

HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT (EqIA) FORM



Service: Adult and Community Services

Directorate: Adult and Housing Services

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

Lead Officer : Lisa Redfern

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

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

1. Introduction

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

Appendix 2

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

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

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

1.4 Proposed changes

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

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

Appendix 2

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

Step 2 - Consideration of available data, research and information

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

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

Section contents:

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

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

2.1 Council run residential care homes for older people

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

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

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

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

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

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

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

Appendix 2

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

Funding Proposal for Council run residential care homes

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

Service User Equalities Information

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

Key findings:

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

Appendix 2

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

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

Table 2.1.1 Age of people in Council run residential care

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

Table 2.1.2 Sex of people in Council run residential care

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

Appendix 2

Table 2.1.2a Sex/Age of older people in Haringey

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

Table 2.1.3 Race of people in Council run residential care

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

Appendix 2

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

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

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

Appendix 2

Table 2.1.5 Religion of people in Council run residential care

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

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

Whitehall Street - Proposed closure date 31st March 2012 (latest)

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

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

Funding Proposal for Council run residential care homes

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

Service User Equalities Information

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

Key findings:

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

Appendix 2

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

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

Table 2.2.1 Age of Learning Disabilities users (Whitehall Street)

Appendix 2

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

Table 2.2.2 Sex of Learning Disabilities users (Whitehall Street)

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

Table 2.2.3 Race of Learning Disabilities users (Whitehall Street)

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

Appendix 2

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

Table 2.2.4 Religion of Learning Disabilities users (Whitehall Street)

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

Appendix 2

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

Appendix 2

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

2.3 OLDER PEOPLE

2.3.1 Age

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

2.3.2 Sex

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

2.3.3 Race

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

2.3.4 Disability

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

2.3.5 Religion

No disproportionate impact identified

2.3.6 Gender Reassignment

Data is not currently collected on this group

2.3.7 Sexual Orientation

Data is not currently collected on this group

2.3.8 Maternity and Pregnancy

Not relevant for this group

2.4 LEARNING DISABILITIES

2.4.1 Age

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

¹ [Haringey Borough Profile 2010](#)

Appendix 2

2.4.2 Sex

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

2.4.3 Race

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

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

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

2.4.4 Disability

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

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

Appendix 2

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

2.4.5 Religion

No disproportionate impact identified

2.4.6 Gender Reassignment

Data is not currently collected on this group

2.4.7 Sexual Orientation

Data is not currently collected on this group

2.4.8 Maternity and Pregnancy

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

Step 3 - Assessment of Impact

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

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

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

3.1.1 Impact on Age:

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

3.1.2 Impact on Sex:

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

3.1.3 Impact on Disability:

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

3.1.4 Impact on Race:

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

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

Appendix 2

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

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

3.2.1 Impact on Age:

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

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

Table 3.2.1.1

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

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

3.2.2 Impact on Sex:

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

3.2.3 Impact on Disability:

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

3.2.4 Impact on Race:

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

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

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

Appendix 2

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

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

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

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

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

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

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

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

Appendix 2

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

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

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

3.3.1 – Admissions to residential care (all adults)

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

3.3.2 – Helped to live at home (all adults)

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

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

Appendix 2

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

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

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

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

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

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

Appendix 2

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

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

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

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

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

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

Step 4 - Consult on the proposal

Appendix 2

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

When we consulted

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

How we consulted

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

Pre-consultation activity

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

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

Details as follows:

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

Consultation web page, email address and telephone helpline

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

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

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

Consultation Questions

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

Appendix 2

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

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

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

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

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

Overall structure of the questionnaires

The questionnaires followed a similar format inviting respondents to indicate:

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

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

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

Press notices

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

Appendix 2

Letters and e-mails

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

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

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

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

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

Meetings

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

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

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

Appendix 2

Reminders

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

Partnership working

Community and voluntary sector

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

Adult Partnership Boards

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

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

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

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

Appendix 2

Consultation – Summary of what people said

Impact for users, relatives and carers

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

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

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

Impact for the future and the wider community

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

Comments on the proposal

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

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

Appendix 2

Comments on the consultation

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

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

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

Frequently asked questions

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

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

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

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

Consultation on the specific proposal for Broadwater Lodge

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

Appendix 2

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

Consultation on the specific proposal for Cranwood

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

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

Consultation on the specific proposal for The Red House

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

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

Appendix 2

Consultation on the specific proposal for Whitehall Street

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

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

Looking to the Future

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

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

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

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

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

Appendix 2

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

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

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

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

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

Respite (Whitehall St)

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

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

Cranwood

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

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

Appendix 2

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

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

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

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

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

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

Step 5 - Addressing Training

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

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

Appendix 2

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

Step 6 - Monitoring Arrangements

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

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

Monitoring arrangements will include:

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

Engagement with providers will include:

- Monthly provider forums
- Ongoing work by Market Development.

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

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

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

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

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

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

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

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

Appendix 2

Step 7 - Summarise impacts identified

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

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

Appendix 2

Step 8 - Summarise the actions to be implemented

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

Issue	Action required	Lead person	Timescale	Resource implications
Black and Black British older people accessing appropriate residential care and respite services	Ensure care management staff plan with service users, families/carers and providers that the specific cultural needs of user can be met when making placements.	Head of Assessment and Personalisation Head of Learning Disabilities Partnership	Ongoing 	Existing resources
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	Head of Assessment and Personalisation Head of Adult Commissioning	Ongoing July 2011-March 2012	Existing resources
Risk of insufficient capacity in care home market to meet demand	- Commissioning and Market development work with existing and potential new providers in ensuring the right level of capacity (of the right quality) - Ensure capacity for specific disabilities requirements – dementia care, and learning disabilities	Head of Adult Commissioning	July 2011-March 2013 and ongoing	Existing resources
Improve equality monitoring in relation to transformed services	Ensure that all services users in transformed services are fully equality monitored against the Equality Act 2010 categories	Heads of Services	Ongoing	Existing resources

Appendix 2

Step 9 - Publication and sign off

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

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

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

Assessed by (Author of the proposal):

Name: Lisa Redfern

Designation: Deputy Director

Signature:

Date:

Quality checked by (Equality Team):

Name: Arleen Brown

Designation: Senior Policy Officer

Signature: *A. J. Brown*

Date: 5th July 2011

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date: