

Agenda item:

[No.]

Cabinet

On 19th July 2011

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

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

Signed:

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Wards(s) affected: **All**

Report for: **Key**

1. Purpose of the report

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

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

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

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

2. Introduction by Cabinet Member

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

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

3.1. Adult and Community Services Council Plan Priorities are:

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

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

4. Recommendations

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

5. Reason for recommendation(s)

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

6. Other options considered

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

7. Summary

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

inspection regime.

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

demonstrated in the table below:

7.10.1 – Admissions to residential care (all adults)

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

7.10.2 – Helped to live at home (all adults)

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

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

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

8. Chief Financial Officer Comments

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

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

9. Head of Legal Services Comments

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

10. Head of Procurement Comments

10.1. N/A

11. Equalities & Community Cohesion Comments

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

11.2. The proposed closures of these services, if agree, are likely to increase barriers for service users from groups with protected characteristics.

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

11.3.1 Older People's residential care homes

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

11.3.2 Learning Disabilities residential/respite care homes

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

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

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

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

Issue	Mitigating Actions
Black and Black British older people accessing appropriate residential care and respite services	• Ensure care management staff plan with service users, families/carers and providers that the specific cultural needs of user can be met when making placements.
Risks of higher need for other forms of support and care services in future	• Identifying non-traditional respite options and improving take-up of personal budgets • Commissioning more services in the independent sector • Developing a diverse market in services
Risk of insufficient capacity in care home market to meet demand	• Commissioning and Market development work with existing and potential new providers in ensuring the right level of capacity (of the right quality) • Ensure capacity for specific disabilities requirements – dementia care, and learning disabilities
Improve equality monitoring in relation to transformed services	• Ensure that all services users in transformed services are fully equality monitored against the Equality Act 2010 categories

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12. Consultation

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

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

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

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

12.8 Comments on the consultation

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

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

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

12.9 Frequently asked questions

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

12.10 Consultation on proposals for Residential and Respite Care

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

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

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

12.12 Looking to the Future

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

13. Service Financial Comments

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

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

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

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

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