



**Haringey** Council

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## Special Corporate Committee

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THURSDAY, 24TH NOVEMBER, 2011 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

**MEMBERS:** Councillors Amin, Gorrie, Griffith, Jenks, Khan(Vice Chair), McNamara, Meehan(Chair), Watson, Whyte and Williams

### **AGENDA**

#### **1. APOLOGIES FOR ABSENCE(IF ANY)**

#### **2. URGENT BUSINESS**

The Chair will consider the admission of any late report in relation to the item shown on the agenda. Please note that under the Council's Constitution – Part 4 Section B paragraph 17 – this being a special meeting of the Corporate Committee no other business shall be considered.

#### **3. 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.

#### **4. DEPUTATIONS/PETITIONS/QUESTIONS**

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

**5. STAFFING CHANGES - COMMUNITY HOUSING SERVICES BASE BUDGET REDUCTIONS 2012/13 (PAGES 1 - 32)**

The report proposes changes to Community Housing Services' (CHS) staffing structure in order to achieve the base budget savings target for 2012/13 and seeks the authority to implement a revised staffing structure.

**6. STAFF CHANGES ASSOCIATED WITH THE CABINET DECISION TO CLOSE TWO DAY CENTRES: WOODSIDE DAY CENTRE AND THE 684 CENTRE (PAGES 33 - 70)**

The report will provide background context and an overview of the consultation and restructuring process associated with the Cabinet's decision to close Woodside Day Centre and the 684 Centre and seek agreement to the deletion of the posts associated with this decision.

**7. STAFF CHANGES ASSOCIATED WITH THE CABINET DECISION TO CLOSE FOUR RESIDENTIAL CARE HOMES: WHITEHALL STREET, THE RED HOUSE, CRANWOOD AND BROADWATER LODGE RESIDENTIAL HOMES (PAGES 71 - 134)**

The report will provide background context and an overview of the consultation and restructuring process connected with the Cabinet decision to close four residential care homes and seek agreement to the deletion of the posts associated with this decision.

**8. STAFF CHANGES ASSOCIATED WITH THE CABINET DECISION TO CLOSE IN-HOUSE HOME CARE AND ESTABLISH A NEW REABLEMENT SERVICE (PAGES 135 - 178)**

To consider a summary, background context and an overview of the consultation and restructuring process associated with the changes approved by the Cabinet Member Signing to close the internal home care service and establish a new reablement service. Corporate Committee will consider the deletion of all posts based in the Home Care service.

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<b>Report for:</b>	Corporate Committee 24 November 2011	<b>Item number</b>	
<b>Title:</b>	Staffing Changes - Community Housing Services Base Budget Reductions 2012/13		
<b>Report authorised by :</b>	Mun Thong Phung Director of Adult & Housing Services		
<b>Lead Officer:</b>	Phil Harris Deputy Director, Community Housing Services x4338 <a href="mailto:phil.harris@haringey.gov.uk">phil.harris@haringey.gov.uk</a>		
<b>Ward(s) affected:</b> N/A	<b>Report for Key/Non Key Decision:</b>		

### 1. Describe the issue under consideration

This report:

- 1.1 Proposes changes to Community Housing Services' (CHS) staffing structure in order to achieve the base budget savings target for 2012/13.
- 1.2 Seeks the authority to implement the revised structure in accordance with the recommendations made in section 3 below.

### 2. Cabinet Member Introduction

Not applicable.

### 3. Recommendations

- (a) That the revised establishment and structure of Community Housing Service set out in paragraph 5.4 is agreed.
- (b) That the implementation of the revised structure set out in paragraph 5.7 and Appendix B is agreed, and carried out in accordance with the Council's Restructure Policy.

### 4. Other options considered

- 4.1 A number of savings options were identified and discussed with Members during June and July 2011. Some of these proposals have been confirmed and included in the current proposals while some have been withdrawn. The withdrawn options included the following:
- (a) Re-modelling of Housing's front line, bringing together functions in different teams including Customer Services. This has been postponed because the lead time for implementation meant that achieving full year savings in 2012/13 is not feasible.
  - (b) Reducing posts involved in the procurement and management of temporary accommodation (TA). This has been revised to protect front line posts while reducing the number of managers.
  - (c) Reducing a Housing Benefit Liaison Officer post – withdrawn to protect front line services.
  - (d) Reducing a Payments Officer post – withdrawn to enable the significant new workload associated with Housing Related Support (HRS, formerly Supporting People) to be absorbed.
- 4.2 Each of the above proposals was carefully considered and assessed as resulting in:
- Reduced ability to procure and renew leases for TA, inspect properties, minimise voids and enforce quality standards, and to process handbacks of expensive or poor quality accommodation;
  - Increased risk of reduced TA rent collection caused by housing benefit issues;
  - Larger patches for tenancy support and income recovery officers, jeopardising customer care and support levels and income collection rates;
  - Reduced ability to monitor and process payments to HRS providers, accurately and on time.

Collectively these proposals were deemed to result in an unacceptably detrimental impact on front line services with significant risks in relation to customers and landlords and to the quality and cost of our services. Alternative savings have been identified that mitigate this impact and risk as far as possible.

## **5. Background information**

- 5.1 In order to achieve the target for base budget reductions in 2012/13, full year savings of £386,000 are required.
- 5.2 These savings are sought in the context of the increasing impact of government policies and other changes that have taken place within the Council. It is likely that demand for housing services will increase, as changes in housing benefit present a significant risk of outward migration from inner London and increased homelessness, with increased competition for the limited supply of good quality TA.

Furthermore, as a result of *Rethinking Haringey*, Support Functions Reviews and local directorate changes, very little non-front line capacity has been retained within CHS. Back office and other non-front line functions are now provided corporately or at directorate level and shared with other Council services, so reducing posts without adversely affecting front line service delivery has become increasingly difficult.

5.3 The proposed restructure therefore achieves the savings target by focusing on vacancies, managerial posts and administrative support posts. The proposed reduction of posts affects the following services:

- Temporary Accommodation
- Income Recovery
- Assessments & Lettings
- Administration

In addition a number of adjustments are being made to roles and reporting lines, affecting posts throughout the service without making reductions or changes to grades.

5.4 The proposal reduces the number of FTE posts from 166.5 to 157.5. These reductions are summarised in the table below.

<b>Roles</b>	<b>Grades</b>	<b>Current Permanent Posts</b>	<b>Proposed Permanent Posts</b>
Income Recovery Manager Temporary Accommodation Manager	PO8	2	1
Tenancy Support Team Leader	PO4	2	1
Income Recovery Team Leader	PO3/PO4	2	1
Senior Tenancy Support Officer	PO2	0	1
Senior Income Recovery Officer	PO2	0	1
Senior TA Visiting & Lettings Officer	PO2	0	1
Tenancy Support Officer	PO1	10	9
Income Recovery Officer	PO1	10	9
TA Lettings Officer	PO1	5	4
TA Visiting Officer	PO1	4	3
Assessments Officer	PO1	7.5	6.5
Housing Review & Service Improvement Officer	PO4	1	0
Administration Officer	Sc5	13	10

The detailed description and rationale for these changes are included in the Consultation Pack, attached as Appendix A (note that the appendices to the pack are not included). A summary

organisation chart showing the current and proposed structure is attached as Appendix B.

5.5 Formal consultation was initiated with staff and trade unions on 29 September 2011 and continued until 31 October 2011. A number of meetings were held with individual staff, with teams and with union representatives in this period. In summary UNISON have commented that:

- They are opposed to cuts and to compulsory redundancies;
- 'Bumping' should be allowed to enable staff not at risk to volunteer for redundancy;
- Ring fences should be closed;
- Testing should not be used for selection;
- Any requests for job sharing and working reduced hours should be supported;
- Non front line posts should be cut rather than front line posts.

UNISON's full formal comments are attached as Appendix C and the management response to these is attached as Appendix D.

5.6 As a result of consultation, a number of actions have been taken and adjustments made to the proposals. One ring fence has been changed from open to closed and others remain under consideration. Further information on the management assessment to be undertaken, in particular the testing relating to administrative staff, has been and will be provided. The role of Seniors is being further discussed and the detail of job descriptions is under review with affected staff and will be agreed before issue of the Final Information Pack, in accordance with the Restructure Policy.

5.7 The net reduction of nine posts will be achieved by the deletion of vacancies, by voluntary redundancy (VR) and, if redeployment efforts are unsuccessful, by compulsory redundancy. Selection for compulsory redundancy will be based on a management assessment and up to four ring fences have been identified for this purpose. A further six ring fences may be required but it is possible that that as a result of VR and ring fenced recruitment, few of these potential ring fences will actually be required. The ring fences and management assessment will be conducted in accordance with the Council's Restructure Policy.



## **6. Comments of the Chief Financial Officer and Financial Implications**

- 6.1 The total savings target for 2012/13 currently stands at £1.586m. This report proposes a restructure that will contribute to that savings target in terms of savings in the salaries budget in the sum of £0.386m. The lead times allow the full year savings to be achieved for the Service.
- 6.2 It is noted that the impact of reductions in staff on performance rates has been factored in to the decisions on posts to be deleted. This will mitigate the risk of, for example, a reduction in income collection rates that lead to a greater loss in income than the savings from the post that has been deleted.

## **7. Head of Legal Services and Legal Implications**

- 7.1 The Head of Legal Services has been consulted on the contents of this report. Consultation with staff and recognised trade unions is an essential part of the responsibilities of an employer in the course of a business re-organisation. The requirement for consultation with employees and their trade union representatives is recognised within the report and its outcome set out in paragraph 5.5.
- 7.2 Due consideration should be given to responses received as a result of the consultation before any final decision is reached concerning the proposals outlined. Further, due consideration must also be given to the authority's public sector equality duty before such a final decision, taking into account the content of the equality impact assessment referred to in paragraph 8.
- 7.3 The detailed arrangements for the selection arrangements for the posts within the new structure must comply with the Council's policies regarding restructuring. The position of employees displaced as a result of the selection processes should be considered under the Council's policies regarding redeployment and redundancy.

## **8. Equalities and Community Cohesion Comments**

- 8.1 A draft Equalities Impact Assessment (EqIA) was included in the Consultation Pack. This assessment indicates that some of the planned ring fences could disproportionately impact on some staff groups. However this is potentially because there is currently a significant over-representation of women and Black Asian & Minority Ethnic (BAME) staff in the service, and because three of the proposed seven ring fences contain only two staff.

- 8.2 The actual impact will not be known until the composition of ring fences is confirmed and the outcome of any selection, taking into account voluntary redundancy, is known. The EqIA will be fully completed at that stage.

## **9. Policy Implications**

- 9.1 The proposals in the report reflect the requirements of the Council's Medium Term Financial Strategy and the direction set out in *Rethinking Haringey*.
- 9.2 The proposals do not have any specific implications for the Council's existing policies, priorities and strategies at this stage. In general staff reductions may increase risk in relation to effective delivery of the Housing Strategy 2009-19 and the draft Homelessness Strategy 2011-14. Service improvement and qualitative change in key areas is being driven in order to maintain service delivery and achievement of our core policies and priorities with reduced staff numbers.

## **10. Use of Appendices**

- 10.1 Appendix A – Detailed description and rationale for proposals, CHS 2012/13 Budget Reductions Consultation Pack (main document only, no appendices).
- 10.2 Appendix B – Summary organisation chart showing the current and the proposed structure.
- 10.3 Appendix C – UNISON comments on the Consultation Pack.
- 10.4 Appendix D – Management response to UNISON comments.

## **11. Local Government (Access to Information) Act 1985**

- 11.1 Community Housing Services 2012/13 Budget Reductions and Reduction, Initial Information Pack for Consultation.

## Community Housing Services

### 2012/13 Budget Reductions and Restructure Initial Information Pack for Consultation

#### 1.0 Introduction

This document constitutes the initial information pack issued to employees and trade unions in accordance with the Council's Restructure Policy. A reduction in the base budget for 2012/13 is required and staff reductions, and a restructure, are proposed to meet this target.

#### 2.0 Reasons for the Restructure

##### 2.1 Financial Context

As a result of continued budgetary constraint imposed by central government, all directorates have been required to identify budget savings. For Community Housing Services (CHS), this means a base budget reduction target of £835,850 for 2012/13, in addition to the Pre-Agreed Savings target of £438,000.

##### 2.2 Service Context

Over the last four years, CHS has achieved significant service improvements and seen a number of changes to its services. The restructure required to achieve savings for 2010/11 ("Phase 1") was made possible by the substantial reduction in the number of households in temporary accommodation (TA) and the high level of homelessness preventions being achieved.

The savings target for 2011/12 ("Phase 2") was achieved through a corporate voluntary redundancy (VR) programme which meant that the restructure was mainly concerned with management adjustments necessary to deal with the consequences of VR.

The proposed "Phase 3" reductions for 2012/13 will be implemented in a very different service context, given the likely impact of government policies and other changes that have taken place or will do so within the Council. Although the number of households in TA continues to fall, the rate of reduction is more gradual than was the case so scaling back TA-related functions is not a straightforward option at this stage. The changes in housing benefit present a significant risk of outward migration from inner London and increased homelessness, with increased competition for the limited supply of good quality TA. While the Council and the Service is responding to these challenges, it is likely that demand for housing services will increase and reducing staff in order to achieve budget reductions carries greater risk than was the case in previous restructures.

Coupled with this, internally the Service is in a position where as a result of *Rethinking Haringey*, Support Functions Reviews and local directorate changes, very little non-front line capacity has been retained within CHS.

Back office and other non-front line functions are now provided corporately or at directorate level and shared with other Council services, so reducing posts without adversely affecting front line service delivery has become extremely difficult.

### **3.0 Approach to the Restructure**

#### **3.1 General Principles and Priorities**

Community Housing Services was required to start the process of identifying the additional 2012/13 base budget savings in May 2011. Initial savings proposals were identified by the Senior Management Team (SMT) and agreed in principle by Members; these proposals are included (for information only) in this pack as Appendix A.

Managers have since been assessing and developing the initial proposals, in order to establish an approach to the restructure consistent with the needs of the Service and its customers while achieving the required savings. Managers have sought to:

- (a) Reduce the level of savings to be found from the salaries budget for permanent staff by identifying alternative savings and adjustments to the budget to achieve the required savings
- (b) Minimise the impact of budget reductions on front line services as far as possible, by targeting non-front line functions where possible and by continuing to reduce managerial posts.
- (c) Minimise the impact on permanent staff and the risk of redundancy by:
  - Review of current vacancies and assess the possibility of deleting vacant posts where this can be achieved in line with service needs;
  - Control recruitment of permanent staff to vacant posts in the period leading up to the restructure;
  - Review temporary posts and the use of agency staff and where appropriate, remove base budget provision for such posts;
  - Where practical, fair and in line with the needs of the service, coordinate any VR applications from CHS staff with the restructure process.
- (d) Develop and gain agreement to a separate, alternative approach to the achievement of the Pre-Agreed savings of £438,000 for 2012/13, in order that further staff reductions are not required to achieve this target.

#### **3.2 Required Savings**

In line with the above, savings of £450,000 have been identified that do not require reductions in permanent posts. The restructure is therefore proposed to achieve £386,000, in order that the target for base budget reductions of £835,850 (full year for 2012/13) is met.

### **4.0 Restructure Proposals**

The current and proposed organisation charts are included as Appendices B and C respectively.

#### 4.1 Temporary Accommodation & Income Recovery

The TA and Income Recovery teams will be brought together under a single fourth tier manager. Within this service, the two existing Tenancy Support teams will be merged under a single team leader and the two existing Income Recovery teams will be merged under a single team leader. Both teams will have a new Senior post, replacing an existing officer post.

The TA Visiting & Lettings team will transfer from Temporary Accommodation to the Assessments & Lettings service. Within the team, a Visiting Officer post (PO1) will be deleted and a TA Lettings Officer post (PO1) will be replaced by a Senior TA Visiting & Lettings Officer post (PO2).

The specific posts to be changed within the teams affected are summarised below.

<b>Post</b>	<b>Grade</b>	<b>Current no. of posts</b>	<b>Proposed no. of posts</b>	<b>Change</b>
Temporary Accommodation Manager Income Recovery Manager	PO8	2	1	-1
Tenancy Support Team Leader	PO4	2	1	-1
Senior Tenancy Support Officer	PO2	0	1	+1
Tenancy Support Officer	PO1	10	9	-1
Income Recovery Team Leader	PO3	2	1	-1
Senior Income Recovery Officer	PO2	0	1	+1
Income Recovery Officer	PO1	10	9	-1
Senior TA Visiting & Lettings Officer	PO2	0	1	+1
TA Lettings Officer	PO1	5	4	-1
TA Visiting Officer	PO1	4	3	-1
<b>total</b>				<b>-4</b>

The proposal will enable more integrated patch management, with closer working between Tenancy Support Officers (TSO) and Income Recovery Officers (IRO). Front line services are protected by this proposal and the flattening of structures and moving towards higher management/staff ratios is consistent with corporate approaches, as set out in *Rethinking Haringey*.

The deletion of three managerial posts means that an increased management workload will fall on remaining managers and two measures are proposed to assist with this. Firstly, the reintroduction of Senior posts deleted in a previous restructure will provide support to enable the effective management of comparatively large teams.

Seniors will be responsible for a 'half patch' in Tenancy Support and Income Recovery so patch alignment between the two teams will be maintained. Seniors will be responsible for day to day operational tasks and processes and will deputise for the Team Leader. It is expected that the introduction of the

Senior roles will not have a detrimental impact on front line services. In Income Recovery, the Senior post will take responsibility for the formal line management of the Housing Benefit Liaison Officers (HBLO), whose roles are being adjusted (see 4.2 below). These changes are expected to maintain and even improve income collection performance.

Secondly, the transfer of the TA Visiting & Lettings team to Assessments and Lettings will more effectively share management workloads as well as aiming to provide a streamlined service where there is a natural synergy between teams.

The Visiting Officer post has been vacant since January 2011 and the visiting programme has been maintained in that time. It is important to ensure that Visiting Officers maximise their customer-facing time rather than undertake desk-bound work that could be done more appropriately by other staff. The proposals relating to administrative support below (4.4) will facilitate this.

#### **4.2 Housing Benefit Liaison Officer**

The proposal is to retain the existing four posts as currently deployed (i.e. 2 in Income Recovery and 2 in Housing Advice & Options) and to encourage more teamwork between them. The Income Recovery posts will be revised to include assessment responsibility and the job title for these two posts will become Housing Benefit Assessment Officer.

Revising the role in Income Recovery to include Housing Benefit (HB) assessment will enable the team to address the current backlog in assessments undertaken by Benefits & Local Taxation. By making this change, and also including a role in welfare benefits/financial advice, processes and productivity will improve as well as helping to reduce the backlog of cases, some of which are simple cases of change of address/circumstances.

#### **4.3 Assessments & Lettings**

The specific posts to be changed within the teams affected are summarised below.

<i>Post</i>	<i>Grade</i>	<i>Current no. of posts</i>	<i>Proposed no. of posts</i>	<i>Change</i>
Housing Review & Service Improvement Officer	PO4	1	0	-1
Housing Assessment Officer	PO1	7.5	6.5	-1
<b>total</b>				<b>-2</b>

The internal dedicated housing review function will end with the deletion of the Review & Service Improvement Officer post. The number of statutory review requests made to the service has reduced significantly over the past 5 years from 365 in 2006/07 to 223 in 2010/11 and in the first 2 quarters of 2011/12 there have been only 39 such requests (excluding requests made in respect of an offer of accommodation as a result of auto-bidding). The deletion of this post follows the deletion of the previous 0.5 post in the 'Phase 1' restructure.

External review providers will be used when necessary but the potential cost of this would be low and deleting the post will achieve a significant saving. Reviews are already undertaken by other managers within the service and this will continue, with responsibility formally passing to these roles.

For example, the determination of reviews regarding the suitability of an offer of temporary accommodation will be transferred to the TA Visiting & Lettings Team Leader. This proposal is supported by the addition of a Senior to the team, who will be responsible for approving such offers in order to adhere to the legal position as to who can make a review decision. Similar arrangements will be made for review requests in relation to offers of permanent accommodation made in consequence of auto-bidding with Team Leaders and Seniors continuing to play a role.

The deletion of the Housing Assessment Officer post reflects the impact of the new Allocations Policy, introduced in March 2011, the automation of the application form in June 2011 and the re-registration of existing housing register applicants over the period July to October 2011. For example, more than 50% of Band C applicants did not re-register and a similar rate for the current Bands D and E re-registration will mean a significantly smaller housing register. Couple with the benefits of automation, the saving of a post can be made without a significant impact on services and was envisaged in the business case for the new policy.

#### 4.4 Administration

The proposal is to reduce administrative posts from the current thirteen to ten, to manage administrative support as a common pool across the service and to change the job title to Service Support Officer to more accurately reflect responsibilities.

The specific changes are summarised below:

<i>Post</i>	<i>Grade</i>	<i>Current no. of posts</i>	<i>Proposed no. of posts</i>	<i>Change</i>
Administration Officer	Sc5	13	0	-13
Service Support Officer	Sc5	0	10	+10
<b>total</b>				<b>-3</b>

Responsibility for administrative support will be transferred to Commissioned Services (see 4.5 below) who will ensure effective deployment for the service as a whole. As the number of posts is reducing, maintaining an adequate level of support within each service team becomes more difficult. Having multiple line managers inevitably leads to a fragmented approach rather than coordinated management of support capacity, deployed flexibly in accordance with service needs.

The proposal recognises that much of the day-to-day of administrative support is common to all teams and these generic tasks would be more consistently performed under common and more neutral line management. Where

administration is not deemed generic and is unique to particular team, involving particular front line service processes, resources will be deployed as needed to those areas. In practice this will mean that some staff will work on generic support for the whole service, while others will be deployed in specific service teams. However, line management will remain 'central' i.e. outside the service teams for all administrative staff.

The advantages of this approach are:

- More appropriate use of resources, by distinguishing generic administration and clerical work from more specialist front line support;
- Greater flexibility in use of resources;
- Improved ability to cover and share i.e. more than one person will have knowledge of a particular team/function;
- Simplifies current rota arrangements, which have been problematic at times;
- Improved understanding of processes/functions across teams;
- More consistency across teams e.g. in filing, correspondence management;
- Easier to implement service-wide improvements e.g. procedures;
- More variety and job satisfaction for staff;
- Improved career development for staff.

There are a number of details to finalise in relation to this proposal and the consultation period will be used to consider and determine these with the affected staff and managers. One option is to formally differentiate administrative roles, to create a "generic" role and a "specialist" role with distinct job descriptions. A further change could be to introduce grade ranges for differentiated roles, providing both progression opportunities and more appropriate entry points. Managers are keen to hear the views of staff on these matters and the proposal in general.

#### **4.5 Commissioned Services**

The proposal is to revise the current posts of Housing Payments Manager (PO5) and Business Improvement Manager (PO5) to take on new and changed responsibilities. A change to the Systems Support Officer (PO4) post is proposed, to bring it more into line with current priorities and re-focus it as Systems Development Officer.

The specific changes are summarised below:

<b>Post</b>	<b>Grade</b>	<b>Proposal</b>
Housing Payments Manager	PO5	New title: Business Operations & Payments Manager. Adjustment to responsibilities, with revised Job Description
Business Improvement Officer	P05	New title: Service Operations Manager Adjustment to responsibilities, with revised Job Description



<b>Post</b>	<b>Grade</b>	<b>Proposal</b>
Systems Support Officer	PO4	New title: Systems Development Officer Adjustment to responsibilities, with revised Job Description

A number of changes since the previous restructure have necessitated these adjustments. Firstly, as a result of the late decision to exclude the previous Finance Accountant (PO5) post from the Finance Support Functions Review, a post of Housing Payments Manager (PO5) was in the process of being established, to which the incumbent would have been assimilated. This post of Housing Payments Manager has now been broadened, as a result of the changes to administration described in 4.4 above, to become Business Operations & Payments Manager.

Secondly, the Business Improvement Officer post was created in the previous restructure with business support responsibilities that have subsequently been transferred to the Directorate Business Management team. This post has therefore been adjusted accordingly, with important residual responsibilities arising from the various Support Functions Reviews and also assuming responsibility for the increasingly important area of quality management and Information Technology (IT).

The line management of the central administrative pool of ten staff will be shared by these two managers, who will work together closely to ensure effective administrative support is provided to front line services.

Thirdly, a new Housing IT strategy is being developed and significant work is planned on automation and systems procurement. Capacity does not currently exist for the implementation of this critical work, which will have a decisive bearing on our future service delivery, efficiency and ability to realise savings. The new post of Systems Development Officer will assume this responsibility, while retaining higher level system support responsibilities. Lower level support will increasingly be undertaken by the Technical Support Assistant and the Housing Information Team (Homes for Haringey).

#### **4.6 Other Changes Affecting Job Descriptions**

In addition to the proposals set out above, a number of other changes are required that are not included in the ring fence and assimilation arrangements set out in Appendix D. These are:

- (a) The revised job description for Housing Assessments & Lettings Manager, described in 4.1 above and attached as Appendix E.
- (b) The revised job description for Housing Benefit Assessment Officer, described in 4.2 above and attached as Appendix F;

The proposal for Administration Officers will involve a minor adjustment to the responsibilities of existing Senior posts, as line management of administrative staff will be replaced with responsibility for linking with line management to

ensure service needs are met. This change will be the subject of consultation but does not give rise to a re-evaluation of the grade of the Senior posts.

A number of minor factual changes will be made to job descriptions affected but not included in this pack, where this is necessary to reflect changed reporting lines, job titles or team names, or in the case of housing reviews (described in 4.3 above), transferred responsibilities.

## **5.0 Ring Fence and Assimilation Arrangements**

Ring fence arrangements will operate where:

- (a) Existing posts are reduced or deleted, resulting in a number of staff being displaced that exceeds the number of posts available.
- (b) New Senior posts are created, resulting in staff displacement as above.

Both open and closed ring fences will apply as summarised below and detailed in Appendix D. Up to ten ring fences may be required and these will operate in stages, to take into account that the first stage has to be completed before the second begins, and that the composition of ring fences may change. It is possible that not all ten ring fences will be required. The third stage will only be required if an appointment is not made from the open ring fences for the newly-created Senior posts.

For all ring fences, selection will be by Management Assessment in accordance with the Restructure Policy i.e. based on:

- The employee's statement of application (where appropriate)
- Interview and/or testing
- Appraisal and supervision records
- Factual information

### **5.1 Temporary Accommodation Service Manager**

This is a new post, replacing the existing TA Manager and Income Recovery Manager posts. The new job description is included as Appendix G.

An open ring fence will operate for this post, to include the two incumbents.

### **5.2 Tenancy Support Team Leader**

This is a new post, replacing the existing two Team Leader posts. The new job description is included as Appendix H.

A closed ring fence will operate for this post, to include the two incumbents.

### **5.3 Income Recovery Team Leader**

This is a new post, replacing the existing two Team Leader posts. The new job description is included as Appendix I.

An open ring fence will operate for this post, to include the two incumbents.

### **5.4 Senior Tenancy Support Officer**

This is a new post, the job description is included as Appendix J.

An open ring fence will operate for this post, to include all existing Tenancy Support Officers who confirm that they wish to be considered for the Senior post.

If an appointment to the Senior post is not made, a closed ring fence will then operate for the Tenancy Support Officer post, to reduce from the current ten posts to the required nine posts.

### **5.5 Senior Income Recovery Officer**

This is a new post, the job description is included as Appendix K.

The unsuccessful candidate from the Income Recovery Team Leader ring fence will be considered for assimilation to this post.

In the event that an appointment to the Senior post is not made in this way, an open ring fence will operate for this post, to include all existing Income Recovery Officers who confirm that they wish to be considered for the Senior post.

If an appointment to the Senior post is not made, a closed ring fence will then operate for the Income Recovery Officer post, to reduce from the current ten posts to the required nine posts.

### **5.6 Senior TA Visiting and Lettings Officer**

This is a new post, the job description is included as Appendix L.

An open ring fence will operate for this post, to include all existing Visiting Officers and TA Lettings Officers who confirm that they wish to be considered for the Senior post.

If an appointment to the Senior post is not made, a closed ring fence will then operate for the TA Lettings Officer post, to reduce from the current five posts to the required four posts.

### **5.7 Service Support Officer**

This is a new post, replacing the existing Administration Officer post. The new job description is included as Appendix M.

A closed ring fence will operate for this post, to include all existing Administration Officers.

### **5.8 Commissioned Services**

Ring fences will not be required in this team. Assimilation will apply to the revised posts as set out in Appendix D.

The revised job descriptions for the Business Operations & Payments Manager, Service Operations Manager and Systems Development Officer are included as Appendices N, O and P respectively.

## 6.0 Voluntary Redundancy

CHS staff are able to apply for voluntary redundancy using the VR1 form available on Harinet. Applications should be sent to:

[hrpolicy.strategyteam@haringey.gov.uk](mailto:hrpolicy.strategyteam@haringey.gov.uk)

and must be received by Wednesday 19 October 2011.

The teams directly affected by the restructure (i.e. where a reduction in the number of posts is proposed), are evident from section 4.0 above and the ring fences proposed in section 5.0 and Appendix D. Although all applications will be given due consideration, it is unlikely that a redundancy situation will be deemed to have arisen in those teams not directly affected by the restructure. Staff should bear this in mind in considering any application and discuss with their Head of Service where appropriate.

## 7.0 Equalities Implications

A draft Equalities Impact Assessment is included as Appendix Q.

The initial assessment shows that the potential impact of the restructure could be disproportionate in relation to some diversity strands. The restructure process, and in particular the arrangements for management assessment, selection and testing will be designed to ensure that all affected staff are treated fairly and any potential discriminatory aspects are mitigated against.

## 8.0 Provisional Timetable

The provisional timetable for the restructure is as follows:

<i>Process</i>	<i>Start Date</i>	<i>End Date</i>
Issue initial Information Pack	29 September 2011	29 September 2011
Voluntary Redundancy application period	29 September 2011	19 October 2011
Consultation period	29 September 2011	26 October 2011
Finalise proposals and prepare committee report	27 October 2011	11 November 2011
Corporate Committee	21 November 2011	24 November 2011
Issue final Information Pack	25 November 2011	25 November 2011
Management Assessment period	28 November 2011	19 December 2011
Notification of outcome	20 December 2011	20 December 2011
S.151 Officer approval	21 December 2011	13 January 2012
Displaced staff referred to Redeployment Register	16 January 2012	16 January 2012
Issue redundancy notices	16 January 2012	16 January 2012

## 9.0 Communication and Consultation Plan

This initial information pack will be issued to all staff affected by the proposals and to trade union representatives. All CHS staff will be notified of its issue via a same day e-mail communication.

During the formal consultation period:

- (a) Heads of Service will meet with the affected teams at least once and as required;
- (b) Additional LDCC meeting will be convened as required;
- (c) Heads of Service and other managers will attend any regular team meetings scheduled, where appropriate;
- (d) Managers will make themselves available to affected staff members individually or in groups, as required;
- (e) E-mail updates will be issued as necessary to affected staff and trade union representatives.

The outcome of consultation and the final information pack will be issued to all affected staff and to trade union representatives. All CHS staff will be notified of its issue via a same day e-mail communication.

