resources
Risks of higher need for other forms of support and care services in future	<ul style="list-style-type: none"> Identifying non-traditional respite options and improving take-up of personal budgets Commissioning more services in the independent sector Developing a diverse market in services 	Head of Assessment and Personalisation Head of Adult Commissioning	Ongoing July 2011-March 2012	Existing resources
Risk of insufficient capacity in care home market to meet demand	<ul style="list-style-type: none"> Commissioning and Market development work with existing and potential new providers in ensuring the right level of capacity (of the right quality) Ensure capacity for specific disabilities requirements – dementia care, and learning disabilities 	Head of Adult Commissioning	July 2011-March 2013 and ongoing	Existing resources
Improve equality monitoring in relation to transformed services	<ul style="list-style-type: none"> Ensure that all services users in transformed services are fully equality monitored against the Equality Act 2010 categories 	Heads of Services	Ongoing	Existing resources

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Step 9 - Publication and sign off

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

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

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

Assessed by (Author of the proposal):

Name: Lisa Redfern

Designation: Deputy Director

Signature:

Date:

Quality checked by (Equality Team):

Name: Arleen Brown

Designation: Senior Policy Officer

Signature: *A.J. Brown*

Date: 5th July 2011

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date:

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APPENDIX 3

THE NEW DUTY – THE SINGLE EQUALITY DUTY

EQUALITY ACT 2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TYPES OF DISCRIMINATION

Types of discrimination by way of an overview only include

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

FOR INFORMATION

STATUTORY CODES OF PRACTICE

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

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

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

GUIDANCE

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

Appendix 4 – List of private and voluntary sector run care homes in Haringey borough for older people and people with a learning disability

Residential care homes for older people

Organisation	Total Capacity	Type	Provider Type	Quality Rating as at March 2010
Alexandra Park Home	15 places	Care home only (Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category + Physical disability over 65 years of age)	Private	**
Brownlow House	24 places	Care home only (Dementia - over 65 years of age + Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category)	Private	**
Fer View, The	6 places	Care home only (Learning disability over 65 years of age + Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category)	Private	***
Mary Feilding Guild	43 places	Care home only (old age, not falling within any other category)	Voluntary	***
Meadow, The	40 places	Care home only (physical disability + dementia + mental health, excluding learning disability or dementia + old age, not falling within any other category)	Voluntary	**
Morriess House	25 places	Care home only (Physical disability over 65 years of age + Dementia - over 65 years of age + Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category)	Voluntary	***
Nightingale House	9 places	Care home only (old age, not falling within any other category + physical disability + Physical disability over 65 years of age + Dementia - over 65 years of age + mental health, excluding learning disability or dementia + Mental health, excluding learning disability or dementia - over 65 years of age)	Private	**

Spring Lane Care Home	63 places	Care home only (Dementia - over 65 years of age + old age, not falling within any other category + physical disability)	Private	***
Stirling Park	6 places	Care home only (Mental health, excluding learning disability or dementia - over 65 years of age + old age, not falling within any other category)	Private	**

Residential care homes for people with learning disabilities

Organisation	Total Capacity	Type	Provider Type	Quality Rating as at March 2010
Acash Lodge 1	6 places	Care home only (learning disability)	Private	**
Bedford Road 7	6 places	Care home only (learning disability + physical disability)	Private	**
Burghley Road 77	4 places	Care home only (learning disability)	Private	***
Carlingford Road, 181	4 places	Care home only (learning disability)	Charity	***
Cassini House	6 places	Care home only (learning disability)	Private	**
Chelsea House	3 places	Care home only (learning disability)	Private	**
Coleraine Road 30 & 37	8 places	Care home only (learning disability)	Private	***
Endymion Road, 2	6 places	Care home only (learning disability)	Private	**

Evelyn House	3 places	Care home only (learning disability)	Private	**
Granville Road 75-77	6 places	Care home only (learning disability)	Private	**
Great North Road 68	5 places	Care home only (learning disability)	Private	**
Green Lanes Projects	6 places	Care home only (learning disability)	Private	**
Greenfield Road 9	3 places	Care home only (learning disability + mental health, excluding learning disability or dementia)	Private	**
Hilgreen Care (Downhills Park Road)	5 places	Care home only (learning disability)	Private	**
Hilgreen Care (Ruskin Road)	6 places	Care home only (learning disability)	Private	***
Hilgreen Care Limited	5 places	Care home only (learning disability)	Private	**
Kitchener Road 83	3 places	Care home only (learning disability)	Private	***
Lansdowne Care Home	6 places	Care home only (learning disability + mental health, excluding learning disability or dementia)	Private	**
Maidstone House	6 places	Care home only (learning disability)	Private	**
Meridian Walk	6 places	Care home only (learning disability + physical disability)	Voluntary	**
MI CASA	5 places	Care home only (learning disability)	Private	**
Park Avenue 4	6 places	Care home only (learning disability)	Voluntary	***

Pine House	3 places	Care home only (learning disability)	Private	**
Roseberry Gardens 36	3 places	Care home only (over 65 years of age + learning disability + Learning disability over 65 years of age + mental health, excluding dementia)	Private	**
Sherringham Lodge	4 places	Care home only (learning disability)	Private	**
St Raphael's Integrity Care Home	8 places	Care home only (learning disability)	Private	**
Vartry Road, 18	4 places	Care home only (learning disability)	Voluntary	**
White Moon Lodge	3 places	Care home only (learning disability)	Private	**