APPENDIX G

HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT FORM

Service: Adult Services and Commissioning

Directorate: Adult, Culture and Community Services

Title of Proposal: Setting the strategic direction and priorities for Adult Services

Lead Officer (author of the proposal): Lisa Redfern

Names of other Officers involved: Len Weir and Beverley Tarka

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

In the context of the Comprehensive Spending Review and a subsequent local settlement that requires savings of up to £80m (£46m this financial year) or approximately 30% over the next 4 years; Adult Social Care is setting the strategic direction and priorities for the service over the next three years in the context of severe budget challenges. However, though the timing is regrettable, this is also consistent with *Putting People First* three-year programme, now nearing its end, to transform social care across the country. 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.

To address the increasing needs of an older population (including higher needs as people with learning disabilities also live longer), but with less money, we need to find other ways of delivering care and housing in the future. Haringey Council currently own and run 25 learning disability, older people and mental health day centres and drop-ins, as well as 3 residential care homes for older people, most of which were built more than 20 years ago. The cost of running these services, partly as a consequence of higher administration and labour costs, is c40% more than that for those owned by other sectors. We spend a high percentage of our older people's social care budget on residential care, which means that there is less money to spend on more personalised services, tailored to the needs of individuals.

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

- Develop a programme of change that better meets the current and expected future needs of the people of Haringey.
- Increasing levels of service within a restricted budget envelope to meet increased levels of need associated with living longer.
- Create services that are more flexible.
- Create care and support that people can access close to where they live.
- Have better long term outcomes for people at lower costs.
- Be ready for the changes of an ageing population.
- Have a system where older people are able to retain the equity on their own homes so that their care needs can be met without resorting to selling their homes in order to fund their ongoing care costs.

It is proposed that the following services for older people, and Whitehall Street Centre - which is for people with learning disabilities – are subject to phased closure; and in the case of The Grange and Haynes Centre are combined on the site of the latter. From the list below, the Drop-In Centres closing end March 2011, the Day Centres and The Red House no later than March 2012, Cranwood and Broadwater Lodge no later than March 2013.

Services that will be Re-provided

- **Whitehall Street Centre** is a 15-bed unit which offers 11 residential beds and 4 respite beds for people with learning disabilities.

Day Centres

- The Grange and The Haynes Centre

- **The Haven** provides a good quality specialist support to 50 older people with physical disability / sensory impairment.

- **Woodside Day Centre** offers a specialist day centre service for approximately 45 vulnerable older people with mental health problems.

Residential homes

- **The Red House** is a 34 bed home which provides a service to physically frail older people (17 beds) and also older people with dementia (17 beds).

- **Cranwood** is a 33 bed home.

- **Broadwater Lodge** is a 45 bed home.

Home Care Services provide support in the home for approximately 135 users. This service will close. There will however be parallel development of a focused occupational therapy driven Re-ablement service.

Services that will not be Re-provided

- **Drop-In Centre's** are used solely by people who do not meet threshold into care services criteria substantial and critical, and are seen as a preventative service. Their main function is to provide social contact and activities for the users. They are 'walk-in' non-assessed services which are not charged for. Users

of the centres may purchase (subsidised) Meals on Wheels, provide 800 basic foot care sessions annually free of charge, and users with mobility problems are assisted to attend by use of day centre transport.

- Woodside House
- Abyssinia Court
- Willoughby Road
- The Irish Centre

We do not underestimate the anxiety and concern that many will feel about these proposals. Our consultation with those affected will help us better understand the impact on individuals of any possible closures and how we might reduce this in making any plans. In our final report to Cabinet we will give consideration to how individual needs can be accounted for and any unavoidable differential impacts mitigated.

Step 2 - Consideration of available data, research and information

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

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

- There is considerable variation in the distribution of **ethnic groups** across the borough. Residents of Black ethic origin are concentrated in the east of the borough, particularly Northumberland Park, Bruce Grove and Tottenham Green, with almost no representation in the west of the borough. Haringey's White population is spread widely across the borough, although it is more concentrated in the west. The Cypriot population in Haringey tends to be concentrated predominantly in the west of borough around West Green, Harringay, and in the north of the borough in Bounds Green, Woodside and White Hart Lane. Haringey's Turkish population is concentrated almost entirely in the east of the borough, particularly in the areas of Northumberland Park, West Green and Tottenham Hale. The **ethnicity of 65+** population is shifting with 65-74 age group 50% white British according to the Census in 2001; and 72% for 75 and over.

- **Older People** –all Councils are facing the challenge of an ageing population and whilst this is very positive for society as a whole this brings with it an increasing demand for community services, hence the need (nationally and locally) to transform our services to meet this increasing demand for services and to ensure that older people continue to receive the personalised care and support they need.

- The **male-female** ratio in Haringey is fairly even. However, over the last 5 years the male population has been increasing slightly, whereas the female population has declined. The difference for those aged 65 and over is 2.8%, with 11.9% forming part of the female population and 9.1% forming part of the male population (Borough Profile).

    - **Carers** in Haringey – approximately 16,000 of whom were providing unpaid support to a family member or friend according to the Census in 2001 – are predominantly female. Analysis of the 2001 Census by Carers UK shows that women are more likely to be carers than men. Across the UK 58% of carers are female and 42% are male. Women have a 50:50 chance of providing care by the

time they are 59; compared with men who have the same chance by the time they are 75 years old.

Women are more likely to give up work in order to care. Most carers (5.7 million) are aged over 18 and the peak age for caring is 50 to 59. More than one in five people aged 50-59 (1.5 million across the UK) are providing some unpaid care. One in four women in this age group is providing some care compared with 18% of men. This compares with 6% of adults aged 18 to 34, 12.5% aged 35 to 44, and 11.5% aged 65 or over. Caring varies between ethnic groups. Bangladeshi and Pakistani men and women are three times more likely to provide care compared with their white British counterparts (Haringey Carers Strategy).

- Among older people, **mental health** admission rates are less concentrated in one particular part of the borough (Borough Profile).

- **Learning Disabilities:** Like other local learning disabilities services, we have seen an increase both in the number of people known to the service and in the complexity of the needs presented; e.g. associated mental health needs, complex family arrangements and fragile carer arrangements. In January 2008, the east of the borough had a higher number of service users receiving community based services to help with learning disabilities than the west (Borough Profile).

- **Respite care consultation** with carers of people with learning disabilities found concerns about the security of provision.

- **Workforce** - As well as the impact on service users there are serious implications for staff. There are 12 staff at Woodside Day Centre that are likely to be affected; up to 6 full-time equivalents at the Drop-In Centres; up to 40 staff at The Red House; 31 staff at Whitehall Street; 90 staff at Cranwood and Broadwater Lodge; and 10 staff at The Haven and The Grange. The differential impact with regards the gender of the affected workforce, all but equivalent in the population, is most apparent: 145 women and 22 men. The ethnicity of the affected workforce is also different to the borough average where 50% describe themselves as White: here, only 27 are White, but 6 are Asian, 4 are Mixed, 114 are Black and just 6 other.

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

Pressures on our services are very significant for adult social care in Haringey, and across the UK, at a time when central government is cutting the amount local authorities have to spend on providing services. The nature of the provision affected is such that it predominantly impacts on the vulnerable groups for which it is intended – older people and people with learning disabilities – as well as on the carers, formal and informal, who support them. The gender and ethnic profiles of informal carers in the case of the former, of the borough in relation to the latter, and the workforce in relation to both, are long-standing demographic factors associated with poverty, traditional gender roles and ever-changing migration patterns.

Step 3 - Assessment of Impact

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

Increase barriers?	Reduce barriers? √	No change?

The existing model of social care provision can act as a barrier to people exercising choice and control, and achieving / maintaining their independence. The objective of personalisation is to ensure that individuals are able to achieve their desired outcomes, through self-assessment, person-centred support planning, and the use of personal budgets. Resolving the underlying differential impacts – with regards ethnicity and gender – is beyond the scope of this proposal. However, the experience of vulnerability will be subject to change.

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

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

- A move toward community-based services
- Commissioning services
- Enabling more personalised care through increasing use of personal budgets.
- Robust assessment, person-centred care management and safeguarding.
- Developing a 'universal offer' based on volunteering and social responsibility.
- Sharing assets and services.
- Development of new focused occupational driven Re-ablement service.