## **Appendices**

- A – Initial Proposals for 2012/13 Savings (for information)
- B - Current Organisation Chart
- C - Proposed Organisation Chart
- D - Proposed Ring Fence Composition and Assimilation
- E – Job Description: Housing Assessments & Lettings Manager
- F – Job Description: Housing Benefit Assessment Officer
- G – Job Description: Temporary Accommodation Service Manager
- H – Job Description: Tenancy Support Team Leader
- I – Job Description: Income Recovery Team Leader
- J – Job Description: Senior Tenancy Support Officer
- K – Job Description: Senior Income Recovery Officer
- L – Job Description: Senior TA Visiting & Lettings Officer
- M – Job Description: Service Support Officer
- N – Job Description: Business Operations & Payments Manager
- O – Job Description: Service Operations Manager
- P – Job Description: Systems Development Officer
- Q – Draft Equalities Impact Assessment
- R – Summary of Posts Affected

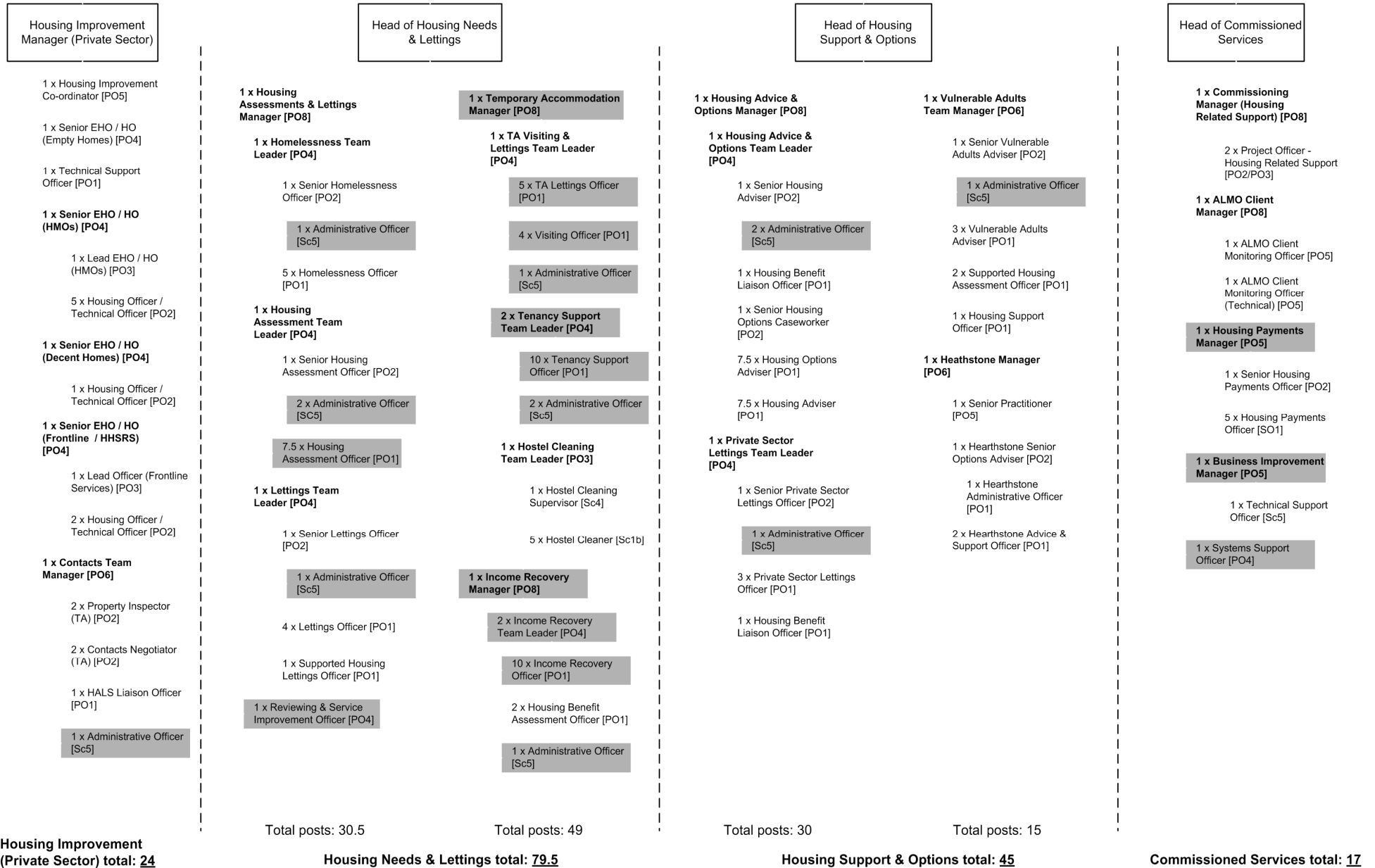
# Community Housing Services

## Adult and Housing Services Directorate

Deputy Director for  
Community Housing  
Services

Affected posts

### Current organisation chart – November 2011



**Community Housing Services total number of posts: 166.5**

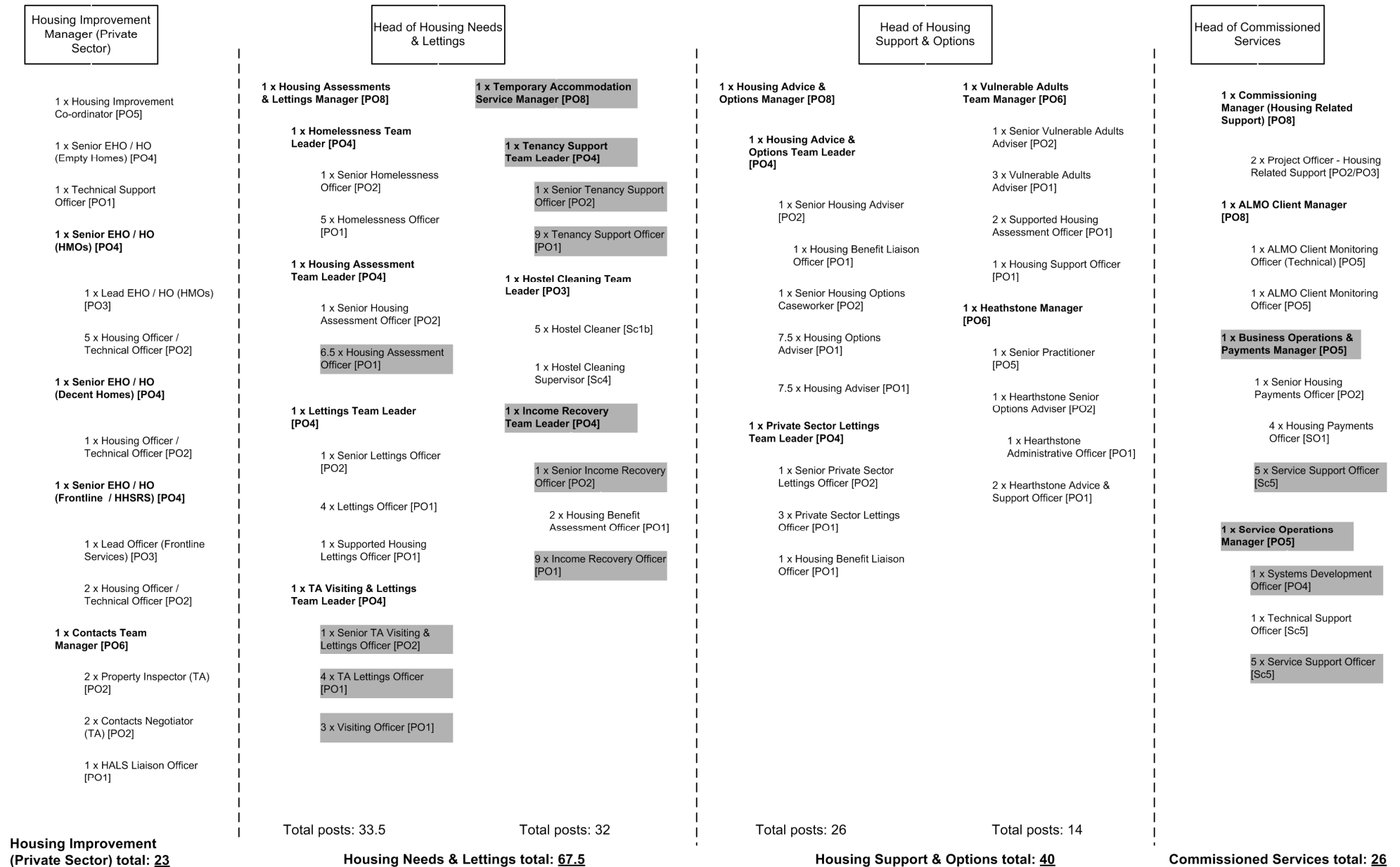
# Community Housing Services

## Adult and Housing Services Directorate

Deputy Director for  
Community Housing  
Services

Affected posts

### Proposed organisation chart – November 2011



**Community Housing Services total number of posts: 157.5**

## **UNISON COMMENTS ON COMMUNITY HOUSING SERVICES RESTRUCTURE**

### **Redundancies and cuts**

As part of this process, UNISON is formally restating its opposition to compulsory redundancies. Management should take all necessary action to ensure that such redundancies do not take place, including looking at requests for flexible working and voluntary reductions in hours. Management have invited requests for voluntary redundancy, which is a positive move. However, they should go beyond this and look at the possibility of bumping; that is, where an employee who is in a post that is not at risk but wants voluntary redundancy is allowed to leave so that someone who is actually at risk can move into the post. This should only be done by agreement, and is obviously subject to the grades being appropriate, a suitable skills match and so on.

We understand that the admin team have collectively expressed an interest in a voluntary reduction in hours so that no (or fewer) compulsory redundancies need to be made in their team. Management need to proactively explore this with those staff to find out if this is a viable option.

With regards to voluntary redundancies, the closing date for applications was 19/10/2011. It would be helpful if management could decide as soon as possible which of these will be agreed, as this may reduce the need for compulsory redundancies, or even make a selection process unnecessary, which would help to alleviate the stress that this situation is causing to staff. We do not need to know the names of the staff for whom VR is agreed; we simply need details of how any agreed requests will affect ringfencing arrangements.

We are also opposed to cuts in services, and object to the deletion of posts in this service, particularly front line staff.

### **Temporary Accommodation and Income Recovery**

Staff have expressed significant concern about the deletion of posts in these teams, and we particularly object to the deletion of the PO1 posts.

Clients who come into the Temporary Accommodation (TA) service may be vulnerable and can have significant problems, including mental health issues, substance misuse, problems with domestic violence and so on. They usually need a high level of support and input; staff informed us that the Chartered Institute of Housing estimated that managing one person in TA is the equivalent of managing three people in permanent accommodation. Also, despite the use of the word “temporary”, people can actually be in this type of accommodation for years, and they need support throughout this time; this is intensive, stressful and long term work. This is a team that needs to be properly resourced. Reducing staff and overstressing them can lead to things being missed, and there could be serious consequences arising from this when staff are dealing with vulnerable people.



Management have claimed that the number of households in TA is falling, although they do acknowledge that the reduction is slower than it was. Constraints on the availability of private sector rented housing, along with forthcoming Housing Benefit changes, are likely to lead to an increase in homelessness and therefore an increase in the demand for the services of the TA team. This demand is likely to be very difficult or impossible to meet with reduced staffing. Management do accept that the demands on this service may increase, and acknowledge that reducing staff carries some risk. However, we believe that they are underestimating the level of increase, the effect on the team and the consequent risk.

The number of Tenancy Support Officers has previously been cut from 14 to 10, and the work was simply redistributed to the remaining team members, putting those staff under a huge amount of pressure. The fact that another post is now being cut is a major concern. There is a significant risk that staffing reductions could have serious consequences for the people who use the TA service, due to important issues that may be missed or not adequately addressed as a result of there being insufficient staff to deal with them effectively. Even if the consequences are not quite as serious as this, the increase in patch sizes that will result from this cut will put significant stress on staff and will inevitably lead to a lower quality of service. Management cannot simply keep cutting a service and expect the same amount of work (or even more) to be done to the same standard as before.

Some of the same arguments apply to Income Recovery Officers. This team also lost four workers in a previous restructure, and the work was redistributed to remaining staff, with a similar increase in pressure and stress on them. A further reduction will exacerbate this problem, as staff would then potentially be dealing with an additional 25-30 properties each, which is a significant increase. As stated above, if a post is cut, management will not be able to expect the same level of work to be carried out to the same standard by the remaining staff.

Management have stated that seniors in Tenancy Support and Income Recovery will have responsibility for half a patch in addition to their senior duties. Staff have clearly expressed that they believe that this will be unmanageable. However, if management decide not to proceed with this, then that will mean that a whole patch will have to be redistributed to the remaining PO1 staff, which would also be unmanageable, and would not be an acceptable solution to this matter.

To varying degrees, several clauses in the job descriptions for senior posts are either the same as or similar to the Team Leaders, or have simply had "assist the Team Leader with..." or something similar added. Management need to ensure that seniors are not just used as cheap managers, carrying out the duties of Team Leaders but being paid less. It has been stated in consultation meetings that seniors will not be expected to cover all the duties of Team Leaders when they are on leave, so we expect this to be adhered to.

The two PO8 manager posts in these teams are being merged into one role, in effect doubling the work of the remaining employee. The number of Team Leaders will be reduced from 4 to 2, in addition to the cut in front line staff. Given these facts, we believe that the PO8 post will be unmanageable for one person. This is not because of a lack of capability of anyone who may fill this post; rather, it is because you cannot reasonably expect one person to suddenly do the work of two people, with fewer staff in their team. This could lead to the increased risk of serious consequences for those who use the service.

### **Assessments and Lettings**

Management have proposed to cut the Housing Review and Service Improvement Officer post, and have stated that some of the duties of this post will transfer to the TA Visiting and Lettings Team Leader and also the Senior. Management should be aware that this will have an impact on the ability of the staff in those two posts to carry out their other duties.

With regard to the outsourcing of reviews, please clarify the basis on which it is stated that “the potential cost of this would be low.” Approximately how much do management believe this will cost?

### **Administration**

The proposal is to reduce the number of administrative posts from thirteen to ten; we object to this cut. Management have not provided an explanation for why three posts are being cut. What analysis has been done to establish the amount of work that needs doing, and the number of staff needed to do it? We suspect that no such analysis has been carried out, and that in common with other teams, management will simply expect fewer staff to carry out the same amount of work. Management need to be aware that this will not be possible, and they should ensure that they do not place excessive demands on administrative staff if this cut is implemented. It will also not be acceptable for other staff to be expected to carry out tasks that were previously an admin responsibility, in addition to their own heavy workloads, when they may also be working with reduced resources.

Admin staff always seem to be seen as an “easy” cut to make when there are budget reductions, but their importance to the efficient and effective running of services is often severely underestimated. We are concerned that cutting admin staff is actually a false economy, and that this will actually be detrimental to service provision. Either tasks will not be carried out as quickly, or other staff will end up having to complete tasks that would have previously been carried out by admin staff, leading to delays in their own work.

In their proposals, management appear to be undecided about whether to have a generic admin team, or separate generic and specialist roles with separate job descriptions. It now appears that there will be one generic job description. However, this job description does not contain most of the specialist admin tasks, i.e. those which are specific to particular teams. If there is to be a generic job description, then it needs to include the tasks that staff will be required to do. This does not need to be exhaustive or overly

detailed, but the areas of work involved in the job need to be covered. If these are not included, then staff cannot reasonably be asked to carry out those duties.

If there is a move in future towards having specialist roles, then there will need to be further consultation on this.

Admin staff are currently managed by seniors in different teams. In the new structure, a post is being created that will have responsibility for managing admin staff, so seniors will no longer do this. The supposed benefits of bringing these staff under a single line of management have not been fully explained, particularly as the proposals state that some admin staff will still be deployed within service teams. Seniors have expressed valid concerns that they are being deskilled; they have already had supervision/management of caseworkers taken away from them, and they now face the same process in terms of admin staff. Therefore, we believe that seniors should continue to manage admin staff.

### **Ringfences and Assimilation Arrangements**

Senior Tenancy Support Officer/Senior Income Recovery Officer/Senior TA Visiting and Lettings Officer

All of these posts should be closed ringfences for the affected PO1 staff, for the following reasons:

- 1) This will help to avoid compulsory redundancies, as there will be no need for selection processes to reduce posts at PO1.
- 2) There is only a difference of one grade (PO1 to PO2), which is in line with the Reorganisation Policy.
- 3) Some of the tasks that seniors will have to carry out will be the same as those that the PO1 staff carry out in their current role.

With regard to Income Recovery, we are of the understanding that a request for voluntary redundancy, if agreed, could make a selection process for the Team Leader unnecessary. We would urge management to accept this request, thereby creating an opportunity for an Income Recovery Officer to fill the senior post and avoiding a compulsory redundancy.

### **Income Recovery Team Leader**

We welcome the fact that following our representations, this has now been changed to a closed ringfence.

### **Selection methods**

Management have stated that they will use the following methods of selection for all ringfences:

- 1) Interviews and/or testing
- 2) Appraisal and supervision records
- 3) Factual information

4) Statement of application (where appropriate)

However, we have not been told which methods will be used in which ringfence. This is unacceptable; the method of selection is a key part of the consultation and we have not been given adequate information about this so that we can respond. The wording suggests that there are some ringfences where interviews or tests will be used, rather than both, but we have not been informed of which ringfences this will apply to. We have not been told where management feel it would be “appropriate” to ask for a written statement of application. Also, management have referred to both appraisal and supervision records, and other unspecified “factual information”, with no details of what the latter actually refers to. These points need to be clarified as soon as possible, along with the weighting of each method.

The proposed use of multiple selection methods for all ringfences is excessive, especially where posts are simply being reduced and there is no significant change in duties. We regard the apparent decision to use testing for all ringfences to be a matter of particular concern.

Management have stated in consultation meetings that they are proposing to use testing for the scale 5 Service Support Officer posts – this is simply a new name for the Administrative Officer post, and the job is not changing in any significant way. The only reason for a selection process is that the number of posts is being reduced from 13 to 10. Management have stated that there will be “a number of tests” over a period of time, and have indicated that they will be about subjects including computer skills and literacy/numeracy.

The affected staff have clearly stated their objection to the use of testing, and we share their opposition. We do not believe that it is appropriate to have multiple selection methods for a scale 5 admin post. This is not because such posts are not important, but because selection methods need to be appropriate to the grade and the circumstances. Multiple selection methods are more common for senior management posts, but are excessive for a scale 5 post when the job is not changing significantly, and it seems unfair to put scale 5 staff under this amount of pressure when they are already facing the stress of potentially being made redundant. It is the prospect of having to undergo testing that is causing the majority of staff the most stress. We specifically oppose the use of testing for the following reasons:

- 1) We believe that testing should only be used where there are new jobs, or existing jobs are changing significantly, and that the Reorganisation Policy backs this up.
- 2) We do not believe that the level of skills required justify testing. For example, if an employee has to have in-depth knowledge of the law, it might be reasonable to test that knowledge. That is not the case here.
- 3) Having a number of tests over several days, as we have been told will happen, would certainly be excessive for this level of post.

- 4) Management have stated that likely areas of testing include computer skills and literacy/numeracy, and have referred to the person specification for the role to justify this. The only time when it could be reasonable to test is when checking that new staff have the required levels of ability, e.g. that they can use a computer to the required level, write a letter, etc. This is a closed ringfence, meaning that management guarantee that they will fill all the posts, so it is not reasonable to be asking staff to demonstrate that they meet the requirements of the person specification, as they are already doing the job; the only reason for having a selection process is that there are simply more people than there are posts. Given this, it should be assumed that all staff meet the required standards as detailed in the person specification; if they do not, then this should have been taken up already using the procedures that are available, including providing support and training. A test is something that you pass or fail; in a closed ringfence in a restructure, it is unacceptable for management to be setting tests on skills that staff already have, which they could possibly be deemed to have “failed” and then be made redundant. A restructure is not an opportunity to “weed out” staff that management believe are “weak”, but the proposed use of testing suggests that this may be what is going to happen.
- 5) In a recent restructure in Adults where admin posts were being reduced, only interviews were used. We also believe that a member of staff in Housing was appointed to a completely new post of Technical Support Officer in the last restructure, without having to sit a test. If a test was not appropriate in that situation, then it is certainly not appropriate where staff are applying for their existing jobs because there is a straightforward reduction in posts.

Staff accept that there needs to be a selection process of some kind, and are not refusing to take part in such a process. However, they believe that interviews would be an acceptable method, and they would also be willing to accept some form of management assessment of factual information (supervision/appraisal records, etc). They believe that management should have enough information available from these methods to make a judgement, although it needs to be noted that when posts are simply being reduced, it would be unusual to even have both an interview and a management assessment.

We accept that some staff do not like doing interviews, and feel that they do not perform well in them. However, interviews are a well-established selection method, particularly for restructures within the council, whereas tests, particularly at this grade when there are no changes to the job, are not. Also, this is not just about what staff want, it is about what is the most fair and reasonable way of deciding how to make staffing reductions in these circumstances. Following discussion with staff, we believe that interviews would be the fairest way of doing this.

Management have referred to a precedent of tests being used in previous restructures. However, we believe that this was for higher graded staff in different circumstances, so this is not relevant.

Management have stated that they were planning to provide Skills For Life training for admin staff that may help them with the tests; however, they then said that the union's opposition to tests may "delay" this help being given, and suggested that it may not be provided in time. We have clearly said, and we reiterate, that we are fully supportive of staff receiving training in literacy, numeracy and IT (or any other relevant area) at any time, and we remain so. This is completely separate from any disagreement we have with management on tests. Staff should not be threatened with not being provided with training that they may need in order to try and force us to change a legitimate position on this issue, which is what we believe that management are trying to do here. This is rather unfortunate, given that management have otherwise been very supportive of Skills For Life.

We have suggested that affected employees' anxieties about testing may be alleviated to some extent if they could see examples of the kinds of tests they may be required to do. So far, this has not been agreed by management.

As it stands at the moment, scale 5 admin staff whose jobs are not changing at all could face having to go through every single possible selection method that is available. That is clearly excessive, and is going to put these staff under a huge amount of unnecessary stress. Management have stated that that a wide range of information is needed to ensure accurate and fair decisions. However, using multiple selection methods in this circumstance is at odds with custom and practice in the council and, we believe, with the Reorganisation Policy. We do not believe that using multiple selection methods will lead to decisions that are any more "accurate and fair" than an interview.

### **Alternative proposals**

There are other possible savings that management should consider as alternatives to the cuts that are in the current proposals.

- 1) There is a vacant Head of Housing Needs and Lettings post, which could be deleted. This post has been vacant for some time, therefore we would query whether it is actually needed.
- 2) A Service Operations Manager post (PO5) has been created in the restructure. We would question the appropriateness of creating such a highly graded post when lower graded front line posts are being reduced. Management should give consideration to not going ahead with the creation of this post.

We believe that these alternatives could help to avoid having to make some of the cuts that have been proposed, and could therefore help to avoid

compulsory redundancies. It should be noted that despite the council's commitment to protecting front line services, some of the posts that management are proposing to cut would fall into this category. Therefore, our alternative proposal, which involves cutting posts that are not front line, would be in line with this commitment.

Also, management could look at maximising income as an alternative to having to make budget cuts, particularly taking more action to recover rent arrears.

### **Job descriptions**

#### **Qualifications**

Several person specifications state that a degree, A-Levels or other qualifications are "desirable." Council guidelines on this matter state that qualifications should only be asked for if they are essential. By stating that they are "desirable", management have accepted that they are not "essential", so these requirements should be removed. This may not matter in this restructure, but in any future external recruitment, strong candidates who for some reason have not had the same opportunities in terms of formal education as other people, may be put off applying for jobs they would be very good at if they see that qualifications are required, even if this is stated as only being "desirable."

#### **Senior Tenancy Support Officer**

Point 5 states that the postholder will "provide management and members of the Tenancy Support Team with specialist advice on a wide range of matters (including legislative requirements, case law and good practice)." Please clarify why the postholder will need to be giving specialist advice to managers.

The job description states that the postholder will not be responsible for any staff, but point 6 states that the postholder will "assist the Tenancy Support Team Leader in managing the Tenancy Support Team." Please clarify what "managing" means in this context.

#### **Service Support Officer**

There is no need for point 23, as point 22 covers the pertinent issue – that staff can be required to provide cover for colleagues and also undertake temporary tasks that are consistent with the basic duties/objectives of the post. Point 22 should simply have "appropriate to the grade of the post" added to it.

**Chris Taylor**  
**Assistant Branch Secretary**  
**UNISON**

**31/10/2011**

Community Housing Services  
**2012/12 Budget Reductions and Restructure**

**Management Response to UNISON Comments**

**1. Redundancies**

The desire to avoid compulsory redundancies is shared. Any requests for flexible working or reduced hours made by staff will be given serious consideration.

As we stated in the consultation pack, requests for voluntary redundancy (VR) where a true redundancy situation does not exist (which is what “bumping” constitutes) are unlikely to be agreed. The outcome of VR applications will be determined following Corporate Committee on 24 November 2011 and communicated, along with any revised ring fence arrangements, as soon as possible after that date.

**2. Temporary Accommodation & Income Recovery**

It is recognised that any staffing reduction is a risk. It is accepted that a reduced number of staff cannot do the same volume of work as the previously higher number of staff. There is agreement that demand for services is likely to rise.

This restructure is happening because of the need to achieve the budget reductions. In these circumstances, management is seeking to ensure that the potential impact of staff reductions is minimised, through a range of measures including:

- Reviewing working practices to remove any unnecessary, duplicated or overlapping work;
- Improving procedures to ensure tasks are streamlined and can be carried out more consistently;
- Identifying tasks that could be undertaken more appropriately by other roles within the service or elsewhere;
- Improving the distribution of responsibilities between Tenancy Support and Income Recovery Officers and giving staff the opportunity to cross-skill;
- Over time, increasing automation and improving the use of systems;
- Ensuring that day to day service operations are optimised, by improving management support with the introduction of Senior posts.

UNISON oppose the creation of Senior posts while we favour the proposal because the reduced number of team leaders will be managing large teams and an appropriate level of management support will be required to safeguard service delivery. Seniors are not expected to carry out the full range of the Team Leader’s duties but will provide an appropriate degree of cover in their absence to ensure service continuity. The question of whether Seniors have a “half patch” is still being considered. Regarding the PO8 post, as has already been stated, there is no expectation that a



reduced number of staff can do the same volume of work as a previously higher number of staff.

**3. Assessments & Lettings**

Based on current volumes, the cost of undertaking reviews externally will be in the order of £10,000-£15,000 p.a. A fully on-costed PO4 post is over £50,000 p.a.

**4. Administration**

We do not count how many files are filed, system records updated or enquiries dealt with by each individual member of staff so it is not possible to apply measures of volume to Admin work and no such analysis has been claimed. Analysis of administrative work has been undertaken to identify common and unique tasks.

The importance of administrative support to the service is recognised and the proposed new arrangements aim to ensure a more appropriate and effective deployment of limited resources. UNISON favour keeping Admin staff within individual teams (although a number of Admin staff do not) but this will not make best use of available capacity and is against the prevailing direction within the Council, which is to centralise support functions. Managing the Admin function centrally will ensure resources are deployed in priority areas, provide cross-skilling and job enrichment opportunities for staff and facilitate streamlining of procedures between teams as mutual understanding is improved. A further benefit is that it will facilitate career progression better than the current structure does.

What UNISON describe as indecision is seen as open-mindedness by management. We are keen to hear staff views on how the Admin arrangements should operate but of course managers will ultimately decide. Any specific suggestions in relation to varying to the job description are welcome; to date none have been received. We agree that there will need to be ongoing local consultation on how these roles develop.

UNISON assert that a new post is being created to manage Admin staff; this is not the case and in fact this responsibility is being added to existing management roles, with no impact on the grading of those management posts.

**5. Ring Fences and Assimilation**

The proposed ring fences for the three Senior (PO2) posts in the new Temporary Accommodation service have been designated open because of the change in skills required from the PO1 posts. This is based on the view that the Senior role should have significant responsibility for defined aspects of operational supervision, which is what existing Seniors have told us in the consultation. For the role to have the appropriate profile and standing, it must be seen as distinct from, rather than broadly the same as, the PO1 posts within those teams (in which case closed ring fences would

be applied). The “half patch” question is also relevant to this consideration, and managers are reviewing this.

In relation to selection methods, we are following the Council’s Restructure Policy, which acknowledges that a number of selection processes will be needed and that a combination of the four methods of Management Assessment can be used. We agree that selection methods should be appropriate but this does not mean that “multiple” methods are inappropriate.

The tests that will be used will relate directly to the job and the criteria that will be tested have been made known to affected staff. We are not asking staff to demonstrate that they meet the criteria; we are selecting using the criteria. Ample notice of tests will be given and any necessary adjustments required to enable staff to undertake the tests will be made. Tests will not be over “several days”, there is likely to be two sessions on different days of about an hour each. Our Admin staff are a talented group of people with diverse strengths – we believe that a wider range of assessment methods, including short interviews, is the fairest way to give every member of staff an equal opportunity. The request for sample tests will be re-considered.

The statements made in relation to the provision of Skills for Life training for the Admin staff are inaccurate. Although many of the Admin staff have already benefited from the excellent literacy and numeracy training provided by CHENEL, Management offered (at a very early stage) to work with the College, Trade Unions and the relevant staff to agree on a shorter training programme of two or three sessions, tailored to the individual needs of those Admin officers who have not yet received the Skills for Life training and feel that they would benefit from some additional coaching/training prior to the Management Assessment. Although it is a fact that UNISON’s opposition to Management’s use of tests has delayed those discussions, Management remains confident that any Admin staff who want additional help will still receive it.

**6. Alternative Proposals**

The Head of Housing Needs & Lettings post remained vacant throughout the *Rethinking Haringey* process as a potential redeployment opportunity for displaced staff from elsewhere in the Council. The current interim arrangements are not sustainable and the post is now being recruited to.

The Service Operations Manager post is not a new post; it is a change to the existing Business Improvement Manager post. Significant changes have been made to the post, including the addition of responsibility for managing the centralised Admin arrangements and staff, without an increase to the grade. This post will play a substantial role in front line service delivery.

Maximising income by, for example, improving rent collection is an important priority for the service. However, TA rents are held in the ring

fenced Homelessness budget and under current policy and practice, increasing income to this budget does not mean that reductions to the separate salaries budget can be averted.

7. **Job Descriptions**

Management welcomes these comments. We are happy to discuss this in detail and clarify the wording of individual job descriptions where needed. We agree that use of words like “managing” needs to be unambiguous and will work with local representatives to finalise this.

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**Haringey Council**

<b>Report for:</b>	Corporate Committee on 24 <sup>th</sup> November 2011	<b>Item number</b>	
<b>Title:</b>	Staff Changes Associated with the Cabinet Decision to Close Two Day Centres: Woodside Day Centre and the 684 Centre		
<b>Report authorised by:</b>	Mun Thong Phung Director of Adult and Housing Services		
<b>Lead Officer:</b>	Lisa Redfern, Deputy Director, Adult and Community Services, tel: 020 8489 2326, email: <a href="mailto:lisa.redfern@haringey.gov.uk">lisa.redfern@haringey.gov.uk</a> ;		
<b>Ward(s) affected:</b> All	<b>Report for Key Decision</b>		

**1. Describe the issue under consideration**

- 1.1 To provide background context and an overview of the consultation and restructuring process associated with the Cabinet's decision to close Woodside Day Centre and the 684 Centre.
- 1.2 To seek agreement of the Corporate Committee to the recommendation set out in section 3 below.

**2. Cabinet Member Introduction**

N/A.

**3. Recommendations**

- 3.1 Corporate Committee are asked to approve the deletion of all the posts based at the two Day Centres as summarised in section 5.4 of this report as a consequence of the decision that was taken by Cabinet on 4<sup>th</sup> October 2011.

**4. Other options considered**



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N/A.

## **5. Background information**

### **5.1 Context**

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' and 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 high quality services but in the most efficient and value for money way. 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 two last years 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.

We are committed to protecting frontline services as far as possible in the face of the budgetary challenge. Councils face the challenge of an ageing population; people are living longer; which is something to celebrate, but how do we pay for the increased demand and expectations in a fair and affordable way as public spending reduces. Since the austerity programme introduced by the Coalition Government in May 2010 public spending will reduce over the next few years and councils and their partners will be expected to find billions of pounds of extra savings. It is within this context that Adult Services is required to deliver a reduction in expenditure over the next three years.

### **5.2 The Future Strategic direction and key outcomes for Adult Social Care Services:**

We are continuing to enhance and develop our service offer, within a value for money framework, for example, offer people more choice and control over their lives and increased independence through personalised budgets; we have further enhanced our safeguarding services and we have offered some real service improvements such as, improved stroke prevention and care, across social care and health; supporting care arrangements for a new state of the art extra care facility (very sheltered care) which opened earlier this year; enhanced information, advocacy and signposting including a new online service directory: '[HAricare](#)' to give vulnerable people even more information about how, who and what to choose in terms of their care arrangements.

### **5.3 Consultation Process leading up to the Cabinet Decision**

On 20<sup>th</sup> December 2010 the Director of Adult, Culture and Community Services (as was) wrote to all staff stating that due to the significant



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savings that had to be made, proposals were going to Cabinet on 21<sup>st</sup> December 2010 regarding a number of options to reorganise services, including options to close or cease a range of services. On 21<sup>st</sup> December 2010 Cabinet gave approval to commence formal consultation with stakeholder groups on the following proposals to close a number of Day Centres and merge 2 Day Centres.

Consultation with all the various stakeholder groups lasted from 31<sup>st</sup> January 2011 until 30<sup>th</sup> April 2011. As a result of the feedback that was received during the Consultation process, the original proposals were changed and on 4<sup>th</sup> October 2011 Cabinet agreed to close Woodside Day Centre and the 684 Centre by March 2011. From the above it can be seen that the proposals did change from those issued at the outset of the consultation process however this report focuses on the consultation process as it relates to the proposals that were finally agreed by Cabinet on 4<sup>th</sup> October 2011. Consequently this report focuses on the staff consultation process to close Woodside Day Centre and 684 Centre by March 2012.

#### **5.4 Current Staffing Establishment**

The list of established posts can be summarised as follows.

Day Centre	Number of Posts	Headcount
Woodside	7	7
684	10	7

#### **5.5 Staff Consultation Process**

The formal staff consultation process regarding the proposal to close these two Day Centres commenced on 31<sup>st</sup> January 2011 and was due to last until 30<sup>th</sup> April 2011, this was extended until May 2011 in order to allow sufficient time for full responses to be received. Two briefing sessions were held with the staff teams in each of the 2 Day Centres. A UNISON trade union representative was also present at these sessions. The dates are set out in the table below.

Day Centre	Briefing 1	Briefing 2
Woodside Day Centre	23 <sup>rd</sup> February 2011	14 <sup>th</sup> April 2011
684 Centre	14 <sup>th</sup> March 2011	12 <sup>th</sup> April 2011

At the sessions various issues were raised regarding ways in which staff could contribute to the consultation process about the proposals as well as the timetable and process that would be applied if Cabinet did agree that these Day Centres would be closed.

The majority of the issues that were raised by staff focussed on matters to do with the value of the service to service users and the implications if the service closed and these have been encompassed in the Cabinet Report and the Service Consultation report that went to Cabinet on 4<sup>th</sup>



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October 2011. Staff also raised questions about the timetable and likelihood of deployment and/or redundancy if approval was given. Council procedures regarding reorganisations were fully explained.

Staff were handed a leaflet at each of the first briefings. This leaflet confirmed the ways in which staff could contribute to the consultation process with contact details for trade union representatives and managers and the dates of Formal Trade Union Consultation meetings so that they could feed into these via their trade union representatives. It also set out ways in which staff could make enquiries about voluntary redundancy and redeployment as well as ways staff could access support that had been put in place for staff at them at this difficult time.

In addition to the above, six Formal Consultation meetings were held between Senior Managers of the Department and Trade Union Representatives on 25<sup>th</sup> January 2011, 17<sup>th</sup> February 2011, 15<sup>th</sup> March 2011, 6<sup>th</sup> April 2011, 7<sup>th</sup> April 2011 and 26<sup>th</sup> May 2011. The formal Trade Union Response to the proposals was submitted on 6<sup>th</sup> May 2011 and is attached as **Appendix A** and this was used to inform the Cabinet decision. Neither staff, nor trade union representatives, raised any issues to do with the characteristics of the workforce that are affected by these closures. Throughout the consultation process we have worked with staff to enable them to contribute to the consultation process.

We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support. On 4<sup>th</sup> October 2011 Cabinet approved the recommendation to close the 2 day centres and so, Corporate Committee are now being asked to approve the deletion of the posts associated with this decision.

Upon deletion of the posts, the Council's Restructuring Policy will continue to be implemented, in which case every attempt will be made to deploy affected staff into any suitable posts that may be available leading up to 31<sup>st</sup> March 2012.

## **6. Comments of the Chief Financial Officer and Financial Implications**

6.1 On 4<sup>th</sup> October 2011 Cabinet approved the recommendation to close the 2 day centres and achieve net savings in 2012/13. The closures are part of the Haringey Efficiency Savings Programme and are in relation to the closure of Older Peoples Woodside Day Centre and 684 Centre for Mental Health clients. The projected savings from Woodside is £149k and the savings expected from 684 Centre is £81k.

## **7. Head of Legal Services and Legal Implications**

7.1 The Head of Legal Services has been consulted on the contents of this report. Consultation with staff and recognised trade unions is an essential part of the responsibilities of an employer in the course of a business re-





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organisation. The requirement for consultation with employees and their trade union representatives is recognised within the report and its outcome set out in paragraph 5.5.

7.2 Due consideration should be given to responses received as a result of the consultation before any final decision is reached concerning the proposals outlined. Further, due consideration must also be given to the authority's public sector equality duty before such a final decision, taking into account the content of the equality impact assessment referred to in paragraph 8.

7.3 The position of employees whose posts will be deleted as a result of the closure of the Day Centres should be managed under the Council's policies regarding redeployment and redundancy.

**8. Equalities and Community Cohesion Comments**

8.1 A detailed Equalities Impact Assessment for staff has been carried out in relation to the proposals about day care and is attached as **Appendices B and C**.

**9. Head of Procurement Comments**

N/A.

**10. Policy Implications**

10.1 As detailed in report.

**11. Use of Appendices**

11.1 Appendix A - Formal Trade Union Response to Proposals;

11.2 Appendix B - Equalities Impact Assessment for the 684 Centre; and

11.3 Appendix C - Equalities Impact Assessment for Woodside Day Centre.

**12. Local Government (Access to Information) Act 1985**

N/A.

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Haringey Local Government Branch, 14a Willoughby Road, London N8 0HR  
 Tel: 0208 482 5104/0208 482 5105/0208 482 5106/0208 482 5107 or 0208 489 0000 Ext. 3351/3320  
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## **UNISON COMMENTS ON PROPOSALS TO CLOSE PROVIDER SERVICES IN ADULT SOCIAL CARE**

### **Introduction**

UNISON opposes these cuts and we are also restating our opposition to all compulsory redundancies.

Due to the importance of these services and the scale of the cuts, all decisions relating to the closures should be made by the relevant council committee, not by managers.

### **Personalisation**

We are concerned about the way in which personalisation appears to have been used to justify some of the closures, alongside the need to make financial savings. The Equalities Impact Assessments for the closures of the day centres, residential homes and the Home Care service all state the following:

*“In line with the Putting People First programme, the Council is committed to delivering 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.”*

Management should not try and confuse two separate issues. We are facing the decimation of services that are provided for some of the most vulnerable people in the borough. This has nothing to do with the transformation of social care. Users and carers affected by these closures have expressed major concerns about the fact that these services will no longer be available, and have made clear that they would like them to continue. We do not understand how they are being given more choice and control if the services they want are being taken away.

If these services are being closed because of cuts in central government funding, then management should be clear about that, and should refrain from trying to put some kind of “positive spin” on the situation by making tenuous links to personalisation. We sincerely hope that management do not believe that personalisation provides an opportunity to get rid of in-house services, and that the budget situation has provided a convenient excuse for making cuts that would have otherwise been difficult to get through. Personalisation should not be about ceasing to provide in-house services, particularly if those services are what people want. Rather, it should be seen as an opportunity to develop in-house services and make them more responsive to people’s needs – to, in effect, “personalise” them.

The current government has published a document called *Think Locally, Act Personally* in which it states that it wants all service users to be on an individual budget by 2012/2013, with direct

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payments being the “preferred” mode of delivery. The key point here is that direct payments cannot be used to purchase in-house services, so this is clearly part of the government’s plan to eradicate

public services, or at least reduce them to an absolute minimum. It would be extremely concerning if this council was contributing to this process and using budget cuts as an excuse to do so.

Also, it is very concerning that personalisation is being used to develop a market in social care services. So far, the evidence is that this has often created a privatised and unregulated care market offering low quality services and poor working conditions for staff. With the decimation of in-house services in Haringey, there is a risk that this will happen here. It is very difficult to see how this will give greater choice, control and independence in a positive way to service users.

We would be grateful for further details of how management think that these closures will contribute to the personalisation of social care in Haringey.

**Alexandra Road Crisis Unit**

This unit provides a residential service for people with mental health problems who are in crisis. Staff also provide a telephone helpline for people who have used the unit, which they can call when they need to (this receives around 700 calls a year). These services help to prevent hospital admission and therefore save money in the long run, as mental health hospital beds are extremely expensive. They also help to avoid excessive pressure being put on GPs (particularly the out-of-hours service) and other mental health professionals, who service users would be forced to contact if Alexandra Road was not available. Therefore, the cost of closing the unit is likely to be high in both financial and human terms. Hospital admissions are likely to increase, as is the pressure on other health services. People with mental health issues may be left without the support they need when they are in crisis, and this could potentially lead to them being put at risk. We believe that management have not fully assessed the potential impact of the service closing, and it seems that the impact of the helpline not being available has not been assessed at all.

Management have claimed that this unit is being shut because the NHS is withdrawing its part of the funding. However, it appears that this is not an NHS cut, but that the resources will be put into a new service that will be provided by the NHS and possibly run by a charity.

Please clarify what will happen to the council’s part of the funding if the closure goes ahead.

The consultation on the closure has been run solely by the council, despite the fact that it claims that it is not making the decision to close, and regardless of the fact that council managers seem to have very little information about the situation. For example, we asked about who in the NHS was responsible for making the decision to withdraw funding from the unit, and management did not seem to be clear about this. We also asked about the proposals that the NHS had to replace the unit, and we were told that management had no knowledge of this. People who actually use the unit have started a campaign to save it, but they have faced similar barriers in their attempts to gain information from both the council and the NHS.

It appears that the consultation may not be real and meaningful. Consultation includes providing information, yet this has been in short supply. It is our belief that the NHS should have had a more prominent role in the consultation and that the whole process should have been more transparent and open, particularly with regard to who within the NHS made the decision to cut the funding, and the reasoning behind this. Service users should also be consulted on what will replace the unit, as this will have a significant impact on them.

Given that this is a council-run service that was recently rated as good by the Care Quality Commission one would expect council managers to have been vociferously and robustly making the case for maintaining funding to the NHS. I accept that this may be difficult, but we have not seen any evidence that a robust approach has been taken and we have not been given details of any representations that have been made. Therefore, please provide details of what approaches have been made to the NHS with regard to negotiating with them on this matter.

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Although the details are somewhat vague, it appears that the NHS plans to introduce “recovery houses” which may be run by a charity, and that it has been claimed that these will be a

“replacement” for Alexandra Road to some extent. Campaigners have had difficulty obtaining any information from either the council or the NHS about this. It seems that Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) managers have been giving out conflicting messages about this. On one hand, they have been saying that this service would operate on a similar basis to Alexandra Road, i.e. mainly to prevent hospital admission for people in crisis. On the other hand, they have also been claiming that it will be a service to support service users who are coming out of hospital. If the new service will be to prevent hospital admission, then it is difficult to see why Alexandra Road is being closed for the service it provides to simply be replicated in another setting, the only difference being that it will be provided solely by the NHS. If the new service is intended as a “step-down” from hospital for people who are not yet fully ready to live in the community, then this will be a very different service from Alexandra Road, and it would not be reasonable to describe it as a “replacement”. Service users are concerned that the new service will mainly be used as a way of getting people out of hospital earlier to save money. This will leave a huge and worrying gap in provision for people with mental health problems who are in crisis.

Local authorities, the NHS and the government constantly extol the virtues of choice, and the current personalisation agenda emphasises choice and control as its main principles. However, when it actually comes to listening to what people who use services actually want, organisations seem rather less keen on choice and control. Alexandra Road is highly valued by the people who use it. The service users themselves have said that they value the friendly and supportive atmosphere, the holistic approach, the promotion of independence and autonomy, the client-led care plans, the person-centred values, the feeling of safety and the opportunities for peer support. Most of all, they value the fact that the unit is in a community setting and homely environment, rather than a hospital. While they are staying there, they can keep up their roles in the community, e.g. by attending their jobs or voluntary work, continuing to study, maintaining their family roles and so on. It would be much more difficult to do this in a hospital setting. Even if they were physically based in the community, recovery houses would be an NHS service based on a medical model, and service users insist that this is not what they want. If this is their “choice”, and choice is as important as it is often claimed, then they should be listened to, and they should be allowed to have some control over the service that is provided.

We believe that there should have been full consultation on the introduction of this new service, as it is clearly linked to the closure of Alexandra Road and will have a significant impact on service users. It is concerning that these plans for a new service seem to have been progressed to a fairly advanced stage while consultation about the closure is supposedly taking place, which creates further doubt about whether the consultation is meaningful.

Management need to consider whether there will be any TUPE implications for staff at Alexandra Road, particularly if the service that is provided there is simply replicated in an NHS unit. If this is not applicable, management need to work with the NHS to ensure that staff from Alexandra Road are given the opportunity to apply for jobs in whatever new service is provided, given the level of knowledge and expertise they have.

In conclusion, many services are facing closure at the moment. Whilst UNISON opposes these closures, we accept that they are being caused by vicious cuts in central government funding. This closure is different. Alexandra Road Crisis Unit is highly valued by the people who use it, it does its job extremely well, and it saves money, yet it seems that it is being closed through choice because someone (it is not entirely clear who) wants the service to be provided in a different way. This is an unacceptable situation, and council managers need to take these matters up as a matter of urgency with the NHS. We believe that the consultation has not been meaningful and that it should be extended. The NHS should take an active role in this, and the consultation should include the proposal for recovery houses, as this is a change in provision that will have an effect on service users.

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We do not seem to have been provided with the Equalities Impact Assessment for the closure of Alexandra Road, and we would be grateful if this could be provided.

**684 Centre**

This day centre provides a service for people with mental health problems, many of whom have complex needs and may be otherwise hard to engage. People who will not co-operate with other services will attend this centre and interact with the staff and each other, so the social aspect of it is very important to them as they would otherwise be extremely isolated. It also provides a service to people who have been discharged from hospital but are still vulnerable.

Staff work to improve service users' physical and mental wellbeing, and help them to take control of their own lives. Activities provided are based on what service users both want and need, and include therapeutic and creative activities. The centre runs a service to help people with mental health problems back into employment, and there has been some success with this. The routine of coming into the centre generally helps people move towards going to work or college. The centre also works with people with severe and enduring mental health problems, and staff work hard to motivate them. For example, if someone hasn't been in for a while, they will contact them if there is a new activity that they may like. Staff build up a rapport with users, and can spot the early warning signs if they are deteriorating or not taking their medication, and then contact their Care Co-ordinator.

There are around 250 people on the register for the centre. They have different patterns of attendance, but it is clear that staff do have reasonably regular contact with a significant number of people with mental health problems. They also stay in touch with people who have not been in for some time, and invite them to events, etc., so the support the centre offers goes beyond the numbers of people who attend regularly.

If the service is removed, many of the users are likely to end up extremely isolated. Due to a recent restructure in mental health services, many people with mental health problems have been discharged from secondary services and no longer have a Care Co-ordinator, so there is no-one else to monitor them other than staff at the centre. There could be a significant risk of service users coming to harm. The presence of the centre helps to prevent hospital admission and pressure on other services and therefore saves money in the longer term. As with the closure of Alexandra Road Crisis Unit, the closure of the 684 Centre is likely to result in more hospital admissions and more demand for other health services, and therefore greater cost. The proposal to close the centre is already affecting the users, and some of them have started to deteriorate and become quite desperate.

Managers have apparently been saying that the service would have closed anyway in the longer term due to personalisation. However, personalisation is meant to be about choice, so it does not make any sense to say this – surely whether the service had remained or not would have been the choice of service users? Staff in the centre clearly said that they would have been more than willing to work with the personalisation agenda if at all possible, but they have not been given this opportunity.

Users have apparently been told that they can use the Clarendon Centre instead, but as this is in Hornsey it is too far for many of them to travel, and they also feel settled at the 684 Centre and like the services that are provided there.

**Home Care**

Management are proposing to close the Home Care service and replace it with a Reablement service. Current Home Carers will be offered employment in this service in order to minimise compulsory redundancies, but the proposal is that this will be an open ringfence. Please clarify why this is open rather than closed.

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It is clear that the proposal for a Reablement service has been around for some time, and it is proposed to close the Home Care service in June/July 2011, which is when notice would be given to any displaced workers. Despite this, we still do not have any significant details in writing of the proposals for the new service, including job descriptions, working arrangements, etc., nor do we

have a timetable for its implementation. Many Home Carers are asking for voluntary redundancy, and may feel that they are being pushed into doing so because they cannot see any alternative opportunities for them. Others will eventually face the prospect of compulsory redundancy. There is a risk that the delay in providing details of the new service could lead to redundancies taking place when they could have been avoided. The Reablement service may also provide redeployment opportunities for other displaced staff in the council. Therefore, we would like the details of the proposals for this service to be provided as soon as possible.

We have been informed that service users are extremely worried about this change. They have become used to the staff who work with them, and losing this consistency will be very difficult for them. They are also concerned about the quality of service they will receive in future, and we believe that these concerns are well founded. Management have commented before on the "high" cost of the internal care service. The reason for the cost levels is that staff are decently paid, receive training and supervision, and have good working conditions. The benefit of this is a quality service that is highly valued by service users, with good levels of staff retention which enable consistency to be provided. In contrast, many private companies pay low wages, do not provide training and do not vet staff properly. They also try to cut visit times and suffer from high staff turnover, and the result is that vulnerable people end up receiving a poor quality service. It is important to point out that many high quality staff do work for private companies; the problem is privatisation in itself, and the cost-cutting that results from this.

UNISON opposes the shift towards greater use of private companies in the provision of Home Care.

### **Residential Care Homes**

#### **Whitehall Street**

This provides both long-term residential and respite care, and carers and residents are extremely concerned about the loss of this service. In particular, carers of service users who attend the respite service are extremely worried about what will replace it. They rely on this service to give them a break from their caring responsibilities, and this enables them to carry on in this role. They are concerned that the level of respite they receive will reduce, which could cause them serious difficulties and could affect their ability to continue as carers.

Carers value the continuity and consistency of service that they receive from this home and they are concerned about standards in the private sector. It is also unclear what services are going to replace Whitehall Street, and there does not seem to be any details about this, which is a concern for both staff and parents/carers.

There have been references made to Whitehall Street being an "institutionalised" setting, although no information has been provided to support this claim. This sounds rather insulting, and ignores the fact that the service provides high quality care that is valued by parents/carers. The home is rated as "good" by CQC. The home used to be split into three distinct units, which enabled a more person-centred approach to be taken. However, in 2009 management turned the whole building back into one big unit; this could be seen as a move towards "institutionalisation", but it was a management decision so it seems rather unreasonable to be now describing the service in these terms.

#### **Residential Homes for Older People**

As with all the other staff groups we spoke to, the main concerns that staff in these services had were for the residents. They were particularly concerned about where the residents are going to go and the effect that the proposals are having on them now. They are becoming extremely anxious

## Appendix A

and upset, and some of them are trying to pack suitcases because they think they have to leave. Staff have worked extremely hard to build up relationships with them, to develop their confidence and self-esteem, and to improve their physical and mental health – all of this will be lost. The impact of moving home on older people's health and wellbeing can be severe, and management need to take this into consideration.

### **Drop-in Centres**

These centres are extremely popular and there are often users waiting outside to get in when they open. They were described as being "like a lifeline" for the people who use them. If they are cut, then many people who currently attend will be very isolated, as this is their only significant interaction with other people that many of them have. Perhaps the most poignant evidence of this is the fact that when some users have died in the past, the only people who have been at their funeral are staff and other users from their drop-in centre. Some users who were previously very isolated have become friends, and meet each other outside of the centre. Some of the users have mental health issues, which could worsen if they are not able to attend. Staff in these centres provide a level of monitoring which is perhaps unofficial but that is also very important. They seek help from the appropriate professionals if they notice that someone is physically or mentally deteriorating; older people can deteriorate in a day or two and it is important that there is someone to notice this. If someone who attends regularly doesn't come in, staff contact them or one of their relatives to see if they are okay and that they haven't had a fall, for example.

Some users need a great deal of encouragement to eat – if they are left to their own devices at home, they may not eat at all. The centres also provide a form of respite for carers, and their loss will be a huge blow to them.

There are some users who will not engage if a social worker visits them at home, or who will not go to see the GP, but who will engage with such professionals if they come to visit them in the context of a drop-in centre.

The proposals for closure are already having an impact on service users, with some of them saying that they "want to die".

It could be argued that these are preventative services – they spot problems early and seek the appropriate help for people, and they provide support that prevents deterioration. In this sense, the drop-in centres save money, as if it was not for their existence some of the people who attend would need much greater input from health or social care services. Therefore, these closures are likely to cost more than they save in the long run.

### **Day Centres**

Although the day centres are services for which people need to be assessed, many of the issues are the same as those for the drop-in centres. As with the other services affected by these cuts, the main concern of staff was not for themselves, but about the impact on the service users, some of whom have been attending their centre for 10-15 years. Staff have noticed that the prospect of closure is affecting them already – they are suffering from low moods, they are becoming withdrawn and some of them have become visibly upset.

For service users who live alone, the centres may provide the only significant social contact they experience, and there is a risk of them becoming isolated. The centres also provide very important breaks during the day for informal carers, and the lack of a service may lead to them finding it difficult to cope. These services were described as being like "second family" to some people.

The centres provide regular monitoring of clients, and staff can often identify any changes at an early stage and inform the relevant professional or make a referral to an appropriate service. Staff make efforts to contact users (or their carers/next-of-kin) if they do not come in to the centre. If the centres close, there will be no-one to do this and there will be the clear risk of vulnerable



### Appendix A

people declining, or perhaps having a fall or suddenly becoming ill at home, without anyone being aware of this until it is too late.

The centres are the only place where some clients have a proper meal, and some of them will not eat unless they are prompted by staff. Without this input, there is a risk that service users will not eat adequate amounts of food, creating serious health risks.

With regard to the merger of The Haynes and The Grange, there is very little information available about this. This is a clear change, and although it is described as a merger, it will obviously include the closure of one of the sites. We need details about this proposal, particularly the implications for staff, as soon as possible. Staff members who may be potentially affected have raised concerns about the lack of information.

**Chris Taylor**  
**Assistant Branch Secretary/Adults and Culture Convenor**  
**UNISON**

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## Haringey Council

### Equalities Impact Assessment (EqIA) for Organisational Restructures

<b>Date: November 2011</b>
<b>Department and service under review: Adults and Community Services – Setting the strategic direction for Adult services: Proposed closure of council run day services for Older People and people with Mental Health issues Proposed Closure of 684 Centre</b>
<b>Lead Officer/s and contact details: Lisa Redfern</b>
<b>Contact Officer/s (Responsible for actions): Len Weir</b>
<p><b>Summary of Assessment</b> (completed at conclusion of assessment to be used as equalities comments on council reports)</p> <p>This assessment considers the impact on staff of the proposal to cease the delivery of services at the 684 Centre 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.</p> <p>Staffing profile data used in this EqIA for comparison purposes is from December 2010. The staffing profile has changed slightly since the commencement of this process in January 2011. The data as at November 2011 shows the following.</p> <p>If the unit is closed these proposals will potentially displace 7 members of staff. Analysis of the characteristics shows the following.</p> <p>Ethnicity – 86% of the staff are of a BME background as compared with 54% across the Council.</p> <p>Gender – 71% of the staff are female as compared to 68% across the Council.</p> <p>Age – 86% of the staff group are from the 45-54 age range as opposed to 36% from across</p>

**Appendix B**

the Council.

Disability – No one in this staff group has a recorded Disability.

The decision to close this service is based on the need to make financial savings and to provide services that are more in line with Putting People First and Think Local Act Personal as set out in the Service Report. The service has taken all necessary steps to consult with staff and to mitigate against compulsory redundancies by identifying volunteers for redundancy and applying the councils redeployment procedure to avoid making compulsory redundancies if possible. All staffing actions have been and will be taken in line with the Councils Restructuring Policy.

The Equalities Impact Assessment for service restructures should assess the likely impact of restructuring on protected equalities groups of employees by: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation.

**The assessment is to be completed by the business unit manager** with advice from HR. It is to be undertaken by an assessment of the basic employment profile data and then answering a number of questions outlined below.

## Appendix B

**PART 1**  
**TO BE COMPLETED DURING THE EARLY STAGES OF CONSULTATION WITH STAFF/ UNIONS ON THE STRUCTURE**

### Step 1 – Aims and Objectives

1. **Purpose – What is the main aim of the proposed/new or change to the existing service?** On 4 October 2011 Cabinet will be making a decision as to whether they should close the 684 Day Centre which currently consists of 10 posts, 6 of which are filled. This is to enable financial savings to be made and for services to be more in line with Putting People First and Think Local, Act Personal. The full details of this are set out in the Service Report.
2. **What are the main benefits and outcomes you hope to achieve?** The full benefits and outcomes have been set out in the Service Report.
3. **How will you ensure that the benefits/ outcomes are achieved?** These will be monitored by formal contract monitoring , quality assurance via the accreditation framework and analysis of complaints – as set out in the Service Report.

### Step 2 – Current Workforce Information & Likely Impact of your proposals

Note – there is an Excel template that accompanies the EIA Service Restructure template on Harinet. This is to help you complete the tables of staff information and % calculations. You will also find the latest Annual Council Employee Profile on Harinet (based on data for a financial year) to help complete the council and borough profile information. Ask HR if you cannot find it.

#### 1. Are you closing a unit?

- If No, go to question 3.
- If Yes, please outline how many staff will be affected broken down by race, sex (gender), age and disability. **This proposal affects 6 staff – 17% of whom are white, 17% of whom are ‘white other’ and 67% are BME, 17% of whom are male and 83% of whom are female and 19%. None have a disability. This is broken down into more detail in the tables below.**

## Appendix B

- In addition if you have information on the breakdown of your staff by the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation; you must consider the impact on these groups.

2. Can any staff be accommodated elsewhere within the service, business unit or directorate?

- If Yes, identify how many by race, sex, age and disability. And where possible identify the number by gender reassignment, pregnancy and maternity, religion or belief, and sexual orientation. **It is not possible to say at this time. We have a process in place to identify those staff who want to leave on a redundancy basis and those staff who want to be deployed into any suitable posts that may exist in Adult Social Care or the Council generally – should the proposals for closure be approved.**

## Race

3. Provide a breakdown of the current service by Grade Group and Racial Group following the format below.

Grade Group	Total Staff in Service	No. of Race Not Declared Staff	% of Grade Group	White Staff	% of Grade Group	White Other staff	% of Grade Group Total	BME Staff	% of Grade Group Total	BME % in Council grade group	BME% Borough Profile
Sc1-5	4					1	25	3	75	66	
Sc6 – SO1	1							1	100	57	
PO1-3	1			1	100					47	
PO4-7										39	
PO8+										20	
TOTAL	6	0	0	1	17	1	17	4	67	54	34

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

4. Highlight any grade groups that are very under represented (10% or more difference) compared with the council profile and where relevant the borough profile. **The staff groups that are under represented when compared to the Council profile are from white background generally (17%) as compared to the council generally (29%).**

5. Do any ring fences disproportionately impact on staff from one ethnic minority group (white, white other, asian, black, mixed race) or Black & Minority Ethnic (BME) staff only?

## Appendix B

- If No, go to question 8. **This is a proposed unit closure and so there are no ring fences**
- If Yes, how many of these staff might be displaced?

6. By how much does these staff change the % (percentage) of BME staff in the structure? Show start and end %.

7. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, how many and what effect do they have on the BME %? Show start and end %.

## Gender

8. Provide a breakdown of the current organisation by Grade Group and Gender breakdown following the format below

Grade Group	Total Staff in Service	No. Male Staff	% of Grade Group	No. Female Staff	% of Grade Group	% Females in Council grade group	% Females in Borough
Sc1-5	4			4	100	68	
Sc6 – SO1	1	1	100			74	
PO1-3	1			1	100	62	
PO4-7						64	
PO8+						52	
TOTAL	6	1	17	5	83	67	49.9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

9. Highlight any grade groups that are very under represented (10% or more difference) compared to the % of females/males in the council.

10. Do any ring fences disproportionately impact on impact on female or male staff?

- If No, go to question 13. **This is a proposed unit closure and so there are no ring fences**
- If Yes, how many female / male staff might be displaced?

11. By how much do these staff change the % (percentage) of female/male staff in the whole structure? Show start and end %.

## Appendix B

12. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, how many and what effect do they have on the female/male%? Show start and end %.

## Age

13. Provide a breakdown of the current organisation by Grade Group and Age breakdown following the format below

		16 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65+	
Grade Group	Total Staff	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group
Sc1-5	4					1	25	3	75				
Sc6 – SO1	1							1	100				
PO1-3	1							1	100				
PO4-7													
PO8+													
TOTAL	6					1	17	5	83				
Council Profile	4460	117	3	784	18	1108	25	1574	35	821	18	56	1
Borough Profile	225.6k	29779	13	49848	22	31736	19	44669	20	16694	7	21206	9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

14. Highlight any grade groups with a high level of staff from a particular age group compared to the compared to the council profile.

**When compared to the council profile 5 staff within the age range 45-54 are disproportionately affected by these proposals, as they represent 83% when compared to 35% of the council profile.**

15. Do any ring fences disproportionately impact on staff from one age group only?



**Appendix B**

- If No, go to question 18. **This is a proposed unit closure and so there are no ring fences**
- If Yes, how many of these staff might be displaced?

16. Does the displacement of these staff result in no representation of staff from a particular age group within the structure as a whole?

17. If Yes, can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, how many and what effect do they have on a particular age group? Show start and end %.

## Appendix B

## Disability

18. Identify the total number of disabled staff in the service following the format below:

Grade Group	Total staff	No. of Disabled Staff	% of Grade Group	Council profile
Sc1-5	4			7
Sc6 – SO1	1			9
PO1-3	1			7
PO4-7				7
PO8+				3
TOTAL	6	0	0	7
<b>Borough Profile</b>				

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

19. Do any ring fences disproportionately impact on disabled staff?

- If No, go to question 21. **This is a proposed unit closure and so there are no ring fences**
- If Yes, how many of these staff might be displaced? Show start and end numbers and %.

20. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, what effect will this have on the number of disabled staff? Show start and end numbers and %.

21. In addition to the above analysis of race, sex, age and disability you will need to consider the impact on groups with the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation. Please ask HR for help with the data on:

- Gender Reassignment
- Religion/ Belief
- Sexual Orientation
- Maternity & Pregnancy

**No staff in this group are on maternity leave – there is no other data held. This is a proposed unit closure and attempts will be made to deploy all staff that want this, including staff on maternity leave for whom there are certain entitlements.**

**Appendix B**

22. If you provide services to residents please also identify the potential impact/ issues relating to the change in service delivery as a result of your proposals.

**Date Part 1 completed - 23 June 2011**

**PART 2  
TO BE COMPLETED AT THE END OF CONSULTATION WITH STAFF/ UNIONS  
ON THE STRUCTURE**

**Step 3 – Consultation**

Outline below the consultation process you undertook, what issues were raised (especially any relating to the eight equalities characteristics).

**An extensive formal and informal staff consultation process took place from 20 December 2010 until 30 April 2011. This was conducted via individual letters to staff, 5 Formal Staff Consultation meetings with trade union representatives and 2 staff briefings with each of the 10 affected staff teams.**

**Throughout the process the main focus for staff and trade union was the nature of the impact of the business changes on the various user groups. These have been covered in the consultation report covering the consultation process with all stakeholder groups that is part of the report that is going to Cabinet in connection with the service changes.**

**Neither staff, nor trade union representatives, have raised any issues to do with the characteristics of the workforce that is affected by these potential closures.**

**We have done our best to work with staff during the course of the consultation to enable them to contribute to the consultation process, to come to terms with the impact of the potential closures on them and to identify ways in which we can mitigate against compulsory redundancy by identifying those employees who have decided that they was to leave voluntarily as well as identifying suitable deployment for those that don't – should the proposals be agreed.**

**We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support.**

Appendix B

**Step 4 – Address the Impact**

1. Are you in a position to make changes to the proposals to reduce the impact on the protected groups e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc. - please specify? **Not unless a decision is taken not to close the Unit. However the decision to reconfigure the Haven rather than close it may offer one or two more deployment opportunities to staff that are displaced from 684 however this will depend on the skill set and numbers of staff in the reconfigured service.**
2. What changes or benefits for staff have been proposed as a result of your consultation? Please see above comment regarding the Haven. **In addition to this all parties have developed a better understanding of all the issues and so staff have been better able to make informed decisions about their future.**
3. If you are not able to make changes – why not and what actions can you take? **See above**
4. Do the ringfence and selection methods you have chosen to implement your restructure follow council policy and guidance? **This is a proposed unit closure and Council policy and guidance has and will be followed.**
5. Will the changes result in a positive/ negative impact for service delivery/ community groups – please explain how? **This has been addressed as part of the Service Equalities Impact Assessment.**
6. How can you mitigate any negative impact for service users? **This has been addressed as part of the Service Equalities Impact Assessment.**

Date Steps 3 & 4 completed –

September 2011

## Step 5 – Implementation and Review

1. Following the selection processes and appointment to your new structure are there any adverse impacts on any of the protected groups (the eight equalities characteristics). Please identify these.
2. If there are adverse impacts how will you aim to address these in the future?
3. Identify actions and timescales for implementation and go live of your new service offer.
4. If you are not in a position to go ahead on elements of your action plan – why not and what actions are you going to take?
5. Identify the timescale and actions for review of the restructure to ensure it achieved the expected benefits/ outcomes.

## Appendix B

## Step 6 – Sign off and publication

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but 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.

### COMPLETED BY (Contact Officer Responsible for undertaking this EqIA)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### QUALITY CHECKED BY (Equalities,)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Director/ Assistant Director

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Chair Directorate Equalities Forum

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

**Note** - Send an electronic copy of the EqIA to [equalities@haringey.gov.uk](mailto:equalities@haringey.gov.uk); it will then be published on the council website

## Haringey Council

### Equalities Impact Assessment (EqIA) for Organisational Restructures

<b>Date: November 2011</b>
<b>Department and service under review: Adults and Community Services – Setting the strategic direction for Adult services: Proposed closure of council run day services for Older People and people with Mental Health issues Proposed Closure of Woodside Day Centre</b>
<b>Lead Officer/s and contact details: Lisa Redfern</b>
<b>Contact Officer/s (Responsible for actions): Len Weir</b>
<p><b>Summary of Assessment</b> (completed at conclusion of assessment to be used as equalities comments on council reports)</p> <p>This assessment considers the impact on staff of the proposal to cease the delivery of services at Woodside Day Centre 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.</p> <p>Staffing profile data used in this EqIA for comparison purposes is from December 2010. The staffing profile data for this day centre has changed slightly since the commencement of this process in January 2011. The data for November 2011 shows the following.</p> <p>If the unit is closed these proposals will displace 7 members of staff. Analysis of the characteristics shows the following.</p> <p>Ethnicity – 86% of the staff are of a BME background as compared with 54% across the Council.</p> <p>Gender – 71% of the staff are female as compared to 68% across the Council.</p> <p>Age – 43% of this staff group are from the 55-64 age range as opposed to 18% from across the Council.</p>

**Appendix C**

Disability – No one in this staff group has a recorded Disability.

The decision to close this service is based on the need to make financial savings and to provide services that are more in line with Putting People First and Think Local Act Personal as set out in the Service Report. The service has taken all necessary steps to consult with staff and to mitigate against compulsory redundancies by identifying volunteers for redundancy and applying the council's redeployment procedure to avoid making compulsory redundancies if possible. All staffing actions have been and will be taken in line with the Council's Restructuring Policy.

The Equalities Impact Assessment for service restructures should assess the likely impact of restructuring on protected equalities groups of employees by: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation.

**The assessment is to be completed by the business unit manager** with advice from HR. It is to be undertaken by an assessment of the basic employment profile data and then answering a number of questions outlined below.



## Appendix C

**PART 1**  
**TO BE COMPLETED DURING THE EARLY STAGES OF CONSULTATION WITH**  
**STAFF/ UNIONS ON THE STRUCTURE**

### Step 1 – Aims and Objectives

1. **Purpose – What is the main aim of the proposed/new or change to the existing service?** On 4 October 2011 Cabinet will be making a decision as to whether they should close Woodside Day Centre which currently consists of 8 posts, 8 of which are filled. This is to enable financial savings to be made and for services to be more in line with Putting People First and Think Local, Act Personal. The full details of this are set out in the Service Report.
2. **What are the main benefits and outcomes you hope to achieve?** The full benefits and outcomes have been set out in the Service Report.
3. **How will you ensure that the benefits/ outcomes are achieved?** These will be monitored by formal contract monitoring , quality assurance via the accreditation framework and analysis of complaints – as set out in the Service Report.

### Step 2 – Current Workforce Information & Likely Impact of your proposals

Note – there is an Excel template that accompanies the EIA Service Restructure template on Harinet. This is to help you complete the tables of staff information and % calculations. You will also find the latest Annual Council Employee Profile on Harinet (based on data for a financial year) to help complete the council and borough profile information. Ask HR if you cannot find it.

#### 1. Are you closing a unit?

- If No, go to question 3.
- If Yes, please outline how many staff will be affected broken down by race, sex (gender), age and disability. **This proposal affects 8 staff – 13% of whom are white and 88% are BME, 38% of whom are male and 63% of whom are**

## Appendix C

**female. None have a disability. This is broken down into more detail in the tables below.**

- In addition if you have information on the breakdown of your staff by the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation; you must consider the impact on these groups.

2. Can any staff be accommodated elsewhere within the service, business unit or directorate?

- If Yes, identify how many by race, sex, age and disability. And where possible identify the number by gender reassignment, pregnancy and maternity, religion or belief, and sexual orientation. **It is not possible to say at this time. We have a process in place to identify those staff who want to leave on a redundancy basis and those staff who want to be deployed into any suitable posts that may exist in Adult Social Care or the Council generally – should the proposals for closure be approved.**

## Race

3. Provide a breakdown of the current service by Grade Group and Racial Group following the format below.

Grade Group	Total Staff in Service	No. of Race Not Declared Staff	% of Grade Group	White Staff	% of Grade Group	White Other staff	% of Grade Group Total	BME Staff	% of Grade Group Total	BME % in Council grade group	BME% Borough Profile
Sc1-5	6			1	17			5	83	66	
Sc6 – SO1	1							1	100	57	
PO1-3	1							1	100	47	
PO4-7										39	
PO8+										20	
TOTAL	8			1	13			7	88	54	34

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

4. Highlight any grade groups that are very under represented (10% or more difference) compared with the council profile and where relevant the borough profile. **The staff groups that are under represented when compared to the Council profile are from white background generally (13%) as compared to the council generally (29%). There are no while ‘other’ staff employed at Woodside as opposed to 16% across the Council.**

## Appendix C

5. Do any ring fences disproportionately impact on staff from one ethnic minority group (white, white other, asian, black, mixed race) or Black & Minority Ethnic (BME) staff only?

- If No, go to question 8. **This is a proposed unit closure and so there are no ring fences**
- If Yes, how many of these staff might be displaced?

6. By how much does these staff change the % (percentage) of BME staff in the structure? Show start and end %.

7. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, how many and what effect do they have on the BME %? Show start and end %.

## Gender

8. Provide a breakdown of the current organisation by Grade Group and Gender breakdown following the format below

Grade Group	Total Staff in Service	No. Male Staff	% of Grade Group	No. Female Staff	% of Grade Group	% Females in Council grade group	% Females in Borough
Sc1-5	6	2	33	4	67	68	
Sc6 – SO1	1			1	100	74	
PO1-3	1	1	100			62	
PO4-7						64	
PO8+						52	
TOTAL	8	3	38	5	63	67	49.9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

9. Highlight any grade groups that are very under represented (10% or more difference) compared to the % of females/males in the council.

10. Do any ring fences disproportionately impact on impact on female or male staff?

- If No, go to question 13. **This is a proposed unit closure and so there are no ring fences**
- If Yes, how many female / male staff might be displaced?

## Appendix C

11. By how much do these staff change the % (percentage) of female/male staff in the whole structure? Show start and end %.

12. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, how many and what effect do they have on the female/male%? Show start and end %.

## Age

13. Provide a breakdown of the current organisation by Grade Group and Age breakdown following the format below

		16 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65+	
Grade Group	Total Staff	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group
Sc1-5	6					1	16.667	2	33.3	3	50		
Sc6 – SO1	1									1	100		
PO1-3	1							1	100				
PO4-7													
PO8+													
TOTAL	8					1	12.5	3	37.5	4	50		
Council Profile	4460	117	3	784	18	1108	25	1574	35	821	18	56	1
Borough Profile	225.6k	2977	13	4984	22	3173	19	4466	20	1669	7	2120	9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

14. Highlight any grade groups with a high level of staff from a particular age group compared to the compared to the council profile.

**When compared to the council profile 4 staff within the age range 55-64 are disproportionately affected by these proposals, as they represent 50% when compared to 18% of the council profile.**

**Appendix C**

15. Do any ring fences disproportionately impact on staff from one age group only?

- If No, go to question 18. **This is a proposed unit closure and so there are no ring fences**
- If Yes, how many of these staff might be displaced?

16. Does the displacement of these staff result in no representation of staff from a particular age group within the structure as a whole?

17. If Yes, can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, how many and what effect do they have on a particular age group? Show start and end %.

## Appendix C

## Disability

18. Identify the total number of disabled staff in the service following the format below:

Grade Group	Total staff	No. of Disabled Staff	% of Grade Group	Council profile
Sc1-5	4			7
Sc6 – SO1	1			9
PO1-3	1			7
PO4-7				7
PO8+				3
TOTAL	6	0	0	7
<b>Borough Profile</b>				

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

19. Do any ring fences disproportionately impact on disabled staff?

- If No, go to question 21. **This is a proposed unit closure and so there are no ring fences**
- If Yes, how many of these staff might be displaced? Show start and end numbers and %.

20. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, what effect will this have on the number of disabled staff? Show start and end numbers and %.

21. In addition to the above analysis of race, sex, age and disability you will need to consider the impact on groups with the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation. Please ask HR for help with the data on:

- Gender Reassignment
- Religion/ Belief
- Sexual Orientation
- Maternity & Pregnancy

**No staff in this group are on maternity leave – there is no other data held. This is a proposed unit closure and attempts will be made to deploy all staff that want this, including staff on maternity leave for whom there are certain entitlements.**

**Appendix C**

22. If you provide services to residents please also identify the potential impact/ issues relating to the change in service delivery as a result of your proposals.

**Date Part 1 completed - 23 June 2011**

**PART 2  
TO BE COMPLETED AT THE END OF CONSULTATION WITH STAFF/ UNIONS  
ON THE STRUCTURE**

**Step 3 – Consultation**

Outline below the consultation process you undertook, what issues were raised (especially any relating to the eight equalities characteristics).

**An extensive formal and informal staff consultation process took place from 20 December 2010 until 30 April 2011. This was conducted via individual letters to staff, 5 Formal Staff Consultation meetings with trade union representatives and 2 staff briefings with each of the 10 affected staff teams.**

**Throughout the process the main focus for staff and trade union was the nature of the impact of the business changes on the various user groups. These have been covered in the consultation report covering the consultation process with all stakeholder groups that is part of the report that is going to Cabinet in connection with the service changes.**

**Neither staff, nor trade union representatives, have raised any issues to do with the characteristics of the workforce that is affected by these potential closures.**

**We have done our best to work with staff during the course of the consultation to enable them to contribute to the consultation process, to come to terms with the impact of the potential closures on them and to identify ways in which we can mitigate against compulsory redundancy by identifying those employees who have decided that they was to leave voluntarily as well as identifying suitable deployment for those that don't – should the proposals be agreed.**

**We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support.**

Appendix C

**Step 4 – Address the Impact**

1. Are you in a position to make changes to the proposals to reduce the impact on the protected groups e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc. - please specify? **Not unless a decision is taken not to close the Unit. However the decision to reconfigure the Haven rather than close it may offer one or two more deployment opportunities to staff that are displaced from Woodside however this will depend on the skill set and numbers of staff in the reconfigured service.**
2. What changes or benefits for staff have been proposed as a result of your consultation? **Please see above comment regarding the Haven. In addition to this all parties have developed a better understanding of all the issues and so staff have been better able to make informed decisions about their future.**
3. If you are not able to make changes – why not and what actions can you take? **See above**
4. Do the ringfence and selection methods you have chosen to implement your restructure follow council policy and guidance? **This is a proposed unit closure and Council policy and guidance has and will be followed.**
5. Will the changes result in a positive/ negative impact for service delivery/ community groups – please explain how? **This has been addressed as part of the Service Equalities Impact Assessment.**
6. How can you mitigate any negative impact for service users? **This has been addressed as part of the Service Equalities Impact Assessment.**

Date Steps 3 & 4 completed –

September 2011



## Step 5 – Implementation and Review

1. Following the selection processes and appointment to your new structure are there any adverse impacts on any of the protected groups (the eight equalities characteristics). Please identify these.
2. If there are adverse impacts how will you aim to address these in the future?
3. Identify actions and timescales for implementation and go live of your new service offer.
4. If you are not in a position to go ahead on elements of your action plan – why not and what actions are you going to take?
5. Identify the timescale and actions for review of the restructure to ensure it achieved the expected benefits/ outcomes.

## Appendix C

## Step 6 – Sign off and publication

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but 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.

### COMPLETED BY (Contact Officer Responsible for undertaking this EqIA)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### QUALITY CHECKED BY (Equalities,)

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### SIGNED OFF BY Chair Directorate Equalities Forum

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**Note** - Send an electronic copy of the EqIA to [equalities@haringey.gov.uk](mailto:equalities@haringey.gov.uk); it will then be published on the council website



**Haringey Council**

<b>Report for:</b>	Corporate Committee on 24 <sup>th</sup> November 2011	<b>Item number</b>	
<b>Title:</b>	Staff Changes Associated with the Cabinet Decision to Close Four Residential Care Homes: Whitehall Street, The Red House, Cranwood and Broadwater Lodge Residential Homes		
<b>Report authorised by:</b>	Mun Thong Phung Director of Adult and Housing Services		
<b>Lead Officer:</b>	Lisa Redfern, Deputy Director, Adult and Community Services, tel: 020 8489 2326, email: <a href="mailto:lisa.redfern@haringey.gov.uk">lisa.redfern@haringey.gov.uk</a> ;		
<b>Ward(s) affected:</b> All	<b>Report for Key Decision</b>		

- 1. Describe the issue under consideration**
  - 1.1 To provide background context and an overview of the consultation and restructuring process connected with the Cabinet decision to close four residential care homes.
  - 1.2 To seek agreement of the Corporate Committee to the recommendation set out in Section 3 below.
- 2. Cabinet Member Introduction**  
N/A.
- 3. Recommendations**
  - 3.1 Corporate Committee are asked to approve the deletion of all posts based in four Residential Homes as summarised in section 5.4 of this report as a consequence of the decision that was taken by Cabinet on 18<sup>th</sup> August 2011.
- 4. Other options considered**



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N/A.

## **5. Background information**

### **5.1 Context**

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' and 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 high quality services but in the most efficient and value for money way. 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 two last years 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.

We are committed to protecting frontline services as far as possible in the face of the budgetary challenge. Councils face the challenge of an ageing population; people are living longer; which is something to celebrate, but how do we pay for the increased demand and expectations in a fair and affordable way as public spending reduces. Since the austerity programme introduced by the Coalition Government in May 2010 public spending will reduce over the next few years and councils and their partners will be expected to find billions of pounds of extra savings. It is within this context that Adult Services is required to deliver a reduction in expenditure over the next three years.

### **5.2 The Future Strategic direction and key outcomes for Adult Social Care Services:**

We are continuing to enhance and develop our service offer, within a value for money framework, for example, offer people more choice and control over their lives and increased independence through personalised budgets; we have further enhanced our safeguarding services and we have offered some real service improvements such as, improved stroke prevention and care, across social care and health; supporting care arrangements for a new state of the art extra care facility (very sheltered care) which opened earlier this year; enhanced information, advocacy and signposting including a new online service directory: '[HAricare](#)' to give vulnerable people even more information about how, who and what to choose in terms of their care arrangements.

### **5.3 Process Leading up to the Cabinet Decision**

On 20<sup>th</sup> December 2010 the Director of Adult, Culture and Community Services (as was) wrote to all staff stating that due to the significant savings that had to be made, proposals were going to Cabinet on 21<sup>st</sup>



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December 2010 regarding a number of options to reorganise services, including options to close or cease a range of services. On 21<sup>st</sup> December 2010 Cabinet gave the approval to commence formal consultation with stakeholder groups on, amongst other things, the proposals that are summarised in the following table.

Name of Residential Home	Proposal
Whitehall Street	Close by March 2012
Red House	Close by March 2013
Cranwood	Close by March 2013
Broadwater Lodge	Close by March 2013

Consultation with all the various stakeholder groups, including staff, lasted from 31<sup>st</sup> January 2011 until 30<sup>th</sup> April 2011. Upon the conclusion of the consultation the proposals were reviewed and referred back to Cabinet. On the 18<sup>th</sup> August 2011, Cabinet agreed to close the four residential care homes.

This report focuses on the staff consultation process associated with the proposal to close the three Residential Homes for Older People and Whitehall Street, the Residential Home/Respite Service for People with Learning Disabilities as listed in the above table.

#### 5.4 Current Staffing Establishment

The list of established posts can be summarised as follows.

Residential Home	Number of Posts	Headcount
Whitehall Street	29	27
Red House	44	41
Cranwood	42	42
Broadwater Lodge	45	42

#### 5.5 Staff Consultation Process

The formal staff consultation process in connection with the proposal to close the Residential Homes commenced on 31<sup>st</sup> January 2011 and was due to last until 30<sup>th</sup> April 2011 however, this was extended until May 2011 in order to allow sufficient time for full responses to be received. Two briefing sessions were held with the staff teams in each of the four Residential Homes. A UNISON trade union representative was also present at these sessions. The dates are set out in the table below.

Residential Home	Briefing 1	Briefing 2
Whitehall Street	10 February 2011	7 April 2011
Red House	14 February 2011	11 May 2011
Cranwood	7 February 2011	9 May 2011



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Broadwater Lodge	7 February 2011	3 May 2011
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At the sessions, various issues were raised regarding ways in which staff could contribute to the consultation process about the proposals as well as the timetable and process that would be applied if Cabinet did agree that these Homes would be closed. Staff also raised questions about the timetable and likelihood of deployment and/or redundancy if approval was given. Council procedures regarding reorganisations were fully explained.

Staff were handed a leaflet at each of the first briefings. This leaflet confirmed the ways in which staff could contribute to the consultation process with contact details for trade union representatives and managers and the dates of Formal Trade Union Consultation meetings so that they could feed into these via their trade union representatives. It also set out ways in which staff could make enquiries about voluntary redundancy and redeployment as well as ways staff could access support that had been put in place for staff. In addition to the above, six Formal Consultation meetings were held between Senior Managers of the Department and Trade Union Representatives on 25<sup>th</sup> January 2011, 17<sup>th</sup> February 2011, 15<sup>th</sup> March 2011, 6<sup>th</sup> April 2011, 7<sup>th</sup> April 2011 and 26<sup>th</sup> May 2011. The formal Trade Union Response to the proposals was submitted on 6<sup>th</sup> May 2011 and is attached as **Appendix A**, and this was used to inform the Cabinet decision together with responses made by other stakeholder groups.

Neither staff, nor trade union representatives, raised any issues to do with the characteristics of the workforce that are affected by these potential closures. Throughout the consultation process we have worked with staff to enable them to contribute to the consultation process. We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support.

On 18<sup>th</sup> August 2011 Cabinet approved the recommendation to close the four residential care homes and so, Corporate Committee are now being asked to approve the deletion of the posts associated with this decision. Upon deletion of the posts, the Council's Restructuring Policy will continue to be implemented, in which case every attempt will be made to deploy affected staff into any suitable posts that may be available leading up to the applicable closure date.

## **6. Comments of the Chief Financial Officer and Financial Implications**

- 6.1 On the 18<sup>th</sup> August 2011, Cabinet made the decision to close the residential homes detailed above in order that full year gross savings of £3.72 million and net savings of £2.05 million would be achieved. These



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savings have been calculated allowing for an estimated level of alternative re-provision.

**7. Head of Legal Services and Legal Implications**

7.1 The Head of Legal Services has been consulted on the contents of this report. Consultation with staff and recognised trade unions is an essential part of the responsibilities of an employer in the course of a business re-organisation. The requirement for consultation with employees and their trade union representatives is recognised within the report and its outcome set out in paragraph 5.5.

7.2 Due consideration should be given to responses received as a result of the consultation before any final decision is reached concerning the proposals outlined. Further, due consideration must also be given to the authority's public sector equality duty before such a final decision, taking into account the content of the equality impact assessment referred to in paragraph 8.

7.3 The position of employees whose posts will be deleted as a result of the closure of the homes should be managed under the Council's policies regarding redeployment and redundancy.

**8. Equalities and Community Cohesion Comments**

8.1 Detailed Equalities Impact Assessments for staff has been carried out in relation to these proposals for each of the individual Residential Homes and these are attached as **Appendices B,C, D, and E.**

**9. Head of Procurement Comments**

N/A.

**10. Policy Implications**

10.1 As detailed in report.

**11. Use of Appendices**

11.1 Appendix A - Formal Submission from Trade Union in response to the Proposals;

11.2 Appendix B - Equalities Impact Assessment for Whitehall Street;

11.3 Appendix C - Equalities Impact Assessment for The Red House;

11.4 Appendix D - Equalities Impact Assessment for Cranwood; and

11.5 Appendix E - Equalities Impact Assessment for Broadwater Lodge.

**12. Local Government (Access to Information) Act 1985**

N/A.

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## **UNISON COMMENTS ON PROPOSALS TO CLOSE PROVIDER SERVICES IN ADULT SOCIAL CARE**

### **Introduction**

UNISON opposes these cuts and we are also restating our opposition to all compulsory redundancies.

Due to the importance of these services and the scale of the cuts, all decisions relating to the closures should be made by the relevant council committee, not by managers.

### **Personalisation**

We are concerned about the way in which personalisation appears to have been used to justify some of the closures, alongside the need to make financial savings. The Equalities Impact Assessments for the closures of the day centres, residential homes and the Home Care service all state the following:

*“In line with the Putting People First programme, the Council is committed to delivering 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.”*

Management should not try and confuse two separate issues. We are facing the decimation of services that are provided for some of the most vulnerable people in the borough. This has nothing to do with the transformation of social care. Users and carers affected by these closures have expressed major concerns about the fact that these services will no longer be available, and have made clear that they would like them to continue. We do not understand how they are being given more choice and control if the services they want are being taken away.

If these services are being closed because of cuts in central government funding, then management should be clear about that, and should refrain from trying to put some kind of “positive spin” on the situation by making tenuous links to personalisation. We sincerely hope that management do not believe that personalisation provides an opportunity to get rid of in-house services, and that the budget situation has provided a convenient excuse for making cuts that would have otherwise been difficult to get through. Personalisation should not be about ceasing to provide in-house services, particularly if those services are what people want. Rather, it should be seen as an opportunity to develop in-house services and make them more responsive to people’s needs – to, in effect, “personalise” them.

The current government has published a document called *Think Locally, Act Personally* in which it states that it wants all service users to be on an individual budget by 2012/2013, with direct

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payments being the “preferred” mode of delivery. The key point here is that direct payments cannot be used to purchase in-house services, so this is clearly part of the government’s plan to eradicate

public services, or at least reduce them to an absolute minimum. It would be extremely concerning if this council was contributing to this process and using budget cuts as an excuse to do so.

Also, it is very concerning that personalisation is being used to develop a market in social care services. So far, the evidence is that this has often created a privatised and unregulated care market offering low quality services and poor working conditions for staff. With the decimation of in-house services in Haringey, there is a risk that this will happen here. It is very difficult to see how this will give greater choice, control and independence in a positive way to service users.

We would be grateful for further details of how management think that these closures will contribute to the personalisation of social care in Haringey.

**Alexandra Road Crisis Unit**

This unit provides a residential service for people with mental health problems who are in crisis. Staff also provide a telephone helpline for people who have used the unit, which they can call when they need to (this receives around 700 calls a year). These services help to prevent hospital admission and therefore save money in the long run, as mental health hospital beds are extremely expensive. They also help to avoid excessive pressure being put on GPs (particularly the out-of-hours service) and other mental health professionals, who service users would be forced to contact if Alexandra Road was not available. Therefore, the cost of closing the unit is likely to be high in both financial and human terms. Hospital admissions are likely to increase, as is the pressure on other health services. People with mental health issues may be left without the support they need when they are in crisis, and this could potentially lead to them being put at risk. We believe that management have not fully assessed the potential impact of the service closing, and it seems that the impact of the helpline not being available has not been assessed at all.

Management have claimed that this unit is being shut because the NHS is withdrawing its part of the funding. However, it appears that this is not an NHS cut, but that the resources will be put into a new service that will be provided by the NHS and possibly run by a charity.

Please clarify what will happen to the council’s part of the funding if the closure goes ahead.

The consultation on the closure has been run solely by the council, despite the fact that it claims that it is not making the decision to close, and regardless of the fact that council managers seem to have very little information about the situation. For example, we asked about who in the NHS was responsible for making the decision to withdraw funding from the unit, and management did not seem to be clear about this. We also asked about the proposals that the NHS had to replace the unit, and we were told that management had no knowledge of this. People who actually use the unit have started a campaign to save it, but they have faced similar barriers in their attempts to gain information from both the council and the NHS.

It appears that the consultation may not be real and meaningful. Consultation includes providing information, yet this has been in short supply. It is our belief that the NHS should have had a more prominent role in the consultation and that the whole process should have been more transparent and open, particularly with regard to who within the NHS made the decision to cut the funding, and the reasoning behind this. Service users should also be consulted on what will replace the unit, as this will have a significant impact on them.

Given that this is a council-run service that was recently rated as good by the Care Quality Commission one would expect council managers to have been vociferously and robustly making the case for maintaining funding to the NHS. I accept that this may be difficult, but we have not seen any evidence that a robust approach has been taken and we have not been given details of any representations that have been made. Therefore, please provide details of what approaches have been made to the NHS with regard to negotiating with them on this matter.

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Although the details are somewhat vague, it appears that the NHS plans to introduce “recovery houses” which may be run by a charity, and that it has been claimed that these will be a

“replacement” for Alexandra Road to some extent. Campaigners have had difficulty obtaining any information from either the council or the NHS about this. It seems that Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) managers have been giving out conflicting messages about this. On one hand, they have been saying that this service would operate on a similar basis to Alexandra Road, i.e. mainly to prevent hospital admission for people in crisis. On the other hand, they have also been claiming that it will be a service to support service users who are coming out of hospital. If the new service will be to prevent hospital admission, then it is difficult to see why Alexandra Road is being closed for the service it provides to simply be replicated in another setting, the only difference being that it will be provided solely by the NHS. If the new service is intended as a “step-down” from hospital for people who are not yet fully ready to live in the community, then this will be a very different service from Alexandra Road, and it would not be reasonable to describe it as a “replacement”. Service users are concerned that the new service will mainly be used as a way of getting people out of hospital earlier to save money. This will leave a huge and worrying gap in provision for people with mental health problems who are in crisis.

Local authorities, the NHS and the government constantly extol the virtues of choice, and the current personalisation agenda emphasises choice and control as its main principles. However, when it actually comes to listening to what people who use services actually want, organisations seem rather less keen on choice and control. Alexandra Road is highly valued by the people who use it. The service users themselves have said that they value the friendly and supportive atmosphere, the holistic approach, the promotion of independence and autonomy, the client-led care plans, the person-centred values, the feeling of safety and the opportunities for peer support. Most of all, they value the fact that the unit is in a community setting and homely environment, rather than a hospital. While they are staying there, they can keep up their roles in the community, e.g. by attending their jobs or voluntary work, continuing to study, maintaining their family roles and so on. It would be much more difficult to do this in a hospital setting. Even if they were physically based in the community, recovery houses would be an NHS service based on a medical model, and service users insist that this is not what they want. If this is their “choice”, and choice is as important as it is often claimed, then they should be listened to, and they should be allowed to have some control over the service that is provided.

We believe that there should have been full consultation on the introduction of this new service, as it is clearly linked to the closure of Alexandra Road and will have a significant impact on service users. It is concerning that these plans for a new service seem to have been progressed to a fairly advanced stage while consultation about the closure is supposedly taking place, which creates further doubt about whether the consultation is meaningful.

Management need to consider whether there will be any TUPE implications for staff at Alexandra Road, particularly if the service that is provided there is simply replicated in an NHS unit. If this is not applicable, management need to work with the NHS to ensure that staff from Alexandra Road are given the opportunity to apply for jobs in whatever new service is provided, given the level of knowledge and expertise they have.

In conclusion, many services are facing closure at the moment. Whilst UNISON opposes these closures, we accept that they are being caused by vicious cuts in central government funding. This closure is different. Alexandra Road Crisis Unit is highly valued by the people who use it, it does its job extremely well, and it saves money, yet it seems that it is being closed through choice because someone (it is not entirely clear who) wants the service to be provided in a different way. This is an unacceptable situation, and council managers need to take these matters up as a matter of urgency with the NHS. We believe that the consultation has not been meaningful and that it should be extended. The NHS should take an active role in this, and the consultation should include the proposal for recovery houses, as this is a change in provision that will have an effect on service users.

## Appendix A

We do not seem to have been provided with the Equalities Impact Assessment for the closure of Alexandra Road, and we would be grateful if this could be provided.

**684 Centre**

This day centre provides a service for people with mental health problems, many of whom have complex needs and may be otherwise hard to engage. People who will not co-operate with other services will attend this centre and interact with the staff and each other, so the social aspect of it is very important to them as they would otherwise be extremely isolated. It also provides a service to people who have been discharged from hospital but are still vulnerable.

Staff work to improve service users' physical and mental wellbeing, and help them to take control of their own lives. Activities provided are based on what service users both want and need, and include therapeutic and creative activities. The centre runs a service to help people with mental health problems back into employment, and there has been some success with this. The routine of coming into the centre generally helps people move towards going to work or college. The centre also works with people with severe and enduring mental health problems, and staff work hard to motivate them. For example, if someone hasn't been in for a while, they will contact them if there is a new activity that they may like. Staff build up a rapport with users, and can spot the early warning signs if they are deteriorating or not taking their medication, and then contact their Care Co-ordinator.

There are around 250 people on the register for the centre. They have different patterns of attendance, but it is clear that staff do have reasonably regular contact with a significant number of people with mental health problems. They also stay in touch with people who have not been in for some time, and invite them to events, etc., so the support the centre offers goes beyond the numbers of people who attend regularly.

If the service is removed, many of the users are likely to end up extremely isolated. Due to a recent restructure in mental health services, many people with mental health problems have been discharged from secondary services and no longer have a Care Co-ordinator, so there is no-one else to monitor them other than staff at the centre. There could be a significant risk of service users coming to harm. The presence of the centre helps to prevent hospital admission and pressure on other services and therefore saves money in the longer term. As with the closure of Alexandra Road Crisis Unit, the closure of the 684 Centre is likely to result in more hospital admissions and more demand for other health services, and therefore greater cost. The proposal to close the centre is already affecting the users, and some of them have started to deteriorate and become quite desperate.

Managers have apparently been saying that the service would have closed anyway in the longer term due to personalisation. However, personalisation is meant to be about choice, so it does not make any sense to say this – surely whether the service had remained or not would have been the choice of service users? Staff in the centre clearly said that they would have been more than willing to work with the personalisation agenda if at all possible, but they have not been given this opportunity.

Users have apparently been told that they can use the Clarendon Centre instead, but as this is in Hornsey it is too far for many of them to travel, and they also feel settled at the 684 Centre and like the services that are provided there.

**Home Care**

Management are proposing to close the Home Care service and replace it with a Reablement service. Current Home Carers will be offered employment in this service in order to minimise compulsory redundancies, but the proposal is that this will be an open ringfence. Please clarify why this is open rather than closed.

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It is clear that the proposal for a Reablement service has been around for some time, and it is proposed to close the Home Care service in June/July 2011, which is when notice would be given to any displaced workers. Despite this, we still do not have any significant details in writing of the proposals for the new service, including job descriptions, working arrangements, etc., nor do we

have a timetable for its implementation. Many Home Carers are asking for voluntary redundancy, and may feel that they are being pushed into doing so because they cannot see any alternative opportunities for them. Others will eventually face the prospect of compulsory redundancy. There is a risk that the delay in providing details of the new service could lead to redundancies taking place when they could have been avoided. The Reablement service may also provide redeployment opportunities for other displaced staff in the council. Therefore, we would like the details of the proposals for this service to be provided as soon as possible.

We have been informed that service users are extremely worried about this change. They have become used to the staff who work with them, and losing this consistency will be very difficult for them. They are also concerned about the quality of service they will receive in future, and we believe that these concerns are well founded. Management have commented before on the "high" cost of the internal care service. The reason for the cost levels is that staff are decently paid, receive training and supervision, and have good working conditions. The benefit of this is a quality service that is highly valued by service users, with good levels of staff retention which enable consistency to be provided. In contrast, many private companies pay low wages, do not provide training and do not vet staff properly. They also try to cut visit times and suffer from high staff turnover, and the result is that vulnerable people end up receiving a poor quality service. It is important to point out that many high quality staff do work for private companies; the problem is privatisation in itself, and the cost-cutting that results from this.

UNISON opposes the shift towards greater use of private companies in the provision of Home Care.

### **Residential Care Homes**

#### **Whitehall Street**

This provides both long-term residential and respite care, and carers and residents are extremely concerned about the loss of this service. In particular, carers of service users who attend the respite service are extremely worried about what will replace it. They rely on this service to give them a break from their caring responsibilities, and this enables them to carry on in this role. They are concerned that the level of respite they receive will reduce, which could cause them serious difficulties and could affect their ability to continue as carers.

Carers value the continuity and consistency of service that they receive from this home and they are concerned about standards in the private sector. It is also unclear what services are going to replace Whitehall Street, and there does not seem to be any details about this, which is a concern for both staff and parents/carers.

There have been references made to Whitehall Street being an "institutionalised" setting, although no information has been provided to support this claim. This sounds rather insulting, and ignores the fact that the service provides high quality care that is valued by parents/carers. The home is rated as "good" by CQC. The home used to be split into three distinct units, which enabled a more person-centred approach to be taken. However, in 2009 management turned the whole building back into one big unit; this could be seen as a move towards "institutionalisation", but it was a management decision so it seems rather unreasonable to be now describing the service in these terms.

#### **Residential Homes for Older People**

As with all the other staff groups we spoke to, the main concerns that staff in these services had were for the residents. They were particularly concerned about where the residents are going to go and the effect that the proposals are having on them now. They are becoming extremely anxious

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and upset, and some of them are trying to pack suitcases because they think they have to leave. Staff have worked extremely hard to build up relationships with them, to develop their confidence and self-esteem, and to improve their physical and mental health – all of this will be lost. The impact of moving home on older people's health and wellbeing can be severe, and management need to take this into consideration.

**Drop-in Centres**

These centres are extremely popular and there are often users waiting outside to get in when they open. They were described as being "like a lifeline" for the people who use them. If they are cut, then many people who currently attend will be very isolated, as this is their only significant interaction with other people that many of them have. Perhaps the most poignant evidence of this is the fact that when some users have died in the past, the only people who have been at their funeral are staff and other users from their drop-in centre. Some users who were previously very isolated have become friends, and meet each other outside of the centre. Some of the users have mental health issues, which could worsen if they are not able to attend. Staff in these centres provide a level of monitoring which is perhaps unofficial but that is also very important. They seek help from the appropriate professionals if they notice that someone is physically or mentally deteriorating; older people can deteriorate in a day or two and it is important that there is someone to notice this. If someone who attends regularly doesn't come in, staff contact them or one of their relatives to see if they are okay and that they haven't had a fall, for example.

Some users need a great deal of encouragement to eat – if they are left to their own devices at home, they may not eat at all. The centres also provide a form of respite for carers, and their loss will be a huge blow to them.

There are some users who will not engage if a social worker visits them at home, or who will not go to see the GP, but who will engage with such professionals if they come to visit them in the context of a drop-in centre.

The proposals for closure are already having an impact on service users, with some of them saying that they "want to die".

It could be argued that these are preventative services – they spot problems early and seek the appropriate help for people, and they provide support that prevents deterioration. In this sense, the drop-in centres save money, as if it was not for their existence some of the people who attend would need much greater input from health or social care services. Therefore, these closures are likely to cost more than they save in the long run.

**Day Centres**

Although the day centres are services for which people need to be assessed, many of the issues are the same as those for the drop-in centres. As with the other services affected by these cuts, the main concern of staff was not for themselves, but about the impact on the service users, some of whom have been attending their centre for 10-15 years. Staff have noticed that the prospect of closure is affecting them already – they are suffering from low moods, they are becoming withdrawn and some of them have become visibly upset.

For service users who live alone, the centres may provide the only significant social contact they experience, and there is a risk of them becoming isolated. The centres also provide very important breaks during the day for informal carers, and the lack of a service may lead to them finding it difficult to cope. These services were described as being like "second family" to some people.

The centres provide regular monitoring of clients, and staff can often identify any changes at an early stage and inform the relevant professional or make a referral to an appropriate service. Staff make efforts to contact users (or their carers/next-of-kin) if they do not come in to the centre. If the centres close, there will be no-one to do this and there will be the clear risk of vulnerable

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people declining, or perhaps having a fall or suddenly becoming ill at home, without anyone being aware of this until it is too late.

The centres are the only place where some clients have a proper meal, and some of them will not eat unless they are prompted by staff. Without this input, there is a risk that service users will not eat adequate amounts of food, creating serious health risks.

With regard to the merger of The Haynes and The Grange, there is very little information available about this. This is a clear change, and although it is described as a merger, it will obviously include the closure of one of the sites. We need details about this proposal, particularly the implications for staff, as soon as possible. Staff members who may be potentially affected have raised concerns about the lack of information.

**Chris Taylor**  
**Assistant Branch Secretary/Adults and Culture Convenor**  
**UNISON**

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## Haringey Council

### Equalities Impact Assessment (EqIA) for Organisational Restructures

<b>Date: November 2011</b>
<b>Department and service under review: Adults – Whitehall Street</b>
<b>Lead Officer/s and contact details: Lisa Redfern</b>
<b>Contact Officer/s (Responsible for actions): Beverley Tarka</b>
<p><b>Summary of Assessment</b> (completed at conclusion of assessment to be used as equalities comments on council reports)</p> <p>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.</p> <p>Staffing profile data used in this EqIA for comparison purposes is from December 2010.</p> <p>The staffing profile has changed since the commencement of the process in January 2011. The staffing profile as at November 2011 is as follows.</p> <p>Ethnicity – 96% of the staff are of a BME background as compared with 54% across the Council.</p> <p>Gender – 78% of the staff are female as compared to 68% across the Council.</p> <p>Age – 52% of this staff group are from the 45-54 age group as opposed to 36% across the Council.</p> <p>Disability – 7% of this staff group have a classified disability which is the same proportion as across the Council.</p>

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The decision to close this service by March 2012 is based on the need to make financial savings and to provide services that are more in line with Putting People First and Think Local Act Personal as set out in the Service Report. The service has taken all necessary steps to consult with staff and to mitigate against compulsory redundancies by identifying volunteers for redundancy and applying the councils redeployment procedure to avoid making compulsory redundancies if possible. All staffing actions have been and will be taken in line with the Councils procedures for this .

The Equalities Impact Assessment for service restructures should assess the likely impact of restructuring on protected equalities groups of employees by: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation.

**The assessment is to be completed by the business unit manager** with advice from HR. It is to be undertaken by an assessment of the basic employment profile data and then answering a number of questions outlined below.

**PART 1  
TO BE COMPLETED DURING THE EARLY STAGES OF CONSULTATION WITH  
STAFF/ UNIONS ON THE STRUCTURE**

**Step 1 – Aims and Objectives**

- 1. Purpose – What is the main aim of the proposed/new or change to the existing service?** Cabinet will be making a decision as to whether they should close the Home. This is to enable financial savings to be made and for services to be more in line with Putting People First and Think Local, Act Personal. The full details of this are set out in the Service Report.
- 2. What are the main benefits and outcomes you hope to achieve?** The full benefits and outcomes have been set out in the Service Report.
- 3. How will you ensure that the benefits/ outcomes are achieved?** These will be monitored by formal contract monitoring , quality assurance via the accreditation framework and analysis of complaints – as set out in the Service Report.

**Step 2 – Current Workforce Information & Likely Impact of your proposals**

Note – there is an Excel template that accompanies the EIA Service Restructure template on Harinet. This is to help you complete the tables of staff information and % calculations. You will also find the latest Annual Council Employee Profile on Harinet (based on data for a financial year) to help complete the council and borough profile information. Ask HR if you cannot find it.

**1. Are you closing a unit?**

- If No, go to question 3.
- If Yes, please outline how many staff will be affected broken down by race, sex (gender), age and disability.

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- In addition if you have information on the breakdown of your staff by the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation; you must consider the impact on these groups.

This proposal is for the closure of Whitehall Street by April 2012. The proposal affects 32 staff – 3% of whom are white, 15% of whom are ‘white other’ and 82% are BME, 18% of whom are male and 82% of whom are female and 12% of whom have a disability. This is broken down into more detail in the tables below.

### 2. Can any staff be accommodated elsewhere within the service, business unit or directorate?

- If Yes, identify how many by race, sex, age and disability. And where possible identify the number by gender reassignment, pregnancy and maternity, religion or belief, and sexual orientation.

It is not possible to say at this time. We have a process in place to identify those staff who want to leave on a redundancy basis and those staff who want to be deployed into any suitable posts that may exist in Adult Social Care or the Council generally – should the proposals for closure be approved.

## Race

### 3. Provide a breakdown of the current service by Grade Group and Racial Group following the format below.

Grade Group	Total Staff in Service	No. of Race Not Declared Staff	% of Grade Group Total	White Staff	% of Grade Group Total	White Other staff	% of Grade Group Total	BME Staff	% of Grade Group Total	BME % in Council grade group	BME% Borough Profile
Sc1-5	26					4	15	22	85	66	
Sc6 – SO1	6					1	17	5	83	57	
PO1-3	2			1	50			1	50	47	
PO4-7										39	
PO8+										20	
TOTAL	34			1	3	5	15	28	82	54	34

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

### 4. Highlight any grade groups that are very under represented (10% or more difference) compared with the council profile and where relevant the borough profile.

The grade groups that are very under represented are white grade range Sc1-5 and Sc6- SO2 and white other at the PO1-3 grade range.

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**5. Do any ring fences disproportionately impact on staff from one ethnic minority group (white, white other, asian, black, mixed race) or Black & Minority Ethnic (BME) staff only?**

- If No, go to question 8.
- If Yes, how many of these staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**6. By how much does these staff change the % (percentage) of BME staff in the structure? Show start and end %.**

**7. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the BME %? Show start and end %.

### Gender

**8. Provide a breakdown of the current organisation by Grade Group and Gender breakdown following the format below**

Grade Group	Total Staff in Service	No. Male Staff	% of Grade Group	No. Female Staff	% of Grade Group	% Females in Council grade group	% Females in Borough
Sc1-5	26	3	12	23	88	68	
Sc6 – SO1	6	2	33	4	67	74	
PO1-3	2	1	50	1	50	62	
PO4-7						64	
PO8+						52	
TOTAL	34	6	18	28	82	67	49.9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**9. Highlight any grade groups that are very under represented (10% or more difference) compared to the % of females/males in the council.**

Males at Sc1-5 are very under represented

**10. Do any ring fences disproportionately impact on impact on female or male staff?**

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- If No, go to question 13.
- If Yes, how many female / male staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**11. By how much do these staff change the % (percentage) of female/male staff in the whole structure? Show start and end %.**

**12. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the female/male%? Show start and end %.

## Age

13. Provide a breakdown of the current organisation by Grade Group and Age breakdown following the format below

		16 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65+	
Grade Group	Total Staff	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group
Sc1-5	26	2	8	3	12	5	19	12	46	4	15		
Sc6 – SO1	6			2	33			1	17	3	50		
PO1-3	2							2	100				
PO4-7													
PO8+													
TOTAL	34	2	6	5	15	5	15	15	44	7	21	0	0
Council Profile	4460	117	3	784	18	1108	25	1574	35	821	18	56	1
Borough Profile	2266 00	2977 9	13	4985 8	22	3173 6	19	4466 9	20	1669 4	7	2120 6	9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**14. Highlight any grade groups with a high level of staff from a particular age group compared to the compared to the council profile.**

25-34 year old sc6-so2, 45-54 year old sc1-5 and po1-3, and 55-64 year old sc6-so2.

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**15. Do any ring fences disproportionately impact on staff from one age group only?**

- If No, go to question 18.
- If Yes, how many of these staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**16. Does the displacement of these staff result in no representation of staff from a particular age group within the structure as a whole?**

**17. If Yes, can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on a particular age group? Show start and end %.

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## Disability

18. Identify the total number of disabled staff in the service following the format below:

Grade Group	Total staff	No. of Disabled Staff	% of Grade Group	Council profile
Sc1-5	26	3	12	7
Sc6 – SO1	6			9
PO1-3	2	1	50	7
PO4-7				7
PO8+				3
TOTAL	34	4	12	7
<b>Borough Profile</b>				

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**19. Do any ring fences disproportionately impact on disabled staff?**

- If No, go to question 21.
- If Yes, how many of these staff might be displaced? Show start and end numbers and %.

This is a proposed unit closure and so there are no ring fences

**20. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, what effect will this have on the number of disabled staff? Show start and end numbers and %.

**21. In addition to the above analysis of race, sex, age and disability you will need to consider the impact on groups with the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation. Please ask HR for help with the data on:**

- Gender Reassignment
- Religion/ Belief
- Sexual Orientation
- Maternity & Pregnancy

**Two members of staff is on maternity leave – there is no other data held. This is a proposed unit closure and attempts will be made to deploy all staff that want this. We will ensure that anyone on maternity leave is treated in line with their specific entitlements.**



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**22. If you provide services to residents please also identify the potential impact/ issues relating to the change in service delivery as a result of your proposals.**

**Date Part 1 completed – January 2011**

**PART 2  
TO BE COMPLETED AT THE END OF CONSULTATION WITH STAFF/ UNIONS  
ON THE STRUCTURE**

**Step 3 – Consultation**

Outline below the consultation process you undertook, what issues were raised (especially any relating to the eight equalities characteristics).

An extensive formal and informal staff consultation process took place from 20 December 2010 until 30 April 2011. This was conducted via individual letters to staff, 5 Formal Staff Consultation meetings with trade union representatives and 2 staff briefings with each of the 10 affected staff teams.

Throughout the process the main focus for staff and trade union was the nature of the impact of the business changes on the various user groups. These have been covered in the consultation report covering the consultation process with all stakeholder groups that is part of the report that is going to Cabinet in connection with the service changes.

Neither staff, nor trade union representatives, have raised any issues to do with the characteristics of the workforce that is affected by these potential closures.

We have done our best to work with staff during the course of the consultation to enable them to contribute to the consultation process, to come to terms with the impact of the potential closures on them and to identify ways in which we can mitigate against compulsory redundancy by identifying those employees who have decided that they was to leave voluntarily as well as identifying suitable deployment for those that don't – should the proposals be agreed.

We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support.

## Step 4 – Address the Impact

- 1. Are you in a position to make changes to the proposals to reduce the impact on the protected groups e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc. - please specify?**

Not unless a decision is taken not to close the Unit.

- 2. What changes or benefits for staff have been proposed as a result of your consultation?**

No changes have been proposed due to the above reasons however all parties have developed a better understanding of all the issues and so staff have been better able to make informed decisions about their future.

- 3. If you are not able to make changes – why not and what actions can you take?**

See above

- 4. Do the ringfence and selection methods you have chosen to implement your restructure follow council policy and guidance?**

This is a proposed unit closure and Council policy and guidance has been followed.

- 5. Will the changes result in a positive/ negative impact for service delivery/ community groups – please explain how?**

This has been addressed as part of the Service Equalities Impact Assessment.

- 6. How can you mitigate any negative impact for service users?**

This has been addressed as part of the Service Equalities Impact Assessment.

**Date Steps 3 & 4 completed –**

23 June 2011

- 1. Are you in a position to make changes to the proposals to reduce the impact on the protected groups e.g. consideration of flexible working or**

**Appendix B**

**reduced hours including flexible retirement, voluntary reduction of grades, etc. - please specify?**

Not unless a decision is taken not to close the Unit.

**2. What changes or benefits for staff have been proposed as a result of your consultation?**

No changes have been proposed due to the above reasons however all parties have developed a better understanding of all the issues and so staff have been better able to make informed decisions about their future.

**3. If you are not able to make changes – why not and what actions can you take?**

See above

**4. Do the ringfence and selection methods you have chosen to implement your restructure follow council policy and guidance?**

This is a proposed unit closure and Council policy and guidance has been followed.

**5. Will the changes result in a positive/ negative impact for service delivery/ community groups – please explain how?**

This has been addressed as part of the Service Equalities Impact Assessment.

**6. How can you mitigate any negative impact for service users?**

This has been addressed as part of the Service Equalities Impact Assessment.

**Date Steps 3 & 4 completed –**

23 June 2011

**Step 5 – Implementation and Review**

**Appendix B**

1. Following the selection processes and appointment to your new structure are there any adverse impacts on any of the protected groups (the eight equalities characteristics). Please identify these.
2. If there are adverse impacts how will you aim to address these in the future?
3. Identify actions and timescales for implementation and go live of your new service offer.
4. If you are not in a position to go ahead on elements of your action plan – why not and what actions are you going to take?
5. Identify the timescale and actions for review of the restructure to ensure it achieved the expected benefits/ outcomes.

## Appendix B

## Step 6 – Sign off and publication

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but 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.

### COMPLETED BY (Contact Officer Responsible for undertaking this EqIA)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### QUALITY CHECKED BY (Equalities,)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Director/ Assistant Director

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Chair Directorate Equalities Forum

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

**Note** - Send an electronic copy of the EqIA to [equalities@haringey.gov.uk](mailto:equalities@haringey.gov.uk); it will then be published on the council website

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## Haringey Council

### Equalities Impact Assessment (EqIA) for Organisational Restructures

<b>Date: November 2011</b>
<b>Department and service under review: Adults – Red House Residential Home for Older People</b>
<b>Lead Officer/s and contact details: Lisa Redfern</b>
<b>Contact Officer/s (Responsible for actions): Len Weir</b>
<p><b>Summary of Assessment</b> (completed at conclusion of assessment to be used as equalities comments on council reports)</p> <p>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.</p> <p>Staffing profile data used in this EqIA for comparison purposes is from December 2010. The profile of the staff group has changed slightly since January 2011 when this process first commenced. The data as at November 2011 shows the following</p> <p>If the unit is closed these proposals will displace 41 members of staff. Analysis of the characteristics shows the following.</p> <p>Ethnicity – 95% of the staff are of a BME background as compared with 54% across the Council.</p> <p>Gender – 88% of the staff are female as compared to 68% across the Council generally.</p> <p>Age – 27% are of the 55-64 age range as opposed to 18% across the Council.</p> <p>Disability – 2% of the staff group are classified as disabled as opposed to 7% across the</p>

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Council.

The decision to close this service by April 2013 is based on the need to make financial savings and to provide services that are more in line with Putting People First and Think Local Act Personal as set out in the Service Report. The service has taken all necessary steps to consult with staff and to mitigate against compulsory redundancies by identifying volunteers for redundancy and applying the councils redeployment procedure to avoid making compulsory redundancies if possible. All staffing actions have been and will be taken in line with the Councils procedures for this .

The Equalities Impact Assessment for service restructures should assess the likely impact of restructuring on protected equalities groups of employees by: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation.

**The assessment is to be completed by the business unit manager** with advice from HR. It is to be undertaken by an assessment of the basic employment profile data and then answering a number of questions outlined below.



**PART 1  
TO BE COMPLETED DURING THE EARLY STAGES OF CONSULTATION WITH  
STAFF/ UNIONS ON THE STRUCTURE**

**Step 1 – Aims and Objectives**

- 1. Purpose – What is the main aim of the proposed/new or change to the existing service?** Cabinet will be making a decision as to whether they should close the Home. This is to enable financial savings to be made and for services to be more in line with Putting People First and Think Local, Act Personal. The full details of this are set out in the Service Report.
- 2. What are the main benefits and outcomes you hope to achieve?** The full benefits and outcomes have been set out in the Service Report.
- 3. How will you ensure that the benefits/ outcomes are achieved?** These will be monitored by formal contract monitoring , quality assurance via the accreditation framework and analysis of complaints – as set out in the Service Report.

**Step 2 – Current Workforce Information & Likely Impact of your proposals**

Note – there is an Excel template that accompanies the EIA Service Restructure template on Harinet. This is to help you complete the tables of staff information and % calculations. You will also find the latest Annual Council Employee Profile on Harinet (based on data for a financial year) to help complete the council and borough profile information. Ask HR if you cannot find it.

**1. Are you closing a unit?**

- If No, go to question 3.
- If Yes, please outline how many staff will be affected broken down by race, sex (gender), age and disability.

## Appendix C

- In addition if you have information on the breakdown of your staff by the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation; you must consider the impact on these groups.

This proposal is for closure of Red House Residential Unit by April 2013. The proposal affects 44 staff – 5% of whom are white, 14% of whom are ‘white other’ and 81% are BME, 14% of whom are male and 86% of whom are female and 2.6% of whom have a disability. This is broken down into more detail in the tables below.

### 2. Can any staff be accommodated elsewhere within the service, business unit or directorate?

- If Yes, identify how many by race, sex, age and disability. And where possible identify the number by gender reassignment, pregnancy and maternity, religion or belief, and sexual orientation.

It is not possible to say at this time. We have a process in place to identify those staff who want to leave on a redundancy basis and those staff who want to be deployed into any suitable posts that may exist in Adult Social Care or the Council generally – should the proposals for closure be approved.

### Race

3. Provide a breakdown of the current service by Grade Group and Racial Group following the format below.

Grade Group	Total Staff in Service	No. of Race Not Declared Staff	% of Grade Group Total	White Staff	% of Grade Group	White Other staff	% of Grade Group Total	BME Staff	% of Service Total	BME % in Council grade group	BME% Borough Profile
Sc1-5	38			2	5	6	16	30	79	66	
Sc6 – SO1	3							3	100	57	
PO1-3										47	
PO4-7	1							1	100	39	
PO8+										20	
TOTAL	42			2	5	6	14	34	81	54	34

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

### 4. Highlight any grade groups that are very under represented (10% or more difference) compared with the council profile and where relevant the borough profile.

The grade groups that are very unrepresented are ‘white’ and white ‘other’ generally 5% and 14% as compared with 46% and specifically at the Sc1-5 grade range.

## Appendix C

**5. Do any ring fences disproportionately impact on staff from one ethnic minority group (white, white other, asian, black, mixed race) or Black & Minority Ethnic (BME) staff only?**

- If No, go to question 8.
- If Yes, how many of these staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**6. By how much does these staff change the % (percentage) of BME staff in the structure? Show start and end %.**

**7. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the BME %? Show start and end %.

### Gender

**8. Provide a breakdown of the current organisation by Grade Group and Gender breakdown following the format below**

Grade Group	Total Staff in Service	No. Male Staff	% of Grade Group	No. Female Staff	% of Grade Group	% Females in Council grade group	% Females in Borough
Sc1-5	38	5	13	33	87	68	
Sc6 – SO1	3	1	33	2	67	74	
PO1-3						62	
PO4-7	1			1	100	64	
PO8+						52	
TOTAL	42	6	14	36	86	67	49.9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**9. Highlight any grade groups that are very under represented (10% or more difference) compared to the % of females/males in the council.**

Male Scale 1-5 are under represented.

**10. Do any ring fences disproportionately impact on impact on female or male staff?**

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- If No, go to question 13.
- If Yes, how many female / male staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**11. By how much do these staff change the % (percentage) of female/male staff in the whole structure? Show start and end %.**

**12. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the female/male%? Show start and end %.

## Age

13. Provide a breakdown of the current organisation by Grade Group and Age breakdown following the format below **See table attached**

		16 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65+	
Grade Group	Total Staff	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group
Sc1-5	38	1	3	4	11	10	26	11	29	11	29	1	3
Sc6 – SO1	3			1	33	1	33	1	33				
PO1-3													
PO4-7	1							1	100				
PO8+													
TOTAL	42	1	2	5	12	11	26	13	31	11	26	1	2
Council Profile	4460	117	3	784	18	1108	25	1574	35	821	18	56	1
Borough Profile	225600	29779	13	49858	22	31736	19	44669	20	16694	7	21206	9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**14. Highlight any grade groups with a high level of staff from a particular age group compared to the compared to the council profile.**

No staff are significantly disproportionately affected

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**15. Do any ring fences disproportionately impact on staff from one age group only?**

- If No, go to question 18.
- If Yes, how many of these staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**16. Does the displacement of these staff result in no representation of staff from a particular age group within the structure as a whole?**

**17. If Yes, can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on a particular age group? Show start and end %.

## Appendix C

## Disability

18. Identify the total number of disabled staff in the service following the format below:

Grade Group	Total staff	No. of Disabled Staff	% of Grade Group	Council profile
Sc1-5	38	1	2.6	7
Sc6 – SO1	3			9
PO1-3				7
PO4-7	1			7
PO8+				3
TOTAL	42	1	2.6	7
<b>Borough Profile</b>				

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**19. Do any ring fences disproportionately impact on disabled staff?**

- If No, go to question 21.
- If Yes, how many of these staff might be displaced? Show start and end numbers and %.

This is a proposed unit closure and so there are no ring fences

**20. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, what effect will this have on the number of disabled staff? Show start and end numbers and %.

**21. In addition to the above analysis of race, sex, age and disability you will need to consider the impact on groups with the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation. Please ask HR for help with the data on:**

- Gender Reassignment
- Religion/ Belief
- Sexual Orientation
- Maternity & Pregnancy

**One member of staff is on maternity leave – there is no other data held. This is a proposed unit closure and attempts will be made to deploy all staff that want this. We will ensure that anyone on maternity leave is treated in line with their specific entitlements.**

**Appendix C**

**22. If you provide services to residents please also identify the potential impact/ issues relating to the change in service delivery as a result of your proposals.**

**Date Part 1 completed - 23 June 2011**

**PART 2  
TO BE COMPLETED AT THE END OF CONSULTATION WITH STAFF/ UNIONS  
ON THE STRUCTURE**

**Step 3 – Consultation**

**Outline below the consultation process you undertook, what issues were raised (especially any relating to the eight equalities characteristics).**

An extensive formal and informal staff consultation process took place from 20 December 2010 until 30 April 2011. This was conducted via individual letters to staff, 5 Formal Staff Consultation meetings with trade union representatives and 2 staff briefings with each of the 10 affected staff teams.

Throughout the process the main focus for staff and trade union was the nature of the impact of the business changes on the various user groups. These have been covered in the consultation report covering the consultation process with all stakeholder groups that is part of the report that is going to Cabinet in connection with the service changes.

Neither staff, nor trade union representatives, have raised any issues to do with the characteristics of the workforce that is affected by these potential closures.

We have done our best to work with staff during the course of the consultation to enable them to contribute to the consultation process, to come to terms with the impact of the potential closures on them and to identify ways in which we can mitigate against compulsory redundancy by identifying those employees who have decided that they was to leave voluntarily as well as identifying suitable deployment for those that don't – should the proposals be agreed.

We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support.

## Step 4 – Address the Impact

- 1. Are you in a position to make changes to the proposals to reduce the impact on the protected groups e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc. - please specify?**

Not unless a decision is taken not to close the Unit.

- 2. What changes or benefits for staff have been proposed as a result of your consultation?**

No changes have been proposed due to the above reasons however all parties have developed a better understanding of all the issues and so staff have been better able to make informed decisions about their future.

- 3. If you are not able to make changes – why not and what actions can you take?**

See above

- 4. Do the ringfence and selection methods you have chosen to implement your restructure follow council policy and guidance?**

This is a proposed unit closure and Council policy and guidance has been followed.

- 5. Will the changes result in a positive/ negative impact for service delivery/ community groups – please explain how?**

This has been addressed as part of the Service Equalities Impact Assessment.

- 6. How can you mitigate any negative impact for service users?**

This has been addressed as part of the Service Equalities Impact Assessment.

**Date Steps 3 & 4 completed –**

23 June 2011



## Step 5 – Implementation and Review

1. Following the selection processes and appointment to your new structure are there any adverse impacts on any of the protected groups (the eight equalities characteristics). Please identify these.
2. If there are adverse impacts how will you aim to address these in the future?
3. Identify actions and timescales for implementation and go live of your new service offer.
4. If you are not in a position to go ahead on elements of your action plan – why not and what actions are you going to take?
5. Identify the timescale and actions for review of the restructure to ensure it achieved the expected benefits/ outcomes.

## Appendix C

## Step 6 – Sign off and publication

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but 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.

### COMPLETED BY (Contact Officer Responsible for undertaking this EqIA)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### QUALITY CHECKED BY (Equalities,)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Director/ Assistant Director

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Chair Directorate Equalities Forum

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

**Note** - Send an electronic copy of the EqIA to [equalities@haringey.gov.uk](mailto:equalities@haringey.gov.uk); it will then be published on the council website

## Haringey Council

### Equalities Impact Assessment (EqIA) for Organisational Restructures

<b>Date: November 2011</b>
<b>Department and service under review: Cranwood Residential Home</b>
<b>Lead Officer/s and contact details: Lisa Redfern</b>
<b>Contact Officer/s (Responsible for actions): Len Weir</b>
<p><b>Summary of Assessment</b> (completed at conclusion of assessment to be used as equalities comments on council reports)</p> <p>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.</p> <p>Staffing profile data used in this EqIA for comparison purposes is from December 2010. The staffing profile has changed slightly since the commencement of this process in January 2011. The data as at November 2011 shows the following.</p> <p>If the unit is closed these proposals will displace 42 members of staff. Analysis of the characteristics shows the following.</p> <p>Ethnicity – 81% of the staff are of a BME background as compared with 54% across the Council.</p> <p>Gender – 93% of the staff are female as compared to 68% across the Council generally</p> <p>Age – Overall there is no significantly disproportionate impact on any particular age range</p> <p>Disability – 10% of this staff group have a disability as opposed to 7% across the Council.</p>

**Appendix D**

The decision to close this service by April 2013 is based on the need to make financial savings and to provide services that are more in line with Putting People First and Think Local Act Personal as set out in the Service Report. The service has taken all necessary steps to consult with staff and to mitigate against compulsory redundancies by identifying volunteers for redundancy and applying the councils redeployment procedure to avoid making compulsory redundancies if possible. All staffing actions have been and will be taken in line with the Councils procedures for this .

The Equalities Impact Assessment for service restructures should assess the likely impact of restructuring on protected equalities groups of employees by: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation.

**The assessment is to be completed by the business unit manager** with advice from HR. It is to be undertaken by an assessment of the basic employment profile data and then answering a number of questions outlined below.

Appendix D

**PART 1  
TO BE COMPLETED DURING THE EARLY STAGES OF CONSULTATION WITH  
STAFF/ UNIONS ON THE STRUCTURE**

**Step 1 – Aims and Objectives**

- 1. Purpose – What is the main aim of the proposed/new or change to the existing service?** Cabinet will be making a decision as to whether they should close the Home. This is to enable financial savings to be made and for services to be more in line with Putting People First and Think Local, Act Personal. The full details of this are set out in the Service Report.
- 2. What are the main benefits and outcomes you hope to achieve?** The full benefits and outcomes have been set out in the Service Report.
- 3. How will you ensure that the benefits/ outcomes are achieved?** These will be monitored by formal contract monitoring , quality assurance via the accreditation framework and analysis of complaints – as set out in the Service Report.

**Step 2 – Current Workforce Information & Likely Impact of your proposals**

Note – there is an Excel template that accompanies the EIA Service Restructure template on Harinet. This is to help you complete the tables of staff information and % calculations. You will also find the latest Annual Council Employee Profile on Harinet (based on data for a financial year) to help complete the council and borough profile information. Ask HR if you cannot find it.

**1. Are you closing a unit?**

- If No, go to question 3.
- If Yes, please outline how many staff will be affected broken down by race, sex (gender), age and disability.

## Appendix D

- In addition if you have information on the breakdown of your staff by the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation; you must consider the impact on these groups.

This proposal is for closure of Cranwood Residential Unit by April 2013. The proposal affects 42 staff – 15% of whom are white, 7% of whom are ‘white other’ and 76% are BME, 7% of whom are male and 93% of whom are female and 9.8% of whom have a disability. This is broken down into more detail in the tables below.

### 2. Can any staff be accommodated elsewhere within the service, business unit or directorate?

- If Yes, identify how many by race, sex, age and disability. And where possible identify the number by gender reassignment, pregnancy and maternity, religion or belief, and sexual orientation.

It is not possible to say at this time. We have a process in place to identify those staff who want to leave on a redundancy basis and those staff who want to be deployed into any suitable posts that may exist in Adult Social Care or the Council generally – should the proposals for closure be approved.

### Race

3. Provide a breakdown of the current service by Grade Group and Racial Group following the format below.

Grade Group	Total Staff in Service	No. of Race Not Declared Staff	% of Grade Group Total	White Staff	% of Grade Group Total	White Other staff	% of Grade Group Total	BME Staff	% of Grade Group Total	BME % in Council grade group	BME% Borough Profile
Sc1-5	38	3	8	4	11	3	8	28	73	66	
Sc6 – SO1	3							3	100	57	
PO1-3										47	
PO4-7	1			1	100					39	
PO8+										20	
TOTAL	42	3	7	5	12	3	7	34	80	54	34

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

### 4. Highlight any grade groups that are very under represented (10% or more difference) compared with the council profile and where relevant the borough profile.

The staff groups that are under represented when compared to the Council profile are from ‘white’ ethnicity generally (12%) as compared to the council generally (46%).

## Appendix D

**5. Do any ring fences disproportionately impact on staff from one ethnic minority group (white, white other, asian, black, mixed race) or Black & Minority Ethnic (BME) staff only?**

- If No, go to question 8.
- If Yes, how many of these staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**6. By how much does these staff change the % (percentage) of BME staff in the structure? Show start and end %.**

**7. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the BME %? Show start and end %.

### Gender

**8. Provide a breakdown of the current organisation by Grade Group and Gender breakdown following the format below**

Grade Group	Total Staff in Service	No. Male Staff	% of Grade Group	No. Female Staff	% of Grade Group	% Females in Council grade group	% Females in Borough
Sc1-5	38	3	8	35	92	70	
Sc6 – SO1	3			3	100	75	
PO1-3						61	
PO4-7	1			1	100	65	
PO8+						52	
TOTAL	42	3	7	39	93	68	49.9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**9. Highlight any grade groups that are very under represented (10% or more difference) compared to the % of females/males in the council.**

Males generally are under represented, 7% as opposed to 32% across the Council and specifically at the Sc1-5 grade range.

## Appendix D

**10. Do any ring fences disproportionately impact on impact on female or male staff?**

- If No, go to question 13.
- If Yes, how many female / male staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**11. By how much do these staff change the % (percentage) of female/male staff in the whole structure? Show start and end %.****12. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the female/male%? Show start and end %.

**Age****13. Provide a breakdown of the current organisation by Grade Group and Age breakdown following the format**

		16 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65+	
Grade Group	Total Staff	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group
Sc1-5	38			6	16	7	18	12	32	8	21	5	13
Sc6 – SO1	3							1	33	2	67		
PO1-3													
PO4-7	1									1	100		
PO8+													
TOTAL	42			6	14	7	17	13	31	11	26	5	12
Council Profile	4460	117	3	784	18	1108	25	1574	35	821	18	56	1
Borough Profile	225600	29779	13	49858	22	31736	19	44669	20	16694	7	21206	9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**14. Highlight any grade groups with a high level of staff from a particular age group compared to the compared to the council profile.**

No particular age range is disproportionately affected by this proposal



**Appendix D**

**15. Do any ring fences disproportionately impact on staff from one age group only?**

- If No, go to question 18.
- If Yes, how many of these staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**16. Does the displacement of these staff result in no representation of staff from a particular age group within the structure as a whole?**

**17. If Yes, can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on a particular age group? Show start and end %.

## Appendix D

## Disability

18. Identify the total number of disabled staff in the service following the format below:

Grade Group	Total staff	No. of Disabled Staff	% of Grade Group	Council profile
Sc1-5	38	3	8	7
Sc6 – SO1	3	1	33	10
PO1-3				6
PO4-7	1			7
PO8+				2
TOTAL	42	4	10	7
<b>Borough Profile</b>				

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

19. Do any ring fences disproportionately impact on disabled staff?

- If No, go to question 21.
- If Yes, how many of these staff might be displaced? Show start and end numbers and %.

This is a unit closure and so there are no ring fences

20. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, what effect will this have on the number of disabled staff? Show start and end numbers and %.

21. In addition to the above analysis of race, sex, age and disability you will need to consider the impact on groups with the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation. Please ask HR for help with the data on:

- Gender Reassignment
- Religion/ Belief
- Sexual Orientation
- Maternity & Pregnancy

**No staff in this group are on maternity leave – there is no other data held. This is a proposed unit closure and attempts will be made to deploy all staff that want this.**

**Appendix D**

**22. If you provide services to residents please also identify the potential impact/ issues relating to the change in service delivery as a result of your proposals.**

**Date Part 1 completed - January 2011**

**PART 2  
TO BE COMPLETED AT THE END OF CONSULTATION WITH STAFF/ UNIONS  
ON THE STRUCTURE**

**Step 3 – Consultation**

**Outline below the consultation process you undertook, what issues were raised (especially any relating to the eight equalities characteristics).**

An extensive formal and informal staff consultation process took place from 20 December 2010 until 30 April 2011. This was conducted via individual letters to staff, 5 Formal Staff Consultation meetings with trade union representatives and 2 staff briefings with each of the 10 affected staff teams.

Throughout the process the main focus for staff and trade union was the nature of the impact of the business changes on the various user groups. These have been covered in the consultation report covering the consultation process with all stakeholder groups that is part of the report that is going to Cabinet in connection with the service changes.

Neither staff, nor trade union representatives, have raised any issues to do with the characteristics of the workforce that is affected by these potential closures.

We have done our best to work with staff during the course of the consultation to enable them to contribute to the consultation process, to come to terms with the impact of the potential closures on them and to identify ways in which we can mitigate against compulsory redundancy by identifying those employees who have decided that they was to leave voluntarily as well as identifying suitable deployment for those that don't – should the proposals be agreed.

We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support.

**Step 4 – Address the Impact**

**Appendix D**

- 1. Are you in a position to make changes to the proposals to reduce the impact on the protected groups e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc. - please specify?**

Not unless a decision is taken not to close the Unit.

- 2. What changes or benefits for staff have been proposed as a result of your consultation?**

No changes have been proposed due to the above reasons however all parties have developed a better understanding of all the issues and so staff have been better able to make informed decisions about their future.

- 3. If you are not able to make changes – why not and what actions can you take?**

See above

- 4. Do the ringfence and selection methods you have chosen to implement your restructure follow council policy and guidance?**

This is a proposed unit closure and Council policy and guidance has been followed.

- 5. Will the changes result in a positive/ negative impact for service delivery/ community groups – please explain how?**

This has been addressed as part of the Service Equalities Impact Assessment.

- 6. How can you mitigate any negative impact for service users?**

This has been addressed as part of the Service Equalities Impact Assessment.

**Date Steps 3 & 4 completed –**

23 June 2011

Appendix D

**Step 5 – Implementation and Review**

1. Following the selection processes and appointment to your new structure are there any adverse impacts on any of the protected groups (the eight equalities characteristics). Please identify these.
2. If there are adverse impacts how will you aim to address these in the future?
3. Identify actions and timescales for implementation and go live of your new service offer.
4. If you are not in a position to go ahead on elements of your action plan – why not and what actions are you going to take?
5. Identify the timescale and actions for review of the restructure to ensure it achieved the expected benefits/ outcomes.

## Appendix D

## Step 6 – Sign off and publication

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but 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.

### COMPLETED BY (Contact Officer Responsible for undertaking this EqIA)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### QUALITY CHECKED BY (Equalities,)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Director/ Assistant Director

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Chair Directorate Equalities Forum

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

**Note** - Send an electronic copy of the EqIA to [equalities@haringey.gov.uk](mailto:equalities@haringey.gov.uk); it will then be published on the council website

## Haringey Council

### Equalities Impact Assessment (EqIA) for Organisational Restructures

<b>Date: November 2011</b>
<b>Department and service under review: Adults – Broadwater Lodge Residential Home for Older People</b>
<b>Lead Officer/s and contact details: Lisa Redfern</b>
<b>Contact Officer/s (Responsible for actions): Len Weir</b>
<p><b>Summary of Assessment</b> (completed at conclusion of assessment to be used as equalities comments on council reports)</p> <p>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.</p> <p>Staffing profile data used in this EqIA for comparison purposes is from December 2010. The staffing profile for this Residential Home has changed slightly since this process began in January 2011. The data for November 2011 shows the following.</p> <p>If the unit is closed these proposals will displace 42 members of staff. Analysis of the characteristics shows the following.</p> <p>Ethnicity – 100% of the staff are of a BME background as compared with 54% across the Council.</p> <p>Gender – 93% of the staff are female as compared to 68% across the Council.</p> <p>Age – 55% of the staff group are from the 45-54 age range as opposed to 36% across the Council.</p>

**Appendix E**

Disability – 2% of the staff group have a disability as opposed to 7% across the Council.

The decision to close this service by April 2013 is based on the need to make financial savings and to provide services that are more in line with Putting People First and Think Local Act Personal as set out in the Service Report. The service has taken all necessary steps to consult with staff and to mitigate against compulsory redundancies by identifying volunteers for redundancy and applying the councils redeployment procedure to avoid making compulsory redundancies if possible. All staffing actions have been and will be taken in line with the Councils Restructuring Policy.

The Equalities Impact Assessment for service restructures should assess the likely impact of restructuring on protected equalities groups of employees by: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation.

**The assessment is to be completed by the business unit manager** with advice from HR. It is to be undertaken by an assessment of the basic employment profile data and then answering a number of questions outlined below.



Appendix E

**PART 1  
TO BE COMPLETED DURING THE EARLY STAGES OF CONSULTATION WITH  
STAFF/ UNIONS ON THE STRUCTURE**

**Step 1 – Aims and Objectives**

- 1. Purpose – What is the main aim of the proposed/new or change to the existing service?** Cabinet will be making a decision as to whether they should close the Home. This is to enable financial savings to be made and for services to be more in line with Putting People First and Think Local, Act Personal. The full details of this are set out in the Service Report.
- 2. What are the main benefits and outcomes you hope to achieve?** The full benefits and outcomes have been set out in the Service Report.
- 3. How will you ensure that the benefits/ outcomes are achieved?** These will be monitored by formal contract monitoring , quality assurance via the accreditation framework and analysis of complaints – as set out in the Service Report.

**Step 2 – Current Workforce Information & Likely Impact of your proposals**

Note – there is an Excel template that accompanies the EIA Service Restructure template on Harinet. This is to help you complete the tables of staff information and % calculations. You will also find the latest Annual Council Employee Profile on Harinet (based on data for a financial year) to help complete the council and borough profile information. Ask HR if you cannot find it.

**1. Are you closing a unit?**

- If No, go to question 3.
- If Yes, please outline how many staff will be affected broken down by race, sex (gender), age and disability.

## Appendix E

- In addition if you have information on the breakdown of your staff by the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation; you must consider the impact on these groups.

This proposal is for closure of Broadwater Lodge Residential Unit by April 2013. The proposal affects 44 staff – 2% of whom are white, 0% of whom are ‘white other’ and 98% are BME, 7% of whom are male and 93% of whom are female and 0% of whom have a disability. This is broken down into more detail in the tables below.

### 2. Can any staff be accommodated elsewhere within the service, business unit or directorate?

- If Yes, identify how many by race, sex, age and disability. And where possible identify the number by gender reassignment, pregnancy and maternity, religion or belief, and sexual orientation.

It is not possible to say at this time. We have a process in place to identify those staff who want to leave on a redundancy basis and those staff who want to be deployed into any suitable posts that may exist in Adult Social Care or the Council generally – should the proposals for closure be approved.

### Race

3. Provide a breakdown of the current service by Grade Group and Racial Group following the format below.

Grade Group	Total Staff in Service	No. of Race Not Declared Staff	% of Grade Group Total	White Staff	% of Grade Group	White Other staff	% of Grade Group Total	BME Staff	% of Grade Group Total	BME % in Council grade group	BME% Borough Profile
Sc1-5	39			1	3			38	97	66	
Sc6 – SO1	4							4	100	57	
PO1-3										47	
PO4-7	1							1	100	39	
PO8+										20	
TOTAL	44			1	2			43	98	54	34

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

### 4. Highlight any grade groups that are very under represented (10% or more difference) compared with the council profile and where relevant the borough profile.

The staff groups that are under represented when compared to the Council profile are from ‘white’ ethnicity generally (2%) as compared to the council generally (46%) and specifically at the grade range sc1-5 (3% compared to 34%)

## Appendix E

**5. Do any ring fences disproportionately impact on staff from one ethnic minority group (white, white other, asian, black, mixed race) or Black & Minority Ethnic (BME) staff only?**

- If No, go to question 8.
- If Yes, how many of these staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**6. By how much does these staff change the % (percentage) of BME staff in the structure? Show start and end %.**

**7. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the BME %? Show start and end %.

**Gender**

**8. Provide a breakdown of the current organisation by Grade Group and Gender breakdown following the format below**

Grade Group	Total Staff in Service	No. Male Staff	% of Grade Group	No. Female Staff	% of Grade Group	% Females in Council grade group	% Females in Borough
Sc1-5	39	3	8	36	92	68	
Sc6 – SO1	4			4	100	74	
PO1-3						62	
PO4-7	1			1	100	64	
PO8+						52	
TOTAL	44	3	7	41	93	67	49.9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**9. Highlight any grade groups that are very under represented (10% or more difference) compared to the % of females/males in the council.**

8% of the Sc1-5 grade group are male as compared to 32% of the grade group across the Council.

**10. Do any ring fences disproportionately impact on impact on female or male staff?**

## Appendix E

- If No, go to question 13.
- If Yes, how many female / male staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**11. By how much do these staff change the % (percentage) of female/male staff in the whole structure? Show start and end %.**

**12. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the female/male%? Show start and end %.

## Age

13. Provide a breakdown of the current organisation by Grade Group and Age breakdown following the format below

		16 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65+	
Grade Group	Total Staff	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group
Sc1-5	39	2	5	4	10	5	13	23	59	5	13		
Sc6 – SO1	4			1	25			2	50	1	25		
PO1-3													
PO4-7	1							1	100				
PO8+													
TOTAL	44	2	5	5	11	5	11	26	59	6	14		
Council Profile	4460	117	3	784	18	1108	25	1574	35	821	18	56	1
Borough Profile	2256 00	2977 9	13	4985 8	22	3173 6	19	4466 9	20	1669 4	7	2120 6	9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**14. Highlight any grade groups with a high level of staff from a particular age group compared to the compared to the council profile.**

When compared to the council profile 26 staff within the age range 45-54 are disproportionately affected by these proposals, as they represent 59% when compared to 35% of the council profile.

**Appendix E**

**15. Do any ring fences disproportionately impact on staff from one age group only?**

- If No, go to question 18.
- If Yes, how many of these staff might be displaced?

This is a proposed unit closure and so there are no ring fences

**16. Does the displacement of these staff result in no representation of staff from a particular age group within the structure as a whole?**

**17. If Yes, can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on a particular age group? Show start and end %.

## Appendix E

## Disability

**18. Identify the total number of disabled staff in the service following the format below:**

Grade Group	Total staff	No. of Disabled Staff	% of Grade Group	Council profile
Sc1-5	39		121	7
Sc6 – SO1	4		110	9
PO1-3			47	7
PO4-7	1		43	7
PO8+			7	3
TOTAL	44	0	328	7
<b>Borough Profile</b>				

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**19. Do any ring fences disproportionately impact on disabled staff?**

- If No, go to question 21.
- If Yes, how many of these staff might be displaced? Show start and end numbers and %.

This is a proposed unit closure and so there are no ring fences

**20. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, what effect will this have on the number of disabled staff? Show start and end numbers and %.

**21. In addition to the above analysis of race, sex, age and disability you will need to consider the impact on groups with the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation. Please ask HR for help with the data on:**

- Gender Reassignment
- Religion/ Belief
- Sexual Orientation
- Maternity & Pregnancy

**One member of staff is on maternity leave – there is no other data held. This is a proposed unit closure and attempts will be made to deploy all staff that want this. We will ensure that anyone on maternity leave is treated in line with their specific entitlements.**

**Appendix E**

22. If you provide services to residents please also identify the potential impact/ issues relating to the change in service delivery as a result of your proposals.

**Date Part 1 completed - 23 June 2011**

**PART 2  
TO BE COMPLETED AT THE END OF CONSULTATION WITH STAFF/ UNIONS  
ON THE STRUCTURE**

**Step 3 – Consultation**

**Outline below the consultation process you undertook, what issues were raised (especially any relating to the eight equalities characteristics).**

An extensive formal and informal staff consultation process took place from 20 December 2010 until 30 April 2011. This was conducted via individual letters to staff, 5 Formal Staff Consultation meetings with trade union representatives and 2 staff briefings with each of the 10 affected staff teams.

Throughout the process the main focus for staff and trade union was the nature of the impact of the business changes on the various user groups. These have been covered in the consultation report covering the consultation process with all stakeholder groups that is part of the report that is going to Cabinet in connection with the service changes.

Neither staff, nor trade union representatives, have raised any issues to do with the characteristics of the workforce that is affected by these potential closures.

We have done our best to work with staff during the course of the consultation to enable them to contribute to the consultation process, to come to terms with the impact of the potential closures on them and to identify ways in which we can mitigate against compulsory redundancy by identifying those employees who have decided that they was to leave voluntarily as well as identifying suitable deployment for those that don't – should the proposals be agreed.

We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support.

## Step 4 – Address the Impact

- 1. Are you in a position to make changes to the proposals to reduce the impact on the protected groups e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc. - please specify?**

Not unless a decision is taken not to close the Unit.

- 2. What changes or benefits for staff have been proposed as a result of your consultation?**

No changes have been proposed due to the above reasons however all parties have developed a better understanding of all the issues and so staff have been better able to make informed decisions about their future.

- 3. If you are not able to make changes – why not and what actions can you take?**

See above

- 4. Do the ringfence and selection methods you have chosen to implement your restructure follow council policy and guidance?**

This is a proposed unit closure and Council policy and guidance has been followed.

- 5. Will the changes result in a positive/ negative impact for service delivery/ community groups – please explain how?**

This has been addressed as part of the Service Equalities Impact Assessment.

- 6. How can you mitigate any negative impact for service users?**

This has been addressed as part of the Service Equalities Impact Assessment.

**Date Steps 3 & 4 completed –**

23 June 2011



## Step 5 – Implementation and Review

1. Following the selection processes and appointment to your new structure are there any adverse impacts on any of the protected groups (the eight equalities characteristics). Please identify these.
2. If there are adverse impacts how will you aim to address these in the future?
3. Identify actions and timescales for implementation and go live of your new service offer.
4. If you are not in a position to go ahead on elements of your action plan – why not and what actions are you going to take?
5. Identify the timescale and actions for review of the restructure to ensure it achieved the expected benefits/ outcomes.

## Appendix E

## Step 6 – Sign off and publication

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but 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.

### COMPLETED BY (Contact Officer Responsible for undertaking this EqIA)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### QUALITY CHECKED BY (Equalities,)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Director/ Assistant Director

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Chair Directorate Equalities Forum

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

**Note** - Send an electronic copy of the EqIA to [equalities@haringey.gov.uk](mailto:equalities@haringey.gov.uk); it will then be published on the council website



**Haringey Council**

<b>Report for:</b>	Corporate Committee on 24 <sup>th</sup> November 2011	<b>Item number</b>	
<b>Title:</b>	Staff Changes Associated with the Cabinet Decision to Close In-House Home Care and Establish a New Reablement Service		
<b>Report authorised by:</b>	Mun Thong Phung Director of Adult and Housing Services		
<b>Lead Officer:</b>	Lisa Redfern, Deputy Director, Adult and Community Services, tel: 020 8489 2326, email: <a href="mailto:lisa.redfern@haringey.gov.uk">lisa.redfern@haringey.gov.uk</a> ;		
<b>Ward(s) affected:</b> All	<b>Report for Key Decision</b>		

**1. Describe the issue under consideration**

- 1.1 To provide an Executive Summary, background context and an overview of the consultation and restructuring process associated with the changes approved by the Cabinet Member Signing to close the internal home care service and establish a new reablement service.
- 1.2 To seek agreement of the Corporate Committee to the recommendation set out in section 3 below.

**1.3 Executive Summary**

The new Reablement Service will deliver circa 936 hours of care per week to circa 450 older adults over the course of a year, 365 days a year.

Reablement offers many benefits to Service Users and will be more flexible due to the fact that time limited service delivery visits will cease. In order to achieve these benefits, Reablement staff will be more evenly deployed across the working day between 07:30am and 10:00pm, seven days a week, 365 days a year. This will make the service more responsive to a person's needs and the needs of their carer, giving them



**Haringey Council**

increased independence, choice and control of how their Reablement Service is delivered, and reducing the potential need for long-term care by maximising their independence period of reablement in that time.

The way the current Home Care service operates, i.e. Monday to Friday, is not able to provide the benefits offered by the Reablement Service. In part this is due to the rigid system of timed service delivery 'slots' that operate and the current staff contract arrangements, where the majority of staff work during the day and not in the evenings/at weekends.

Staff in the current Home Care service are experienced and well trained and it is our intention to recruit all workers who wish to be part of the new reablement team from those in the current pool of home care workers. Managers are working closely with home care workers to ensure that the "new" workforce is recruited from the old one.

**2. Cabinet Member Introduction**

N/A.

**3. Recommendations**

- 3.1 Corporate Committee are asked to approve the deletion of all posts based in the Home Care service as detailed in section 5.5.
- 3.2 Corporate Committee are asked to establish the new posts in the Reablement Service as detailed in section 5.8 as a consequence of the decision that was taken by the Cabinet Member Signing on 17<sup>th</sup> October 2011.

**4. Other options considered**

N/A.

**5. Background information**

**5.1 Context**

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' and 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 high quality services but in the most efficient and value for money way. 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 two last years 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.



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We are committed to protecting frontline services as far as possible in the face of the budgetary challenge. Councils face the challenge of an ageing population; people are living longer; which is something to celebrate, but how do we pay for the increased demand and expectations in a fair and affordable way as public spending reduces. Since the austerity programme introduced by the Coalition Government in May 2010 public spending will reduce over the next few years and councils and their partners will be expected to find billions of pounds of extra savings. It is within this context that Adult Services is required to deliver a reduction in expenditure over the next three years.

## **5.2 The Future Strategic direction and key outcomes for Adult Social Care Services:**

We are continuing to enhance and develop our service offer, within a value for money framework, for example, offer people more choice and control over their lives and increased independence through personalised budgets; we have further enhanced our safeguarding services and we have offered some real service improvements such as, improved stroke prevention and care, across social care and health; supporting care arrangements for a new state of the art extra care facility (very sheltered care) which opened earlier this year; enhanced information, advocacy and signposting including a new online service directory: '[HARicare](#)' to give vulnerable people even more information about how, who and what to choose in terms of their care arrangements.

## **5.3 Consultation Process Leading up to the Cabinet Decision**

On 20<sup>th</sup> December 2010, the Director of Adult, Culture and Community Services (as was) wrote to all staff stating that due to the significant savings that had to be made, proposals were going to Cabinet on 21<sup>st</sup> December 2010 regarding a number of options to reorganise services, including options to close or cease a range of services. On 21<sup>st</sup> December 2010, Cabinet gave the approval to commence formal consultation with stakeholder groups.

This report focuses on the process that was applied in connection with the staff consultation process for the deletion of all posts based in the Home Care Service and the establishment of posts in a new Reablement Service.

## **5.4 Consultation Process**

These proposals were consulted upon in two phases.

The first phase covered the proposal to delete the posts based in the internal Home Care Service.

## **5.5 Current Staffing Establishment of Home Care Service**

The list of established posts can be summarised as follows:



**Haringey Council**

Post Title	Grade	Number of Posts	Full time equivalent	Headcount
Manager	PO2	1	1	1
Team Leaders	SO1	3	2.5	3
Quality Assurance Officer	SO1	1	1	1
Admin Officers	Sc4	3	2	2
Home Carers	Sc4	65	43	65

### **5.6 Consultation First Phase - Closure of the Internal Home Care Service**

In essence the proposal to close the internal Home Care service would result in all posts in Home Care being deleted. Staff were alerted that proposals were being drawn up for a new Reablement Service and that once the detailed proposals were worked up we would communicate with them about these new posts and stressed our intention to recruit to these new posts from the existing workforce to minimise unnecessary redundancy whilst fully acknowledging that there would be some redundancies.

The formal staff consultation process on this phase commenced on 31<sup>st</sup> January 2011 and was due to last until 30 April 2011 however this was extended until May 2011 in order to allow sufficient time for full responses to be received. Several briefing sessions were held with Home Care staff, and a UNISON trade union representative also was present at these sessions.

At the sessions various issues were raised regarding ways in which staff could contribute to the consultation process about the proposals to close the internal Home Care service as well as the timetable and process that would be applied if it was agreed that the internal Home Care service would close. Staff raised questions about the timetable and likelihood of deployment and/or redundancy if approval was given. Council procedures regarding reorganisations were fully explained.

Staff were handed a leaflet at each of the first briefings. This leaflet confirmed the ways in which staff could contribute to the consultation process with contact details for trade union representatives and managers and the dates of Formal Trade Union Consultation meetings so that they could feed into these via their trade union representatives. It also set out ways in which staff could make enquiries about voluntary redundancy and redeployment as well as ways staff could access support that had been put in place for staff.



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In addition to the above, six Formal Consultation meetings were held between Senior Managers of the Department and Trade Union Representatives on 25<sup>th</sup> January 2011, 17<sup>th</sup> February 2011, 15<sup>th</sup> March 2011, 6<sup>th</sup> April 2011, 7<sup>th</sup> April 2011 and 26<sup>th</sup> May 2011.

The formal Trade Union Response to various proposals, including the one to close the internal Home Care Service, was submitted on 6<sup>th</sup> May 2011 and is attached as **Appendix A**. These submissions were taken into account when the decision was taken via Cabinet signing. Neither staff, nor trade union representatives, raised any issues to do with the characteristics of the workforce that is affected by these potential closures. Following on from this, many staff in Home Care did request voluntary redundancy and these requests have been approved.

### **5.7 Consultation Second Phase - Creation of the New Reablement Service**

Proposals were developed regarding the establishment of a new Reablement Service and this was approved by the Cabinet Member Signing on 17<sup>th</sup> October 2011.

Given the nature of reablement, and in order to realise the full benefits for service users, the service must operate from 7.30am until 10.00pm from Monday to Sunday. This represents a significant change to the working patterns and contractual working arrangements for current Home Care staff who primarily work during the day from Monday to Friday.

The Reablement Worker roles are being ring fenced to existing Home Care staff and the aim is to apply the Council's Flexible Working Policy so that we are in a position to appoint Home Care staff to all the new roles. To achieve this aim we are working with individuals so that we understand the hours and shifts that they can work so that we can apply the Council Flexible Working Policy and achieve our aim of appointing to all the roles with staff from Home Care, whilst at the same time achieve even coverage across the full rota.

Consultation on the above took place with all stakeholders, including staff and their trade union representatives, in advance of the decisions that have been taken by the Cabinet.

A comprehensive consultation report based on all submissions from all stakeholders was part of the reports that went to Cabinet. Cabinet made their final decisions accordingly, with some adjustments in response to the consultation process.

### **5.8 Staffing Establishment for new Reablement Service**

The proposed new structure and the method for appointing staff is as follows:



**Haringey Council**

Post Title	Grade	Number of Posts	Ringfence
Manager	PO4	1	Open Ringfence to Team Manager
Team Leaders	PO2	2	Open Ringfence to 3 Team Leaders and 1 QA Officer
Snr Reablement Workers	Scale 5	14.4 posts (each post is 30 hours per week)	Open Ringfence to 43 fte Home Carers
Reablement Workers	Scale 4	16.8 posts (each post is 30 hours per week)	
Admin Officers	Scale 5	1	Closed Ringfence to 2 Admin Officers

In line with the Council's Restructuring Policy, posts in the new Reablement Service will be ring fenced to staff based in Home Care posts that are being deleted. Staff in the new service will be contracted to work to a new shift pattern. The detail of the proposals for the staff structure and the new shift patterns and working arrangements required for the Reablement Service were issued to Home Care staff and their Trade Union representatives on 1<sup>st</sup> August 2011 and formal consultation ended on 31<sup>st</sup> August 2011.

Home Care staff were invited to attend one of five briefing sessions that were set up in order to go through the detail of the proposals for the new service and new working patterns with them as well as remind them of ways in which they could contribute to the consultation process direct or via their trade union representatives.

The Trade Union response was received on 30<sup>th</sup> August 2011 and it contained a significant number of points which contributed positively to the process, this is attached as **Appendix B**. These points were taken on board and responded to and are attached as **Appendix C**. We are continuing to liaise with Trade Union representative on this aspect of the process to assist with effective change management even though the formal consultation has ended.

We have also emphasised the benefits to staff of the 'supporting changes' package that has been put in place in terms of dealing with change and other forms of staff support. Upon final approval, staff in Home Care will be invited to apply for the new posts in the new Reablement Service.





**Haringey Council**

It is hoped that all of the new posts in Reablement will be filled from existing Home Care staff. We are actively working with staff in line with the Council's Flexible Working Policy so that this happens. Details of the approach that will be taken have been fully outlined in the **Appendix C** response to Trade Unions.

## **6. Comments of the Chief Financial Officer and Financial Implications**

- 6.1 The remaining overall Council budget gap for 2012-2014 has been previously reported to Members. Each Directorate has, therefore, been asked to put forward budget reduction proposals. The original proposal to close the in house Home Care service and create a new Reablement service gave rise to savings of £1.062m, i.e. gross cost of the home care service £2.805m less £1.743m for the new reablement team. Further development of reablement services has shown that, the flexibility that the service design brings, increased efficiency and effectiveness can be achieved thus increasing the saving by a further £501k. The total saving to be achieved from remodelling this service will be £1.563m.

## **7. Head of Legal Services and Legal Implications**

- 7.1 The Head of Legal Services has been consulted on the contents of this report. Consultation with staff and recognised trade unions is an essential part of the responsibilities of an employer in the course of a business re-organisation. The requirement for consultation with employees and their trade union representatives is recognised within the report and its outcome set out in paragraphs 5.6-5.8.
- 7.2 Due consideration should be given to responses received as a result of the consultation before any final decision is reached concerning the proposals outlined. Further, due consideration must also be given to the authority's public sector equality duty before such a final decision, taking into account the content of the equality impact assessment referred to in paragraph 8.
- 7.3 The detailed arrangements for the selection arrangements for the posts within the new structure must comply with the Council's policies regarding restructuring. The position of employees displaced as a result of the selection processes should be considered under the Council's policies regarding redeployment and redundancy.

## **8. Equalities and Community Cohesion Comments**

- 8.1 A detailed Equalities Impact Assessment for staff has been carried out in relation to the proposals about home care and the reablement service. The full Equalities Impact Assessment (EqIA) is attached as **Appendix D**.

## **9. Head of Procurement Comments**

N/A.



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**10. Policy Implications**

10.1 As detailed in report.

**11. Use of Appendices**

11.2 Appendix A - Formal Trade Union Response to Initial Proposals;

11.3 Appendix B - Formal Trade Union Response to Establishment of the New Reablement Service;

11.4 Appendix C - Management Response to Trade Union; and

11.5 Appendix D - Equality Impact Assessment (EqIA).

**12. Local Government (Access to Information) Act 1985**

N/A.



Haringey Local Government Branch, 14a Willoughby Road, London N8 0HR  
 Tel: 0208 482 5104/0208 482 5105/0208 482 5106/0208 482 5107 or 0208 489 0000 Ext. 3351/3320  
 Fax: 0208 482 5108 Minicom: 0208 482 5109  
 Email: abs1@haringeyunison.co.uk

## **UNISON COMMENTS ON PROPOSALS TO CLOSE PROVIDER SERVICES IN ADULT SOCIAL CARE**

### **Introduction**

UNISON opposes these cuts and we are also restating our opposition to all compulsory redundancies.

Due to the importance of these services and the scale of the cuts, all decisions relating to the closures should be made by the relevant council committee, not by managers.

### **Personalisation**

We are concerned about the way in which personalisation appears to have been used to justify some of the closures, alongside the need to make financial savings. The Equalities Impact Assessments for the closures of the day centres, residential homes and the Home Care service all state the following:

*“In line with the Putting People First programme, the Council is committed to delivering 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.”*

Management should not try and confuse two separate issues. We are facing the decimation of services that are provided for some of the most vulnerable people in the borough. This has nothing to do with the transformation of social care. Users and carers affected by these closures have expressed major concerns about the fact that these services will no longer be available, and have made clear that they would like them to continue. We do not understand how they are being given more choice and control if the services they want are being taken away.

If these services are being closed because of cuts in central government funding, then management should be clear about that, and should refrain from trying to put some kind of “positive spin” on the situation by making tenuous links to personalisation. We sincerely hope that management do not believe that personalisation provides an opportunity to get rid of in-house services, and that the budget situation has provided a convenient excuse for making cuts that would have otherwise been difficult to get through. Personalisation should not be about ceasing to provide in-house services, particularly if those services are what people want. Rather, it should be seen as an opportunity to develop in-house services and make them more responsive to people’s needs – to, in effect, “personalise” them.

The current government has published a document called *Think Locally, Act Personally* in which it states that it wants all service users to be on an individual budget by 2012/2013, with direct

Appendix A

payments being the “preferred” mode of delivery. The key point here is that direct payments cannot be used to purchase in-house services, so this is clearly part of the government’s plan to eradicate

public services, or at least reduce them to an absolute minimum. It would be extremely concerning if this council was contributing to this process and using budget cuts as an excuse to do so.

Also, it is very concerning that personalisation is being used to develop a market in social care services. So far, the evidence is that this has often created a privatised and unregulated care market offering low quality services and poor working conditions for staff. With the decimation of in-house services in Haringey, there is a risk that this will happen here. It is very difficult to see how this will give greater choice, control and independence in a positive way to service users.

We would be grateful for further details of how management think that these closures will contribute to the personalisation of social care in Haringey.

**Alexandra Road Crisis Unit**

This unit provides a residential service for people with mental health problems who are in crisis. Staff also provide a telephone helpline for people who have used the unit, which they can call when they need to (this receives around 700 calls a year). These services help to prevent hospital admission and therefore save money in the long run, as mental health hospital beds are extremely expensive. They also help to avoid excessive pressure being put on GPs (particularly the out-of-hours service) and other mental health professionals, who service users would be forced to contact if Alexandra Road was not available. Therefore, the cost of closing the unit is likely to be high in both financial and human terms. Hospital admissions are likely to increase, as is the pressure on other health services. People with mental health issues may be left without the support they need when they are in crisis, and this could potentially lead to them being put at risk. We believe that management have not fully assessed the potential impact of the service closing, and it seems that the impact of the helpline not being available has not been assessed at all.

Management have claimed that this unit is being shut because the NHS is withdrawing its part of the funding. However, it appears that this is not an NHS cut, but that the resources will be put into a new service that will be provided by the NHS and possibly run by a charity.

Please clarify what will happen to the council’s part of the funding if the closure goes ahead.

The consultation on the closure has been run solely by the council, despite the fact that it claims that it is not making the decision to close, and regardless of the fact that council managers seem to have very little information about the situation. For example, we asked about who in the NHS was responsible for making the decision to withdraw funding from the unit, and management did not seem to be clear about this. We also asked about the proposals that the NHS had to replace the unit, and we were told that management had no knowledge of this. People who actually use the unit have started a campaign to save it, but they have faced similar barriers in their attempts to gain information from both the council and the NHS.

It appears that the consultation may not be real and meaningful. Consultation includes providing information, yet this has been in short supply. It is our belief that the NHS should have had a more prominent role in the consultation and that the whole process should have been more transparent and open, particularly with regard to who within the NHS made the decision to cut the funding, and the reasoning behind this. Service users should also be consulted on what will replace the unit, as this will have a significant impact on them.

Given that this is a council-run service that was recently rated as good by the Care Quality Commission one would expect council managers to have been vociferously and robustly making the case for maintaining funding to the NHS. I accept that this may be difficult, but we have not seen any evidence that a robust approach has been taken and we have not been given details of any representations that have been made. Therefore, please provide details of what approaches have been made to the NHS with regard to negotiating with them on this matter.

## Appendix A

Although the details are somewhat vague, it appears that the NHS plans to introduce “recovery houses” which may be run by a charity, and that it has been claimed that these will be a

“replacement” for Alexandra Road to some extent. Campaigners have had difficulty obtaining any information from either the council or the NHS about this. It seems that Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) managers have been giving out conflicting messages about this. On one hand, they have been saying that this service would operate on a similar basis to Alexandra Road, i.e. mainly to prevent hospital admission for people in crisis. On the other hand, they have also been claiming that it will be a service to support service users who are coming out of hospital. If the new service will be to prevent hospital admission, then it is difficult to see why Alexandra Road is being closed for the service it provides to simply be replicated in another setting, the only difference being that it will be provided solely by the NHS. If the new service is intended as a “step-down” from hospital for people who are not yet fully ready to live in the community, then this will be a very different service from Alexandra Road, and it would not be reasonable to describe it as a “replacement”. Service users are concerned that the new service will mainly be used as a way of getting people out of hospital earlier to save money. This will leave a huge and worrying gap in provision for people with mental health problems who are in crisis.

Local authorities, the NHS and the government constantly extol the virtues of choice, and the current personalisation agenda emphasises choice and control as its main principles. However, when it actually comes to listening to what people who use services actually want, organisations seem rather less keen on choice and control. Alexandra Road is highly valued by the people who use it. The service users themselves have said that they value the friendly and supportive atmosphere, the holistic approach, the promotion of independence and autonomy, the client-led care plans, the person-centred values, the feeling of safety and the opportunities for peer support. Most of all, they value the fact that the unit is in a community setting and homely environment, rather than a hospital. While they are staying there, they can keep up their roles in the community, e.g. by attending their jobs or voluntary work, continuing to study, maintaining their family roles and so on. It would be much more difficult to do this in a hospital setting. Even if they were physically based in the community, recovery houses would be an NHS service based on a medical model, and service users insist that this is not what they want. If this is their “choice”, and choice is as important as it is often claimed, then they should be listened to, and they should be allowed to have some control over the service that is provided.

We believe that there should have been full consultation on the introduction of this new service, as it is clearly linked to the closure of Alexandra Road and will have a significant impact on service users. It is concerning that these plans for a new service seem to have been progressed to a fairly advanced stage while consultation about the closure is supposedly taking place, which creates further doubt about whether the consultation is meaningful.

Management need to consider whether there will be any TUPE implications for staff at Alexandra Road, particularly if the service that is provided there is simply replicated in an NHS unit. If this is not applicable, management need to work with the NHS to ensure that staff from Alexandra Road are given the opportunity to apply for jobs in whatever new service is provided, given the level of knowledge and expertise they have.

In conclusion, many services are facing closure at the moment. Whilst UNISON opposes these closures, we accept that they are being caused by vicious cuts in central government funding. This closure is different. Alexandra Road Crisis Unit is highly valued by the people who use it, it does its job extremely well, and it saves money, yet it seems that it is being closed through choice because someone (it is not entirely clear who) wants the service to be provided in a different way. This is an unacceptable situation, and council managers need to take these matters up as a matter of urgency with the NHS. We believe that the consultation has not been meaningful and that it should be extended. The NHS should take an active role in this, and the consultation should include the proposal for recovery houses, as this is a change in provision that will have an effect on service users.

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We do not seem to have been provided with the Equalities Impact Assessment for the closure of Alexandra Road, and we would be grateful if this could be provided.

**684 Centre**

This day centre provides a service for people with mental health problems, many of whom have complex needs and may be otherwise hard to engage. People who will not co-operate with other services will attend this centre and interact with the staff and each other, so the social aspect of it is very important to them as they would otherwise be extremely isolated. It also provides a service to people who have been discharged from hospital but are still vulnerable.

Staff work to improve service users' physical and mental wellbeing, and help them to take control of their own lives. Activities provided are based on what service users both want and need, and include therapeutic and creative activities. The centre runs a service to help people with mental health problems back into employment, and there has been some success with this. The routine of coming into the centre generally helps people move towards going to work or college. The centre also works with people with severe and enduring mental health problems, and staff work hard to motivate them. For example, if someone hasn't been in for a while, they will contact them if there is a new activity that they may like. Staff build up a rapport with users, and can spot the early warning signs if they are deteriorating or not taking their medication, and then contact their Care Co-ordinator.

There are around 250 people on the register for the centre. They have different patterns of attendance, but it is clear that staff do have reasonably regular contact with a significant number of people with mental health problems. They also stay in touch with people who have not been in for some time, and invite them to events, etc., so the support the centre offers goes beyond the numbers of people who attend regularly.

If the service is removed, many of the users are likely to end up extremely isolated. Due to a recent restructure in mental health services, many people with mental health problems have been discharged from secondary services and no longer have a Care Co-ordinator, so there is no-one else to monitor them other than staff at the centre. There could be a significant risk of service users coming to harm. The presence of the centre helps to prevent hospital admission and pressure on other services and therefore saves money in the longer term. As with the closure of Alexandra Road Crisis Unit, the closure of the 684 Centre is likely to result in more hospital admissions and more demand for other health services, and therefore greater cost. The proposal to close the centre is already affecting the users, and some of them have started to deteriorate and become quite desperate.

Managers have apparently been saying that the service would have closed anyway in the longer term due to personalisation. However, personalisation is meant to be about choice, so it does not make any sense to say this – surely whether the service had remained or not would have been the choice of service users? Staff in the centre clearly said that they would have been more than willing to work with the personalisation agenda if at all possible, but they have not been given this opportunity.

Users have apparently been told that they can use the Clarendon Centre instead, but as this is in Hornsey it is too far for many of them to travel, and they also feel settled at the 684 Centre and like the services that are provided there.

**Home Care**

Management are proposing to close the Home Care service and replace it with a Reablement service. Current Home Carers will be offered employment in this service in order to minimise compulsory redundancies, but the proposal is that this will be an open ringfence. Please clarify why this is open rather than closed.

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It is clear that the proposal for a Reablement service has been around for some time, and it is proposed to close the Home Care service in June/July 2011, which is when notice would be given to any displaced workers. Despite this, we still do not have any significant details in writing of the proposals for the new service, including job descriptions, working arrangements, etc., nor do we

have a timetable for its implementation. Many Home Carers are asking for voluntary redundancy, and may feel that they are being pushed into doing so because they cannot see any alternative opportunities for them. Others will eventually face the prospect of compulsory redundancy. There is a risk that the delay in providing details of the new service could lead to redundancies taking place when they could have been avoided. The Reablement service may also provide redeployment opportunities for other displaced staff in the council. Therefore, we would like the details of the proposals for this service to be provided as soon as possible.

We have been informed that service users are extremely worried about this change. They have become used to the staff who work with them, and losing this consistency will be very difficult for them. They are also concerned about the quality of service they will receive in future, and we believe that these concerns are well founded. Management have commented before on the "high" cost of the internal care service. The reason for the cost levels is that staff are decently paid, receive training and supervision, and have good working conditions. The benefit of this is a quality service that is highly valued by service users, with good levels of staff retention which enable consistency to be provided. In contrast, many private companies pay low wages, do not provide training and do not vet staff properly. They also try to cut visit times and suffer from high staff turnover, and the result is that vulnerable people end up receiving a poor quality service. It is important to point out that many high quality staff do work for private companies; the problem is privatisation in itself, and the cost-cutting that results from this.

UNISON opposes the shift towards greater use of private companies in the provision of Home Care.

### **Residential Care Homes**

#### **Whitehall Street**

This provides both long-term residential and respite care, and carers and residents are extremely concerned about the loss of this service. In particular, carers of service users who attend the respite service are extremely worried about what will replace it. They rely on this service to give them a break from their caring responsibilities, and this enables them to carry on in this role. They are concerned that the level of respite they receive will reduce, which could cause them serious difficulties and could affect their ability to continue as carers.

Carers value the continuity and consistency of service that they receive from this home and they are concerned about standards in the private sector. It is also unclear what services are going to replace Whitehall Street, and there does not seem to be any details about this, which is a concern for both staff and parents/carers.

There have been references made to Whitehall Street being an "institutionalised" setting, although no information has been provided to support this claim. This sounds rather insulting, and ignores the fact that the service provides high quality care that is valued by parents/carers. The home is rated as "good" by CQC. The home used to be split into three distinct units, which enabled a more person-centred approach to be taken. However, in 2009 management turned the whole building back into one big unit; this could be seen as a move towards "institutionalisation", but it was a management decision so it seems rather unreasonable to be now describing the service in these terms.

#### **Residential Homes for Older People**

As with all the other staff groups we spoke to, the main concerns that staff in these services had were for the residents. They were particularly concerned about where the residents are going to go and the effect that the proposals are having on them now. They are becoming extremely anxious

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and upset, and some of them are trying to pack suitcases because they think they have to leave. Staff have worked extremely hard to build up relationships with them, to develop their confidence and self-esteem, and to improve their physical and mental health – all of this will be lost. The impact of moving home on older people's health and wellbeing can be severe, and management need to take this into consideration.

### **Drop-in Centres**

These centres are extremely popular and there are often users waiting outside to get in when they open. They were described as being "like a lifeline" for the people who use them. If they are cut, then many people who currently attend will be very isolated, as this is their only significant interaction with other people that many of them have. Perhaps the most poignant evidence of this is the fact that when some users have died in the past, the only people who have been at their funeral are staff and other users from their drop-in centre. Some users who were previously very isolated have become friends, and meet each other outside of the centre. Some of the users have mental health issues, which could worsen if they are not able to attend. Staff in these centres provide a level of monitoring which is perhaps unofficial but that is also very important. They seek help from the appropriate professionals if they notice that someone is physically or mentally deteriorating; older people can deteriorate in a day or two and it is important that there is someone to notice this. If someone who attends regularly doesn't come in, staff contact them or one of their relatives to see if they are okay and that they haven't had a fall, for example.

Some users need a great deal of encouragement to eat – if they are left to their own devices at home, they may not eat at all. The centres also provide a form of respite for carers, and their loss will be a huge blow to them.

There are some users who will not engage if a social worker visits them at home, or who will not go to see the GP, but who will engage with such professionals if they come to visit them in the context of a drop-in centre.

The proposals for closure are already having an impact on service users, with some of them saying that they "want to die".

It could be argued that these are preventative services – they spot problems early and seek the appropriate help for people, and they provide support that prevents deterioration. In this sense, the drop-in centres save money, as if it was not for their existence some of the people who attend would need much greater input from health or social care services. Therefore, these closures are likely to cost more than they save in the long run.

### **Day Centres**

Although the day centres are services for which people need to be assessed, many of the issues are the same as those for the drop-in centres. As with the other services affected by these cuts, the main concern of staff was not for themselves, but about the impact on the service users, some of whom have been attending their centre for 10-15 years. Staff have noticed that the prospect of closure is affecting them already – they are suffering from low moods, they are becoming withdrawn and some of them have become visibly upset.

For service users who live alone, the centres may provide the only significant social contact they experience, and there is a risk of them becoming isolated. The centres also provide very important breaks during the day for informal carers, and the lack of a service may lead to them finding it difficult to cope. These services were described as being like "second family" to some people.

The centres provide regular monitoring of clients, and staff can often identify any changes at an early stage and inform the relevant professional or make a referral to an appropriate service. Staff make efforts to contact users (or their carers/next-of-kin) if they do not come in to the centre. If the centres close, there will be no-one to do this and there will be the clear risk of vulnerable



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people declining, or perhaps having a fall or suddenly becoming ill at home, without anyone being aware of this until it is too late.

The centres are the only place where some clients have a proper meal, and some of them will not eat unless they are prompted by staff. Without this input, there is a risk that service users will not eat adequate amounts of food, creating serious health risks.

With regard to the merger of The Haynes and The Grange, there is very little information available about this. This is a clear change, and although it is described as a merger, it will obviously include the closure of one of the sites. We need details about this proposal, particularly the implications for staff, as soon as possible. Staff members who may be potentially affected have raised concerns about the lack of information.

**Chris Taylor**  
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## UNISON COMMENTS ON THE INTRODUCTION OF A HOME CARE REABLEMENT SERVICE

### Introduction

Existing Home Care staff have questioned why they were not involved in and consulted on the development of the proposals for this service. They are at the front line, carrying out the work with service users, and they already provide a Reablement service. Therefore, they may well have had useful knowledge that could have improved the proposals.

Management have been keen to state that this is not a “restructure” of the Home Care service; rather, that it is the closure of that service and the introduction of a new one. This has then been used in an attempt to suggest that some current Home Care staff may not be “suitable” for the “new service” and to justify creating barriers to them applying for posts within it. We do not believe that this is backed up by the available evidence. During the consultation, Home Carers made clear that they already carry out Reablement work within their current roles – that is, working intensively for short periods with people who have come out of hospital in order to maximise their independence, with a view to trying to ensure that they no longer need long term care support when the period of input has ended. The Home Care page on Haringey Council’s website states that *“The Prevention and Enabling Team provides short-term intensive rehabilitation and support so that older people can regain skills to remain independent.”* The council’s service user guide for Home Care states that all staff receive specialist training in rehabilitation and enabling. Although the word “reablement” is not used, this is clearly what is being referred to here.

The Domiciliary Care National Minimum Standards state that support is provided to help people to *“maximise their own potential and independence.”* The standards dealing with Autonomy and Independence state: *“Care and support workers carry out tasks with the service user, not for them, minimising the intervention and supporting service users to take risks.”* There is reference to the *“need to maintain and promote independence wherever possible, through rehabilitation and community support.”* A further extract states: *“The purpose of the provision of personal care to people who are living in their own home is to sustain and whenever possible improve their independence. As well as ensuring their involvement in all decisions relating to their care this also means involving them and supporting them to assist in the care activities themselves rather than increasing dependence by taking over and doing everything for them.”* The standards contain other references to promoting independence, and also refer to *“a short period (normally no longer than six weeks) of intensive rehabilitation and treatment to enable service users to be able to return home following (or to avoid) hospitalization, or to prevent admission to*

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*long term residential care.*” This is basically a summary of what Reablement is. It should be noted that this document was written in 2003

One of the features of the “new service” is that long term cases, those where support is needed after the six-week Reablement period, will be passed to private sector agencies. Our understanding is that this already happens in the current service, further undermining the claim that this is a “new service”.

A study by researchers at the University of York, *“Home Care Re-ablement Services: Investigating the longer-term impacts”*, states that Reablement is *“a particular approach within Home Care.”* Reablement is clearly an integral part of Home Care, and it already takes place within the current Home Care service in Haringey. More generally, the concepts of Reablement – intensive rehabilitation to prevent the need for further input, maximising independence, trying to support people to do things for themselves, flexibility to respond to changing needs - are firmly embedded within the existing concept of Home Care, and have been for some time, as shown by the extracts from the National Minimum Standards. The change that management are proposing is a narrowing of the current service, from providing Reablement plus other forms of Home Care to providing Reablement only, and a reduction in staffing levels. This is not the closure of Home Care and the opening of a completely new service; it is a reorganisation of the current Home Care service.

This leads to the question of why management have been so keen to try and claim that this is a “new service”. This is perhaps linked to management putting what amounts to barriers in the way of current staff applying for posts in the Reablement service. Those barriers include the requirement to be a car driver, a lack of flexibility for staff in terms of working hours, and the proposal for a written test as part of the selection process. Management are fully aware that these issues will put some people off applying or simply make it impossible for them to apply. In addition, management rhetoric during the consultation has clearly been designed to put staff off applying; for example, there have been repeated pronouncements that “some staff may not want to work in this way” and at one meeting staff were told that “we can’t base the service around your child care responsibilities.” Management have also spoken about “needing the right people for the job”, which suggests that some of the current staff may not be “right.” This is an unfair attack on a highly skilled, committed and experienced group of staff.

The fact is that the current workforce would be more than capable of carrying out the requirements of the new roles. We will not accept any of them not being successful in applying due to failing to meet unnecessary requirements, or because management do not consider them to be “right” for the service, an extremely vague concept that is open to abuse. We sincerely hope that management are not attempting to use this situation to get rid of staff they do not want. If any staff have capability issues or training needs, then these should have been addressed before now. Reorganisations of services (which this is, despite what management say) are not opportunities to address these issues by pushing staff out.

In the study referred to above, all five Reablement services that were looked at retrained their existing Home Care workers to take on new roles.

**Ringfences**

Details of who is in what ringfence have not been provided, despite the fact that this information is essential to any consultation. This should be provided as soon as possible.

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We also need confirmation of how many posts there will actually be, rather than just the number of full time equivalents.

There is some confusion over whether the ringfences for the Community Reablement Worker and the senior are open or closed. The documentation states that they are open, but management have said at consultation meetings that they are closed. We are concerned that there is a fundamental misunderstanding of what open and closed ringfences are. The only justification for having an open ringfence would be the proposed change in working patterns. Indeed, when faced with Home Carers' protestations that they already carry out Reablement work, this has been the only justification that management have been able to come up with for describing this as a "new service." Other than a proposed change in working patterns, the skills that will be needed for Reablement are essentially Home Care skills. It is true that the roles will involve staff carrying out some tasks that they are not currently expected to do, but training should be provided for these. It will also be the case that the new roles will require more of an intense focus on certain skills than others, particularly with regard to encouraging people to do as much as possible for themselves. However, the skills still sit comfortably within the term "Home Care."

Also, it is an unfortunate fact that some people who come out of hospital are not going to be able to regain the skills they had, and sadly some may not improve to any significant extent. For these people, staff will mainly just be providing personal care rather than Reablement, therefore some of what could be described as the more "traditional" Home Care skills – doing things for people who can't do them themselves – will still be relevant. The University of York study found that workers in Reablement services were still doing a significant amount of "traditional" Home Care.

Existing Home Carers are a highly skilled and committed group of staff who would be entirely suited to working in the Reablement service, particularly as they do such work already to some extent. If any additional skills are needed in the new role, then we believe that current staff could develop those skills with training.

Regardless of whether the ringfences are actually open or closed, we expect all the posts to be filled by existing Home Care staff, as the jobs are not substantially different to what they do now. We will not accept any Home Carer not being given a job because they do not drive, they need some flexibility in their working hours, or they have some literacy issues.

**Selection process**

The documentation states that selection will be by interview and a written test, and that there will also be an application form. As I have stated, staff are already carrying out Reablement tasks to some extent, and this is not an entirely new service. Therefore, staff should not have to complete a written application form. This is simply management putting up an extra barrier to prevent staff from applying. Staff should merely have to express an interest in the posts. If there are sufficient jobs for the number of people applying, then there should not be a selection process and staff should be slotted into the posts, as they are not substantially different from their current roles. In this situation, what may be appropriate would be for management to have a discussion with individual staff members about hours/working patterns, training needs, the requirements of the senior role, etc. This should not be a formal interview. The only reason that a selection process should be used is if there are more people applying than there are posts.

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In terms of interviews, the proposal is that they will be *“based on the new job requirements and commitment for participating in furthering the aims of the new service.”* This is unacceptable. The jobs involve working in a Reablement service, so the interviews should be about that. *“Commitment for participating in furthering the aims of the new service”* is

vague and ill-defined and therefore difficult for staff to demonstrate or for management to measure objectively. This is open to abuse, and there is a risk that this will be used to exclude people who management have already decided that they do not want in the service, or that staff will be prevented from being successful because they are deemed to not have the right “attitude”, a particularly nebulous concept. Interviews should only be used to pick the best candidates from those who have expressed an interest, on the understanding that all the candidates have the ability to do the job and there are simply too many people applying for the available posts.

In terms of the written test, our members have made clear that they do not accept this as a valid form of selection, and they overwhelmingly rejected it the last time it was proposed. A written test is not acceptable for a practical job such as this. We are concerned that there is a prejudiced assumption here that Home Carers will have literacy problems. There was a recent restructure of Care Management, where the roles require a much higher level of literacy, but there was no written test; why should Home Carers be treated differently? The fact is that Home Carers have to read and write in their job now; we accept that the new jobs may involve a larger element of reading and record keeping, but not to a substantially higher level than currently, and staff will still mainly be carrying out practical tasks. Also, management have claimed that most (if not all) staff have NVQ level 2; completing this would require a reasonable level of literacy, which further undermines the case for having to test Home Carers’ literacy before they take on new roles.

Management have openly claimed during the consultation that literacy is an issue for some staff. If management are aware that some staff have difficulties with literacy to the extent that it affects their ability to do their job, then these issues should have been addressed by now. Managers should have sensitively raised this, and offered a literacy assessment and then training through a Skills For Life programme. This training is free and readily available, and joint union/management Skills For Life work has taken place successfully with other employers in both the public and private sector. UNISON has tried for several years to get the council to take this seriously, with only partial success. In Adults, interest from management seems to have been minimal. Therefore, if it is being claimed that some staff do not have the required literacy levels to work in Reablement, we would say that this means that management have failed in their duty to ensure that staff have the necessary skills to do their job, they may have put both staff and service users at risk, and they have done so despite the fact that through Skills For Life there is a well-established way of addressing these issues.

Given that this is a management failure, no member of staff should end up without a post in the new service due to possible literacy issues. What we are suggesting is that management consider offering literacy training to staff now, in advance of the Reablement service being set up. This can be a contentious and upsetting issue for people, so it needs to be handled extremely sensitively and it needs to be emphasised that this is not about capability or being punitive. The union would be more than happy to provide support in explaining the benefits of Skills For Life training to staff.

Therefore, we are formally stating our objection to a written test being part of the selection process.

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**Flexibility**

Staff have expressed deep concern at the proposed working hours and patterns. Some staff currently have certain work patterns due to caring responsibilities or other commitments. Some work part-time and have second jobs, which they need in order to make a reasonable living. The proposal is for all staff to be working shifts on 30 hours a

week contracts in a service that is provided between 7.00am and 10.00pm. This will be impossible for many staff. In addition to causing major difficulties to those who care for dependents, working 30 hours a week will mean that some staff will not earn enough to survive, yet it will be difficult for them to have a second job. Management said to staff during the consultation that “we can’t run the service around your child care needs.” Other inappropriate comments made by management include “nobody is forcing you to apply” and that staff should “sort out their child care arrangements” in advance of the service starting. The comments are unacceptable, especially to an almost entirely female group of workers, they show a lack of understanding of flexible working and they have caused a great deal of anger amongst staff. They feel that they are being asked to show flexibility whereas management are showing none. Many longstanding, skilled and committed staff may find themselves unable to work in the service due to this rigidity from management, and it would be a significant loss if such staff were prevented from taking on the new roles.

We do not expect the service to be run around the needs of staff. All we are asking is that management offer some flexibility as well as demanding it, and that they realise that in the modern world, good employers are offering working patterns that allow staff to have a positive work/life balance, recognising that this boosts morale and productivity. Legislation in recent years has also promoted greater flexibility at work. There is a level of agreement between unions and employers’ organisations on the benefits of flexible working, and even the coalition government seems to be intending to extend workers’ rights in relation to flexible working. In 2011, it is simply unacceptable to say to a group of almost entirely female workers “this is how we require you to work, take it or leave it” without looking at other options. Management have stated that their proposed working patterns are similar to those used in residential care, which is correct. However, even in those services I am aware that some staff have a variety of flexible working arrangements without affecting service delivery.

We will not accept staff being denied posts in the service because they require a flexible working pattern or they need to work less than 30 hours a week, without some effort being made to see if these requirements can be met. Therefore, we are asking for management to enter into a negotiation with staff to find out what their current working arrangements are, and whether these or an acceptable variation on them can be accommodated in the service.

**Transport**

The management report states: *“In order to minimise travel time between service users, where at all possible, it is proposed that Community Reablement Team workers will be car drivers, or have alternative modes of transport to enable them to move between service users with maximum efficiency. Routine use of public transport will be discouraged for that reason.”* This does refer to “alternative modes of transport”, but in reality what this amounts to is a requirement for staff to have a car and be able to drive. This is an unreasonable and unnecessary requirement. Management have also said that they will only pay casual car allowance, when staff would clearly meet the criteria for the essential allowance. Haringey is a relatively small, urban borough with comprehensive public transport links. The proposal is to split the borough into East and West areas, as happens

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currently, with these being subdivided in smaller geographical areas. Although I assume there may be occasions when staff may need to cross boundaries, they will not routinely face having to travel from Tottenham to Highgate, for example. Therefore, the distances that staff will have to travel, which will normally be within one section of the East or the West, should be manageable by public transport. Traffic jams do affect buses and cause delay, but they affect cars in exactly the same way, and car drivers also face the added

problem of finding somewhere to park, which can take time. Having a parking permit does not always alleviate the problem of actually being able to find a space.

The council is committed to the green agenda, which includes reducing car use due to the damage that this causes to the environment, and promoting use of public transport instead. Given this, it is extremely difficult to see why management would come up with a proposal that contradicts this unnecessarily.

We are concerned that this is a further issue that will have the effect of putting some staff off from applying for posts in the service. This requirement is unnecessary and unfair and should be removed.

**Seniors/management responsibilities**

The service will have what management have described as a "chargehand" system, where a senior worker at the front line will have responsibility for checking that all tasks are covered, checking work standards and alerting Team Leaders to any issues. We would like to know what evidence there is for this being a good way of running a Reablement service. Although it is difficult to say at this point, we are concerned that there may be a lack of management support for both the Reablement Workers and the seniors.

Monitoring will be needed to ensure that the tasks that these staff will be expected to do are appropriate to their grade, and that we avoid a situation where tasks that should be carried out by managers are simply delegated to seniors. If this happens, and/or if seniors face excessive workloads, both staff and service users could be put at risk.

It is proposed that seniors will carry out work with service users in addition to having the extra responsibilities. The balance between the two needs to be reasonable and realistic. Please confirm what percentage of the seniors' time will be spent on front line work and on supervisory responsibilities.

We are concerned about the number of seniors (12 FTE) compared to the number of Reablement Workers (14 FTE), and we believe that this needs to be reviewed. This would mean that almost half of the front line workforce would have some supervisory/management responsibilities. If the balance between these responsibilities and front line duties is wrong, and seniors have less time for the latter, then this may lead to excessive workloads for Reablement Workers and/or capacity issues in the service. Also, current Home Carers will not have any supervision/management experience, and therefore may be put off applying for these roles, leading to unnecessary redundancies and the loss of excellent and committed staff. On this point, some further explanation of what the role will actually involve may help to avoid this happening.

There is reference to the Community Reablement Officers "directing their own work" and also to front line staff meeting "to co-ordinate day to day service provision and client



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priorities." I think there needs to be clarity on what the responsibilities of front line staff will be. These staff will need to have proper support, direction and supervision from a fully accountable manager, and sufficient managers will need to be provided for this.

**Other issues**

- 1) We will need more details on any proposals to require staff to, in effect, clock in and out of service users' homes to generate performance data etc. This may constitute excessive and unreasonable monitoring of staff.
- 2) It is not reasonable to require staff to have a clear CRB check, and this is not council policy. In particular, such a requirement may lead to discrimination or other unfairness. What matters is whether a caution or conviction etc. is relevant to the post. If it is not relevant, then it should not prevent appointment.
- 3) There is mention of staff working split shifts and long days. We will need to have further discussion if this is a serious proposal. Shift work generally can have major health and safety implications for an individual, and these can be significantly exacerbated by working split shifts or long days.
- 4) The facilities for breaks will need to be suitable.
- 5) We need to see an Equalities Impact Assessment for the issue of requiring workers to be car drivers, which is what the management proposal on transport amounts to.
- 6) Consideration needs to be given to allowing service users longer than six weeks of input if it is reasonable to believe that they will benefit from this. In the University of York study referred to above, all five services that were looked at allowed for this.
- 7) Staff have pointed out that there can sometimes be delays in delivering equipment to service users, which can delay their recovery. An example was given of someone who was struggling at home and was fine once a grab rail was fitted, but had to wait three weeks for it. It seems that quick delivery of equipment will be key to this service.
- 8) Management have claimed in consultation meetings that this is a closure of what is an extremely important and valued service. Consequently, the decision on this should be taken by Cabinet, not an individual Cabinet member.
- 9) If this proposal goes through, the result will be that most service users will receive Home Care from private agencies rather than the council. Although some individual workers used by them may be skilled and committed, private agencies generally have a reputation for poor wages and working conditions, not vetting or training staff, cutting visit times, high staff turnover and generally delivering poor quality services. UNISON objects to the move towards making greater use of private agencies in the provision of Home Care, and believes that it should be provided by in-house services, which are usually of higher quality.

**Job description/candidate specification comments**

**Community Reablement Worker**

*NVQ2 in care or equivalent essential, NVQ3 an advantage* – Council guidelines on candidate specifications state that there should only be a requirement for a qualification if this is a statutory or otherwise genuine requirement. Previously, there was a requirement

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for employers to train all care staff to a minimum of NVQ level 2, but this has now been removed from the new national minimum care standards. UNISON supports the reinstatement of this requirement, but at this point it no longer exists. The council should offer a commitment to train all staff to NVQ level 2, and perhaps it would be better to say that staff should either already have the qualification or be willing to obtain it, rather than saying that having it is essential in order to even be considered for the job. In terms of NVQ level 3, staff have been asking to do this and have been refused. This is certainly not an essential requirement for the job, so it should be removed from the candidate specification. No staff member should be prevented from applying for a post because they

do not have NVQ level 2. Any staff who do not have this qualification should be offered the opportunity to obtain it as soon as possible.

Senior Community Reablement Worker

The job description is almost exactly the same as for the Community Reablement Worker. Although a job description does not have to list every last detail of what is involved in a post, perhaps some further explanation of what extra tasks are involved in this role are required, particularly so that staff can make an informed choice about whether to apply for it.

Team Manager

*To have overall responsibility for leading a team of Reablement Workers to ensure that a high quality individualized reablement service is provided, with the overall goal of ensuring service users have regained full independence within 6 weeks – It is clearly not going to be possible to “ensure” that all service users regain full independence within 6 weeks, so perhaps this should be expressed as “aiming to ensure.” (This also applies to the Team Leader post).*

*A good standard of general education – Vague requirements such as this are unhelpful. What constitutes a “good standard of education” and how is this measured? This may discriminate against some people who have not had full access to formal education or the opportunity to benefit from it. A requirement such as this should be expressed in terms of the skills needed; for example, if management want someone to be literate and numerate, they should simply say that. (This also applies to the Team Leader and Administrator posts).*

Administrator

*To develop and implement administrative systems for the enhancement of the service, including the collection and analysis of data for quality management purposes – Please clarify to what extent the postholder will be expected to develop such systems.*

*To carry out any other duties that may be delegated by managers and which are consistent with the basic objectives or duties of the post – Any such duties should also be consistent with the grade of the post.*

*Ability to devise and maintain accurate electronic/manual record keeping systems – Please clarify to what extent the postholder will be required to devise such systems.*

*Recognized typing, word processing and spreadsheet qualifications would be useful – Please see earlier comments regarding council guidelines on when it is appropriate to ask*

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for qualifications. Are qualifications for these duties really necessary? Perhaps it would be better to state the skills needed, e.g. Ability to use Excel spreadsheets.

**Chris Taylor**  
**UNISON**

**30<sup>th</sup> August 2011**

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Mr Chris Taylor,  
 UNISON,  
 Haringey Local Government Branch,  
 14a Willoughby Road,  
 London N8 0HR

**Your ref:**

Date: 15<sup>th</sup> September  
 2011

Our ref:

Direct dial: 0208 489 2338  
 07980 316504

Email: len.weir  
 @haringey.gov.u  
 k

## Dignity and Respect through Personal Service

Dear Chris,

### Management Response to the Trade Union Comments on proposed new reablement service, received via e-mail dated 30 August 2011

In general, setting up a Reablement service enables the Council to improve service and reduce non contact 'down' time. The model is based on best practice from elsewhere and development work carried out last year with CSED. The purpose of the consultation exercise is, in part, to obtain feedback from staff on the initial proposals and to adjust them where possible, especially where those comments are felt to improve the model. There have been some adjustments to date following comments received, and that process will continue into the future.

The biggest change for future staff in the new Reablement Service, as opposed to current staff in the Homecare Service, is that, due to the nature of Reablement, we need to employ staff to cover patterns of work that enable us to provide reablement tasks at times that are relevant for service users as well as spreading work across the day in a more even manner. By bringing in the new working arrangements we are not only able to achieve this aim but at the same time avoid the significant amounts of non-contact 'down' time which is currently experienced in Homecare due to the mismatch of required service user contact times with the contract hours and working arrangement for home carer workers. There are occasions where the home care service has had to refuse hospital discharge referrals as a consequence. You will see the wide range in available contracted hours in the table below, which makes the rostering task extremely difficult.

#### Current Homecare working hours

Number of Hours	Number of Staff	Total Hours
36	2	72

35.5	1	35.5
35	1	35
34	1	34
33	2	66
30.5	1	30.5
30	1	30
28	1	28
25.5	1	25.5
25	31	775
24.25	1	24.25
20	12	240
16	3	48
15	3	45
14	1	14
12	1	12
<b>413.75</b>	<b>63</b>	<b>1514.75</b>

A sample rota of how Reablement Workers would be required to work in the new service is as follows.

Sample rota for reablement service

Name	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
<b>Anne (S)</b>	7-2	3-10	8-3	7-2	3-10	<b>off</b>	<b>off</b>
<b>Fred</b>	8-4	7-2	<b>off</b>	<b>off</b>	3-10	2-9	7-2
<b>Jane (S)</b>	3-10	7-2	7-2	<b>off</b>	<b>off</b>	7-2	3-10
<b>Olu</b>	2-9	8-3	8-3	3-10	7-2	<b>off</b>	<b>off</b>
<b>Mary (S)</b>	8-4	2-9	7-2	<b>off</b>	<b>off</b>	3-10	7-2
<b>Monika</b>	<b>a/l</b>	<b>off</b>	2-9	2-9	<b>off</b>	8-3	8-3
<b>Rita</b>	8-4	<b>off</b>	3-10	8-3	8-3	<b>off</b>	3-10

(S) = Senior reablement worker

### Flexibility

Given the above, we do understand that some staff will not feel able to undertake the proposed new working arrangements in the reablement service: where this is the case and where we are unable to redeploy these staff into other positions, a redundancy situation will exist.

We have taken on board the points that you have made and will continue to plan these changes in order to obtain a better understanding from staff as to what hours, days and times they can and cannot work. We can then make individual decisions with them on working arrangements, in the wider context of the Councils flexible working arrangements. However, these will have to take into account the needs of the whole service rather than centre on meeting individual needs in individual cases. This will enable us to take a balanced view on all the individual requests, meeting them where possible and thus avoid more redundancies than are necessary.

We have also reviewed the suggested contract hours and are no longer tied to the requirement of all front-line staff having to work 30 hours per week. We are willing to consider employing staff in the new service that are able to work 6 or 12 or 18 or 24 or 30 hours per week, provided that when we look at the totality of the coverage we are in a position to cover the period from 7am to 10pm, 7 days a week (our calculations show that this will mean that we will have available the equivalent of 17.8 'lots' of 6 hour shifts over any one day to provide service to an average of some 46 service users at any one time) and we will continue to work with staff to gather the information to assess how to achieve this. This adjustment is in direct response to the comments that you have made.

Staff will have their rotas issued in advance and will have the facility to request specific days off in advance and to swap shifts with colleagues as currently works well in residential care. Managers will be expected to be as flexible as possible to that end.

However, there will be constraints on our ability to agree individual working patterns. If we are unable to agree individual working arrangements staff will need to understand that this could lead to their redundancy. As a consequence, staff will need to review what they can and can't do very seriously and realistically in the light of this. We will do our best to communicate this as effectively as possible so that staff can make well informed choices regarding their future.

### **Ringfence**

Given the above the most significant change is to the contracted working arrangements, it is for this reason we cannot consider these as a closed ring fence. Home care workers are well trained and come with a proven track record and we will be positively looking to appoint as many of these staff as possible, provided they can cover the required hours.

### **Selection Process**

We currently employ 63 home care workers. It is not possible at this stage to say how many staff are likely to be able to fulfil the new working arrangements as that will be an individual decision on their part, and they have therefore been requested to express initial interest so we can scope the potential size of the selection pool.

Once we gather that information from staff, if we can see that it is the case that there are less staff than there are posts we can review the method of selection; however if it is the case that we have more staff who are able to work the new rota arrangements than there are posts available, then we will have to make evidenced selection decisions and for this reason is it important to facilitate this, albeit in a proportionate way.

If that is the case, staff will not have to complete a full application form; however they will have to complete the form that is contained in the reorganisation procedure. We will send out clear instructions as to how to complete this and advice will be available should that be required. We will be looking for factual bullet points rather than long paragraphs. We will be assessing people's ability to evidence the requirements of the new roles as part of the selection procedure, which will include their ability to write short incident reports. This will be tested by conducting a very short written test.

There is no assumption that these staff have literacy problems; if literacy had been an organisational problem for individual staff, this would have been addressed previously. It is simply a question of being in a position of being able to evidence decisions and to justify appointing some people as opposed to others, should there be more applicants

than there are posts, a situation which could lead to some staff being made redundant and managers having to justify why some staff were selected over others.

In summary, if we can reach the position where there are fewer applicants than posts we can potentially avoid a formal selection process, using the redeployment processes instead; however, where there are more applicants than posts we will not be able to do so.

### **Transport**

We have noted your points and can confirm that being able to drive and having a car are not essential selection criteria.

### **Seniors/management responsibilities**

There will be 2 patches, East and West. Each patch will have just under 9 staff on duty per day, some on the morning shift and some on the evening shift. At any one time the service as a whole will be working with 46 service users on average. This is based on 400 discharges per year and averages a potential input of 2.3 hours/person/day, not allowing for varying amounts of travelling time between clients.

There will be at least one Senior Reablement Worker on each shift and they will be working as a full member of the reablement team. The Seniors are workers in their own right and it is estimated that their time will be split approximately 95% for direct reablement tasks and 5% for early alert of front line problems/difficulties to the Team Leaders in the office where it not possible for them to resolve the problems themselves. In such a situation, the Team Leaders in the office will be expected to respond to the alerts, in liaison with the Senior

This system will work if the staff that are appointed to the Senior posts possess the necessary skill set and the ability to make decisions, as evidenced in their having achieved NVQ3 in care or equivalent. Where staff do not possess the NVQ3, they may still be appointed to a Senior post but will be expected to have undertaken and achieved the NVQ3 qualification within eighteen months.

### **Other Issues**

#### **Point 1**

We will provide more details on electronic systems as they become available, and should it be decided to use them.

#### **Point 2**

The current procedure with regard to CRB checks will be applied. Where a CRB check is not clear, a management decision will be made in each case as to whether the matter of concern is relevant to the job the individual is doing.

#### **Point 3**

There is no plan for there to be a requirement to work routine split shifts or long days. In very specific circumstances this could present as a possibility, however once again we would stress this is not planned as a feature of the rota pattern. If and when this ever does become necessary on one-off occasions, we would seek volunteers.

#### **Point 4**



Facilities for breaks will be suitable. Each team will work from a central sheltered housing block on their patch which will have toilets and facilities for making hot drinks available.

**Point 5**

It is not a requirement for staff to be car drivers in the new reablement service

**Point 6**

Service users will be only given longer than 6 weeks input (maximum 8) if managers are confident that the additional period of input will result in them not requiring any service at the end of the extension.

**Point 7**

It is agreed that prompt assessment and delivery of equipment is key to an efficient reablement service. We are hoping to train the Senior Reablement Workers as 'trusted assessors' with regard to provision of basic equipment such as bath seats, chair raisers etc. Hospital discharge clients, which will comprise all the reablement service clients, already get priority for the provision of items such as grab-rails, which can be fitted within 5-7 days

**Point 8**

Noted

**Point 9**

Noted

**Comments on Job Description/Candidate Specification comments**

As a general point, the Job Descriptions for all roles will be amended to reflect comments received during the consultation from staff, the trade unions and other key stakeholders, before they are finalised. They will then be scrutinised to ensure such changes do not affect the current grade.

**Reablement Worker**

To the best of my knowledge, the vast majority of staff in the current home care service have already achieved NVQ2 in care. We will ask for the formal qualification where it is justified or for the willingness and ability to train for it where it not a justifiable requirement for staff to have this in the first place. Please see earlier comment about evidencing and justifying selection decisions.

**Senior Reablement Worker**

An estimated 95% of the work of the Senior Reablement Worker will be the same as the Reablement Worker, hence the similarity in job descriptions. The extra tasks and roles are outlined in the job description and relate to the early alert/liason role with Team Leaders which is referred to earlier.

**Team Manager**

We will make the change that you have suggested.

**Administrator**

The systems to which you are referring are manual, electronic filing and other systems and are intrinsic to any administrative role. They are commensurate with the job evaluated grade and will be carried out under the direction of the Team Manager.

Thank you for your comments which we have considered and used to adapt our plans, so far as we are able to.

Your comments and this response will be appended to the report to be considered by the Cabinet Member, Cllr Dogus, who will be dealing with the home care and reablement proposals as a Cabinet member sign-off. When we obtain the final decision, I will let you know.

Yours sincerely,

**Len Weir**  
**Head of Service**

## Haringey Council

### Equalities Impact Assessment (EqIA) for Organisational Restructures

<b>Date: 5 October 2011</b>
<b>Department and service under review: Closing Homecare/Setting up Reablement</b>
<b>Lead Officer/s and contact details: Lisa Redfern</b>
<b>Contact Officer/s (Responsible for actions): Len Weir</b>
<p><b>Summary of Assessment</b> (completed at conclusion of assessment to be used as equalities comments on council reports)</p> <p>This assessment considers the impact on staff of the proposal to cease the delivery of Homecare Services 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.</p> <p>Staffing profile data used in this EqIA for comparison purposes is from October 2011 so that it takes into account the significant numbers of staff that have taken voluntary redundancy in anticipation of these changes.</p> <p>If the unit is closed these proposals will displace 72 members of staff. Analysis of the characteristics shows the following.</p> <p>Ethnicity – 93% of Home Care staff are of a BME background as compared with 54% across the Council.</p> <p>Gender – 97% of the Home Care staff are women as opposed to 68% across the Council.</p> <p>Age – 50% of staff are from the 45-54 age range as opposed to 36% from across the Council.</p> <p>Disability – 4% of the staff group are classified as disabled as opposed to 7% from across the Council.</p>

**Appendix D**

The current complement of staff is a headcount of 72 (please note this currently includes 65 Homecarers (43fte) some of whom work part time, as well as a manager, team leaders and administrative staff). Separate to this there is a proposal to create a new Reablement Service consisting 30 people working 30 hours per week. These new roles will be ringfenced to the 65 Homecare staff referred to above. It is envisaged that a significant number of posts in the new service will be filled in this way.

The decision to close Home Care by April 2012 is based on the need to make financial savings and to provide services that are more in line with Putting People First and Think Local Act Personal as set out in the Service Report. The service has taken all necessary steps to consult with staff and to mitigate against compulsory redundancies by identifying volunteers for redundancy and applying the councils flexible working policy so that as many staff from Home Care as possible are appointed to the new roles in Reablement that are being created.

The Equalities Impact Assessment for service restructures should assess the likely impact of restructuring on protected equalities groups of employees by: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation.

**The assessment is to be completed by the business unit manager** with advice from HR. It is to be undertaken by an assessment of the basic employment profile data and then answering a number of questions outlined below.

**PART 1  
TO BE COMPLETED DURING THE EARLY STAGES OF CONSULTATION WITH  
STAFF/ UNIONS ON THE STRUCTURE**

**Step 1 – Aims and Objectives**

**1. Purpose – What is the main aim of the proposed/new or change to the existing service?**

The main aim is to create a new and improved reablement, details of which have been set out in the service report however with regard to staff there will be working patterns for staff that reduce non contact down time and ensure a spread of workers across 7/8am until 10pm 7 days a week.

**2. What are the main benefits and outcomes you hope to achieve?**

These have been set out in the service report however it will provide service users with a better service.

**3. How will you ensure that the benefits/ outcomes are achieved?**

Via service user and other stake holder feedback and partnership boards.

**Step 2 – Current Workforce Information & Likely Impact of your proposals**

Note – there is an Excel template that accompanies the EIA Service Restructure template on Harinet. This is to help you complete the tables of staff information and % calculations. You will also find the latest Annual Council Employee Profile on Harinet (based on data for a financial year) to help complete the council and borough profile information. Ask HR if you cannot find it.

**1. Are you closing a unit?**

- If No, go to question 3.

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- If Yes, please outline how many staff will be affected broken down by race, sex (gender), age and disability.
- In addition if you have information on the breakdown of your staff by the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation; you must consider the impact on these groups.

This proposal is for closure of the in house Homecare Service by April 2012. The proposal affects 71 staff – 6% of whom are white, 4% of whom are ‘white other’ and 86% are BME, 3% of whom are male and 97% of whom are female and 3% of whom have a disability. This is broken down into more detail in the tables below.

### 2. Can any staff be accommodated elsewhere within the service, business unit or directorate?

- If Yes, identify how many by race, sex, age and disability. And where possible identify the number by gender reassignment, pregnancy and maternity, religion or belief, and sexual orientation.

The new roles in the new Reablement Service will be ringfenced to the staff displaced by the closure of the in house Home Care Service. Despite this a significant number of staff will be displaced due to the reduced number of available posts. Every effort will be made to redeploy any displaced staff to the limited number of posts that may be available under the redeployment procedure.

### Race

3. Provide a breakdown of the current service by Grade Group and Racial Group following the format below.

Grade Group	Total Staff in Service	No. of Race Not Declared Staff	% of Grade Group Total	White Staff	% of Grade Group Total	White Other staff	% of Grade Group Total	BME Staff	% of Grade Group Total	BME% Borough Profile
Sc1-5	67			4	6	4	6	63	94	
Sc6 – SO1	4							4	100	
PO1-3	1			1	100					
PO4-7										
PO8+										
TOTAL	72			5	7	4	6	67	93	

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**4. Highlight any grade groups that are very under represented (10% or more difference) compared with the council profile and where relevant the borough profile.**

## Appendix D

The staff groups that are under represented when compared to the Council profile are from white (8%) and white other (6%) as compared to the council generally where there is a total of 45% staff who are either from a white or white other background.

### 5. Do any ring fences disproportionately impact on staff from one ethnic minority group (white, white other, asian, black, mixed race) or Black & Minority Ethnic (BME) staff only?

- If No, go to question 8.
- If Yes, how many of these staff might be displaced?

### 6. By how much does these staff change the % (percentage) of BME staff in the structure? Show start and end %.

### 7. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, how many and what effect do they have on the BME %? Show start and end %.

## Gender

### 8. Provide a breakdown of the current organisation by Grade Group and Gender breakdown following the format below

Grade Group	Total Staff in Service	No. Male Staff	% of Grade Group	No. Female Staff	% of Grade Group	% Females in Council Grade	% Females in Borough
Sc1-5	67	2	3	65	97	70	
Sc6 – SO1	4			4	100	75	
PO1-3	1			1	100	61	
PO4-7							
PO8+							
<b>TOTAL</b>	<b>72</b>	<b>2</b>	<b>3</b>	<b>70</b>	<b>97</b>	<b>68</b>	<b>50</b>

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

### 9. Highlight any grade groups that are very under represented (10% or more difference) compared to the % of females/males in the council.

**Appendix D**

Males generally are under represented, 3% as opposed to 32% across the Council in total and at all grade ranges and specifically at the Scale 1-5 grade range where there are 3% males as opposed to 30% across the council at this grade range.

**10. Do any ring fences disproportionately impact on impact on female or male staff?**

- If No, go to question 13.
- If Yes, how many female / male staff might be displaced?

**11. By how much do these staff change the % (percentage) of female/male staff in the whole structure? Show start and end %.****12. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on the female/male%? Show start and end %.

**Age****13. Provide a breakdown of the current organisation by Grade Group and Age breakdown following the format**

Grade Group	Total Staff	16 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65+	
		No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group	No. Staff	% of Grade Group
Sc1-5	67			2	3	14	21	32	48	19	28		
Sc6 – SO1	4					1	25	3	75				
PO1-3	1							1	100				
PO4-7													
PO8+													
TOTAL	72			2	3	15	21	36	50	19	26	0	0
Council Profile	4460	117	3	784	18	1108	25	1574	35	821	18	56	1
Borough Profile	225600	29779	13	49858	22	31736	19	44669	20	16694	7	21206	9

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

**14. Highlight any grade groups with a high level of staff from a particular age group compared to the compared to the council profile.**



**Appendix D**

The 45-54 age range is disproportionately affected by this proposal

**15. Do any ring fences disproportionately impact on staff from one age group only?**

- If No, go to question 18.
- If Yes, how many of these staff might be displaced?

**16. Does the displacement of these staff result in no representation of staff from a particular age group within the structure as a whole?**

**17. If Yes, can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?**

- If Yes, how many and what effect do they have on a particular age group? Show start and end %.

## Appendix D

## Disability

18. Identify the total number of disabled staff in the service following the format below:

Grade Group	Total staff	No. of Disabled Staff	% of Grade Group	Council profile
Sc1-5	67	3	4	7
Sc6 – SO1	4			10
PO1-3	1			6
PO4-7				7
PO8+				2
TOTAL	72	3	4	7
<b>Borough Profile</b>				

Note – Sc1-5 – approx £14,900 - £23,300; Sc6 – SO1 approx £23,950 - £28,000; PO1-3 approx £28,800 - £36,300; PO4-7 approx £36,300 - £47,200; PO8+ approx more than £48,500.

19. Do any ring fences disproportionately impact on disabled staff?

- If No, go to question 21.
- If Yes, how many of these staff might be displaced? Show start and end numbers and %.

20. Can any of these staff be accommodated elsewhere within the proposed new structure or can you amend the structure to accommodate them e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc.?

- If Yes, what effect will this have on the number of disabled staff? Show start and end numbers and %.

21. In addition to the above analysis of race, sex, age and disability you will need to consider the impact on groups with the following characteristics: gender reassignment, pregnancy and maternity, religion or belief, sexual orientation. Please ask HR for help with the data on:

- Gender Reassignment
- Religion/ Belief
- Sexual Orientation
- Maternity & Pregnancy

**No staff in this group are or on maternity leave – there is no other data held. This is a proposed unit closure and attempts will be made to deploy all staff that want this.**

22. If you provide services to residents please also identify the potential impact/ issues relating to the change in service delivery as a result of your proposals.

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Date Part 1 completed - January 2011

**PART 2**  
**TO BE COMPLETED AT THE END OF CONSULTATION WITH STAFF/ UNIONS**  
**ON THE STRUCTURE**

**Step 3 – Consultation**

**Outline below the consultation process you undertook, what issues were raised (especially any relating to the eight equalities characteristics).**

An extensive formal and informal staff consultation process took place with regard to deleting posts in Homecare.

This is fully outlined in the attached consultation report.

**Step 4 – Address the Impact**

- 1. Are you in a position to make changes to the proposals to reduce the impact on the protected groups e.g. consideration of flexible working or reduced hours including flexible retirement, voluntary reduction of grades, etc. - please specify?** In response to the staff consultation we have adapted the contract hours on offer so that rather than only offering 30 hour a week contracts we can offer 6, 12, 18, 24 or 30 hour contracts if we are able to cover the week in its entirety and we have set in place a process for staff to set out the working arrangements that they are able to work so that we can make appropriate decisions.
- 2. What changes or benefits for staff have been proposed as a result of your consultation?** See the above

**Appendix D**

3. **If you are not able to make changes – why not and what actions can you take?** See the above
  
4. **Do the ringfence and selection methods you have chosen to implement your restructure follow council policy and guidance?** Yes
  
5. **Will the changes result in a positive/ negative impact for service delivery/ community groups – please explain how?** The will not change the impact that is why we have been able to respond in this way.
  
6. **How can you mitigate any negative impact for service users?** N/A

**Date Steps 3 & 4 completed –**

**16 September 2011**

## Step 5 – Implementation and Review

1. Following the selection processes and appointment to your new structure are there any adverse impacts on any of the protected groups (the eight equalities characteristics). Please identify these.
2. If there are adverse impacts how will you aim to address these in the future?
3. Identify actions and timescales for implementation and go live of your new service offer.
4. If you are not in a position to go ahead on elements of your action plan – why not and what actions are you going to take?
5. Identify the timescale and actions for review of the restructure to ensure it achieved the expected benefits/ outcomes.

## Appendix D

## Step 6 – Sign off and publication

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but 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.

### COMPLETED BY (Contact Officer Responsible for undertaking this EqIA)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### QUALITY CHECKED BY (Equalities,)

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Director/ Assistant Director

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

### SIGNED OFF BY Chair Directorate Equalities Forum

NAME:  
DESIGNATION:  
SIGNATURE:  
DATE:

**Note** - Send an electronic copy of the EqIA to [equalities@haringey.gov.uk](mailto:equalities@haringey.gov.uk); it will then be published on the council website