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

By phasing the programme of closures we expect to introduce sufficient flexibility in the services that we need to commission. We will do this through on-going consultation and feedback from stakeholders we will be able to identify areas that will need more detailed equalities impact analysis.

Step 4 - Consult on the proposal

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

Haringey Council has a detailed consultation plan in place. We will consult residents, staff and users of residential and day centres (including providing advocacy for people with reduced mental capacity), and their families – as well as the voluntary and statutory sector, and other providers - about the proposed changes to the delivery of adult social care and their closure. Consultation with those affected will begin in January 2011. This will help the Council's Adult Social Care Service make final recommendations to Cabinet in April as to how best adopt the changes for a decision by Full Council in May 2011.

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

N/A as at December 2010

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

N/A as at December 2010

Step 5 - Addressing Training

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

The staff and public consultation will raise awareness of the issues arising from this proposal, commencing in January and ending in April 2011. There will be a range of consultation meetings including briefings, service specific meetings and focus groups for stakeholders affected by these proposals. Training commenced in September 2010 for staff on Self-Directed Support and Personalisation. Further training is planned for the New Year.

Step 6 - Monitoring Arrangements

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

Where adverse impacts are identified steps will be taken to address this.

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

The relevant Heads of Service will be responsible for monitoring the equalities impacts of the proposals.

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

Monitoring of the impact of the proposal will be conducted in relation to all six of the equality strands – in relation to older people, people with learning disabilities, carers and staff affected.
The personalisation process has built in systems for review, risk assessment and quality assurance.

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

Standard equalities monitoring documentation will be used

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

This is an initial Equality Impact Assessment and will – along with the outcomes of the consultation and the initial comments of Cabinet Members – contribute to a more in-depth report to Cabinet in April 2011. This will include EIAs looking at the impact of the proposals on the specific services outlined above. Subsequent to this, equalities monitoring data will be gathered, analysed and will be reported quarterly to DMT and then to the Equalities Team.

Step 7 - Summarise impacts identified

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

Please note that more detailed specific analysis will result once consultation and feedback has commenced. Consultation will provide data that will enable the identification of impact according to the six equalities strands and also potential barriers for stakeholders. This will allow for the development of appropriate mitigating action.

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
Increased social isolation as services withdrawn	Increased social isolation as services withdrawn	Higher rates of dementia with Afro-Caribbean and South Asians and those living in east of borough i.e. The Grange	Impact on predominantly female carers who may take on greater burden of care	To be determined when more detailed analysis of data is undertaken	To be determined when more detailed analysis of data is undertake

Step 8 - Summarise the actions to be implemented

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

Issue	Action required	Lead person	Timescale	Resource implications
	A move toward community-based care	Head of Service	Phased implementation for specific service proposals.	Existing resources
	Commissioning more services in the independent sector	Head of Service	Phased implementation for specific service proposals.	Existing resources
	Enabling more personalised care through increasing use of personal budgets and/or increase in community care packages including home care and meals on wheels	Head of Service	Phased implementation for specific service proposals.	Existing resources
	Robust assessment, person-centred care management and safeguarding	Head of Service	Phased implementation for specific service proposals.	Existing resources
	Developing a 'universal offer' based on volunteering and social responsibility.	Head of Service	Phased implementation for specific service proposals.	Existing resources
	Sharing assets and services	Head of Service	Phased implementation for specific service proposals.	Existing resources
	Equivalent re-provision for those who do not wish to avail of personal budgets	Head of Service	Phased implementation for specific service proposals.	Existing resources

	Identifying non-traditional respite options and improving take-up of personal budgets for carers	Head of Service	Phased implementation for specific service proposals.	Existing resources
	Development of neighbourhood networks to reduce isolation, maintain independence and promote take-up of self-directed support	Head of Service	Phased implementation for specific service proposals.	Existing Resources

Step 9 - Publication and sign off

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

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

Assessed by (Author of the proposal):

Name:

Designation:

Signature:

Date:

Quality checked by (Equality Team):

Name:

Designation:

Signature:

Date:

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date: