

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 day services for Older People and people with Mental Health issues.

Lead Officer: Mun Thong Phung

Names of other Officers involved: Len Weir, Barbara Nicholls

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

1. Introduction

- 1.1 The proposals in this EqIA cover four older people's day services and one mental health day service.
- 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. The cost of running our own services, partly as a consequence of higher administration and labour costs, is about 40% more than that for those owned by other sectors.

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.
- 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

The original proposals in relation to the day centres for older people were as follows:

- Close The Woodside Day Centre no later than 1 April, 2012.
- Close The Haven 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 684 Day Centre no later than 1 April 2012.

These proposals were consulted on over a three month period from January to April 2011, with a summary of the consultation set out in section four of this EQiA. As a result of the consultation and this EQiA, the original proposals have been amended to the following:

- Close The Woodside Day Centre no later than 1 April, 2012.
- Close 684 Day Centre no later than 1 April 2012
- Remodel The Haven, which currently provides a service to older people only, to include a service for people with mental health issues aged 18-64, and reduce the number of days of usage for older people from 5 days per week to 3 days per week, to be implemented in a phased way.

The recommendation to Cabinet on 4th October 2011, is therefore as set out above, and also includes a recommendation that all Council run day services are outsourced to the voluntary sector by 2013. The rationale for the amendments to the original proposals is set out in Section 3.

The original proposal around The Grange and the Haynes Centre merging, is no longer proposed to go ahead.

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?*

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2.1 Council run day services for older people

The Council currently operates four day services for older people, details as follows:

Woodside Day Opportunities Centre: This is a day opportunities centre for older people, mainly over the age of 65. People who attend have a range of functional mental health, with some people with dementia, and personal care needs. It currently supports 43 regular service users. It is situated in White Hart Lane N22. The original proposal to close Woodside Day Centre by no later than 1st April 2012, is still recommended for Cabinet consideration on 4th October 2011.

The Haven Day Opportunities Centre for older people: This is a day opportunities centre for physically frail older people, mainly over the age of 65. People who attend have a range of physical disabilities and personal care needs. It operates Monday to Friday and currently supports 40 regular users. It is situated in Tottenham N17. The original proposal to close The Haven by no later than 1st April 2012 has been amended. As a result of the consultation process and completion of this EqlA, the amended proposal now recommends that Cabinet consider keeping this centre open. Whilst these proposals, if accepted, require some re-modelling of the service, all people currently in receipt of a day service will continue to receive a service, and there is an absolute commitment to uphold this. Any disruption to current users will be minimal.

The Grange Dementia Day Opportunities Centre: This is a day opportunities centre for people with dementia and challenging behaviour. People who attend have high care and support needs, including with personal care. It operates seven days per week, including Saturday and Sunday. It supports 23 regular users. It is situated in Tottenham N17.

The Haynes Dementia Day Opportunities Centre: This is a day opportunities centre for people with dementia and challenging behaviour. People who attend have high care and support needs, including with personal care. It operates Monday to Friday and currently supports 27 regular users. It is situated in Hornsey N8.

The original proposal was for The Grange and The Haynes Dementia Centre to be merged onto The Haynes site, however the amended proposal now does not include the proposed merger of these services, and Cabinet is recommended to leave these services in place.

The proposal to close or combine a range of day opportunities services was first considered by Cabinet as part of the HESP savings and discussed on 21st December 2010. A decision in principle was taken at that time to close the services concerned, subject to the outcome of a detailed three-month consultation with service users, their families/carers and other key stakeholders and further examination by officers as to the wider implications of such a course of action, and feasibility of achievement once a detailed Equalities Impact Assessment had been carried out.

Funding Proposal for Council run day services for older people including dementia

Having listened to the consultation that took place on the proposed closures from 31st January 2011 to end March 2011, we understand just how much people value day opportunities services and what the effect on service users and their family carers would be if these services were to close completely. As a consequence of the consultation feedback and this Equalities Impact Assessment, we are therefore proposing to make some amendments to the original proposal. These are set out in Section 3b below.

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 day services 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. At The Haven, The Grange and Haynes Centre, the proportion of older people in attendance over the age of 85 than at Woodside – at 33.3%, 34.8% and 44.8% respectively vs 26.2% at Woodside in this age range. There is a disproportionate impact in relation to age in the older people who are 80- 89 and 90+ with 60.1% above the age of 80, which exceed their population profiles. Across all the day services therefore the original proposals have a higher impact on people aged 80 and above than it does on those aged 60-79.
- Sex – Table 2.1.2 shows a higher proportion of females to males in Council run day services for older people (66.2% female) against the borough gender profile (49% 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). Woodside Day Centre has a very high proportion of females (78.6%), when compared against the proportion across all Council run day

centre provision (66.2%). The Borough profile of females over 60 is 56.3 % and the profile in day centres is 66.2%, in addition for those who are 90+, 79% are female and 21% male. Therefore the original proposals will have a disproportionate impact on women, in relation to men.

- Race - Across one of the four Council run day services (Haynes), there is no disproportionate impact identified with 'Race'. However at the other three centres it has been identified that there will be a disproportionate impact for Black or Black British older people – refer table 2.1.3. At the Grange 60.9% of users are from a Black or Black British background, at Woodside the proportion is 31% and at the Haven it is 50%. These can be compared to the overall proportion in the general population of 20% and 13.9% in the population of people over 60.
- As regards 'Disability', all older people in Council funded day services 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. 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 day services. It can be seen that the Haynes and the Grange provide specialist dementia care for residents (100% of all attendees). Woodside Day Centre, works with people with functional mental health and dementia, whilst the Haven primarily works with people who have physical disabilities and general physical frailty. Therefore these proposals will have an impact on disability.
- No disproportionate impact was identified in respect of 'Religion' (refer table 2.1.5), 'Marriage or Civil Partnership' (see Table 2.1.6); or 'Sexual Orientation' (all attendees identified themselves as heterosexual). No residents currently living in any of the four Council run day services 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 two aged between 60-64).

Table 2.1.1 Age of people in Council run day services

Age group	the grange	the grange profile	haynes	haynes profile	woodside	woodside profile	the haven	the haven profile	Older people day centres	Older People day centre profile	Haringey Borough Profile (all adults)*	Haringey Borough Profile (people over 60)*
Under 60											88.8%	n/a
60-64	0	0.0%	0	0.0%	1	2.4%	1	2.8%	2	1.5%	3.2%	27.4%
65-69	2	8.7%	2	6.9%	3	7.1%	2	5.6%	9	6.9%	2.4%	20.9%
70-74	2	8.7%	0	0.0%	7	16.7%	8	22.2%	17	13.1%	2.3%	19.1%
75-79	5	21.7%	7	24.1%	9	21.4%	3	8.3%	24	18.5%	1.7%	15.1%

80-84	6	26.1%	7	24.1%	11	26.2%	10	27.8%	34	26.2%	0.9%	9.0%
85-89	3	13.0%	6	20.7%	8	19.0%	7	19.4%	24	18.5%	0.5%	5.4%
90+	5	21.7%	7	24.1%	3	7.1%	5	13.9%	20	15.4%	0.2%	3.1%
TOTAL	23	100.0%	29	100.0%	42	100.0%	36	100.0%	130	100%	100%	100.0%

Table 2.1.2 Sex of people in Council run day services

Sex	the grange	the grange profile	haynes	haynes profile	woodside	woodside profile	the haven	the haven profile	Older people day centres	Older People's day centres	Haringey Borough Profile (all adults)*	Haringey Borough Profile (people over 60)*
Male	10	43.5%	12	41.4%	9	21.4%	13	36.1%	44	33.8%	51%	43.7%
Female	13	56.5%	17	58.6%	33	78.6%	23	63.9%	86	66.2%	49%	56.3%

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 day services

Race	(Race sub-group)	the grange	the grange profile	haynes	haynes profile	woodside	woodside profile	the haven	the haven profile	Older people day centres	Older People's day centres	Haringey Borough Profile (all adults)*	Haringey Borough Profile (people over 60)*
White British		5	21.7%	14	48.3%	17	40.5%	12	33.3%	48	36.9%	45.3%	
White Irish		0	0.0%	0	0.0%	2	4.8%	1	2.8%	3	2.3%	4.3%	
	White Greek / Cypriot	0	0.0%	2	6.9%	2	4.8%	0	0.0%	4	3.1%		
	White Turkish	0	0.0%	1	3.4%	1	2.4%	0	0.0%	2	1.5%		
	White Gypsy	0	0.0%	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%	0	0.0%		
	White Turkish/ Cypriot	0	0.0%	0	0.0%	0	0.0%	1	2.8%	1	0.8%		
	Kurdish	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
	White Other	1	4.3%	2	6.9%	2	4.8%	0	0.0%	5	3.8%		
Other White		1	4.3%	5	17.2%	5	11.9%	1	2.8%	12	9.2%	16.1%	
Subtotal white		6	26.1%	19	65.5%	24	57.1%	14	38.9%	63	48.5%	65.6%	75.0%

White and Black Caribbean	0	0.0%	2	6.9%	1	2.4%	0	0.0%	3	2.3%	1.5%	
White and Black African	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.7%	
White and Asian	0	0.0%	0	0.0%	1	2.4%	0	0.0%	1	0.8%	1.1%	
Other Mixed	1	4.3%	0	0.0%	0	0.0%	0	0.0%	1	0.8%	1.3%	
Subtotal mixed/white	1	4.3%	2	6.9%	2	4.8%	0	0.0%	5	3.8%	4.6%	1.8%
Asian or Asian British Indian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2.9%	
Asian or Asian British Pakistani	0	0.0%	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%	0	0.0%	1.4%	
Asian or Asian British East Asian African	0	0.0%	1	3.4%	1	2.4%	2	5.6%	4	3.1%		
Asian or Asian British Other	2	8.7%	1	3.4%	0	0.0%	1	2.8%	4	3.1%	1.6%	
Asian or Asian British	2	8.7%	2	6.9%	1	2.4%	3	8.3%	8	6.2%	6.7%	6.7%
Black or Black British Caribbean	11	47.8%	5	17.2%	12	28.6%	15	41.7%	43	33.1%	9.5%	
Black or Black British African	2	8.7%	1	3.4%	0	0.0%	3	8.3%	6	4.6%	9.2%	
Black or Black British Other	1	4.3%	0	0.0%	1	2.4%	0	0.0%	2	1.5%	1.4%	
Black or Black British	14	60.9%	6	20.7%	13	31.0%	18	50.0%	51	39.2%	20.0%	13.9%
Chinese	0	0.0%	0	0.0%	0	0.0%	1	2.8%	1	0.8%	1.1%	
Other Ethnic Group	0	0.0%	0	0.0%	2	4.8%	0	0.0%	2	1.5%	2.0%	
Chinese or Other Ethnic Group	0	0.0%	0	0.0%	2	4.8%	1	2.8%	3	2.3%	3.1%	2.6%
Not stated/not known	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
TOTAL	23	100.0 %	29	100.0 %	42	100.0 %	36	100.0 %	130	100%	100.0 %	100.0 %

Table 2.1.4 Disability of people in Council run day services – additional information

Primary Disability	the grange	the grange profile	haynes	haynes profile	woodside	woodside profile	the haven	the haven profile	Older people day centres	Older People's day centres (profile)
Deafness or partial loss of hearing	0	0.0%	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%	0	0.0%

Learning Disability	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Developmental Disorder	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Mental Health	0	0.0%	0	0.0%	25	59.5%	4	11.1%	29	22.3%		
Dementia	23	100.0%	29	100.0%	17	40.5%	2	5.6%	71	54.6%		
Long term illness, disease or condition / physical frailty / physical disability	0	0.0%	0	0.0%	0	0.0%	29	80.6%	29	22.3%		
No disability	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Other disabilities (please specify)	0	0.0%	0	0.0%	0	0.0%	1	2.8%	1	0.8%		
Not known	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
TOTAL	23	100%	29	100%	42	100%	36	100%	130	100%		

Table 2.1.5 Religion of people in Council run day services

Religion	the grange	the grange profile	haynes	haynes profile	woodside	woodside profile	the haven	the haven profile	Older people day centres	Older People's day centres (profile)	Haringey Borough Profile (all adults)*	Haringey Borough Profile (people over 60)*
Buddhism	0	0.0%	0	0.0%	1	2.4%	0	0.0%	1	0.8%	1.1%	0.6%
Christian	14	60.9%	26	89.7%	19	45.2%	31	86.1%	90	69.2%	51.7%	70.8%
Hindu	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2.1%	1.9%
Jewish	0	0.0%	0	0.0%	0	0.0%	1	2.8%	1	0.8%	2.6%	3.9%
Muslim	0	0.0%	0	0.0%	1	2.4%	1	2.8%	2	1.5%	9.5%	5.0%
Sikh	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.3%	0.1%
Non-religious	1	4.3%	2	6.9%	1	2.4%	0	0.0%	4	3.1%	21.1%	6.6%
Other religions	3	13.0%	0	0.0%	11	26.2%	0	0.0%	14	10.8%	0.6%	0.4%
Not stated	5	21.7%	1	3.4%	9	21.4%	3	8.3%	18	13.8%	11.0%	10.6%
TOTAL	23	100.0%	29	100.0%	42	100.0%	36	100.0%	130	100.0%	100.0%	100%

Table 2.1.6 Marital status of people in Council run day services

Marital Status	the grange	the grange profile	haynes	haynes profile	woodside	woodside profile	the haven	the haven profile	Older people day centres	Older People day centres (profile)
Married	8	34.8%	13	44.8%	13	31.0%	11	30.6%	45	34.6%
Married but not living together	1	4.3%	0	0.0%	0	0.0%	2	5.6%	3	2.3%
Same sex civil partnership	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Co-habiting (heterosexual or same-sex relationship)	0	0.0%	0	0.0%	1	2.4%	0	0.0%	1	0.8%
In a relationship but not living together (heterosexual or same-sex relationship)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Single	10	43.5%	2	6.9%	28	66.7%	23	63.9%	63	48.5%
Not known	4	17.4%	14	48.3%	0	0.0%	0	0.0%	18	13.8%
TOTAL	23	100.0%	29	100.0%	42	100.0%	36	100.0%	130	100.0%

2.2 Council run day services for people with mental health issues

684 Centre - Proposed closure date 31st March 2012 (latest)

This is a day opportunities service for adults generally under 65 who are experiencing a range of functional mental health problems. There are some users of the service who are over 65. This is generally the case where an individual used the service prior to turning 65 years of age, and therefore has continued to do so when the service remains best placed to meet their needs. It operates Monday to Friday and is situated in Tottenham N17.

Funding Proposal for Council run day services

It is proposed that the Council's Cabinet agree the recommendation to close day services provision for people with mental health issues at the 684 centre.

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 - The Equalities Impact Assessment shows an over representation of adults aged 45-59 (48.5% in total) who use the centre as against the general population of 21.2% across this age range. It is however broadly in range with the profile of all users of mental health day services of 44.2%. There may therefore be adverse impact on users aged 45-59. Refer table 2.2.1;
- There is an over representation of males using the 684 centre at 73%, as against the profile of all users of mental health day services at 63.8% and the general population of males in Haringey 51%. Some disproportionate impact therefore is likely for men. Refer table 2.2.2;
- There is a significant overrepresentation of people with mental health issues from a Black or Black British ethnic background using the day centre (52.3%) as against the profile of all users of mental health day services (41.1%) and the when compared to the profile in the general population (20.0%). Therefore there will be disproportionate impact on Black or Black British people. Refer table 2.2.3;
- As regards 'Disability', all users with mental health issues that use the day service 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, Moderate and Low.

- No disproportionate impact was identified in respect of ‘Religion’ (refer table 2.2.4), ‘Marriage or Civil Partnership’ (refer Table 2.2.7); or ‘Sexual Orientation’ (almost all users accessing day services identified themselves as heterosexual). No residents currently accessing services identified themselves as going through ‘Gender Reassignment’. In terms of ‘Pregnancy and Maternity’, two women using the centre identified that they have nursed a baby (in the last 12 months) – refer Table 2.2.6

Table 2.2.1 Age of mental health users (684 Centre)

Age group	684	684 profile	Haringey Borough Profile (all mental health users using day services)	Haringey Borough Profile (all adults)*
18-19y	0	0.0%	0%	2.6%
20-24y	5	3.8%	0.6%	9.0%
25-29	10	7.7%	5.4%	13.2%
30-34	14	10.8%	12.1%	14.1%
35-39	11	8.5%	10.0%	12.1%
40-44	16	12.3%	14.4%	11.3%
45-49	28	21.5%	18.3%	9.3%
50-54	17	13.1%	14.0%	6.6%
55-59	18	13.8%	11.9%	5.3%
60-64	6	4.6%	7.9%	4.5%
65-69	2	1.5%	3.1%	3.5%
70-74	2	1.5%	1.5%	3.2%
75-79	1	0.8%	0.4%	2.5%
80-84	0	0.0%	0.4%	1.5%
85-89	0	0.0%	0.0%	0.9%
90+	0	0.0%	0.0%	0.5%
TOTAL	130	100.0%	100.0%	100.0%

Table 2.2.2 Sex of mental health users (684 Centre)

Sex	684	684 profile	Haringey Borough Profile (all mental health users using day services)	Haringey borough profile - general population
Male	95	73%	63.8%	51%
Female	35	27%	36.3%	49%
TOTAL	130	100%	100%	100%

Table 2.2.3 Race of mental health users (684 Centre)

Race	684	684 profile	Haringey Borough Profile (all mental health users using day services)	Haringey borough profile - general population
White British	34	26.2%	45.3%	45.3%
White Irish	2	1.5%	4.3%	4.3%
<i>White Greek / Cypriot</i>	6	4.6%		
<i>White Turkish</i>	4	3.1%		
<i>White Gypsy</i>	0	0.0%		
<i>White Irish Traveller</i>	0	0.0%		
<i>White Turkish/Cypriot</i>	2	1.5%		
<i>Kurdish</i>	0	0.0%		
<i>White Other</i>	0	0.0%		
Other White	12	9.2%	16.1%	16.1%
Subtotal white	48	36.9%	65.6%	65.6%
White and Black Caribbean	1	0.8%		1.5%
White and Black African	0	0.0%		0.7%
White and Asian	0	0.0%		1.1%
Other Mixed	1	0.8%		1.3%
Subtotal mixed/white	2	1.5%	5.3%	4.6%
Asian or Asian British Indian	4	3.1%		2.9%
Asian or Asian British Pakistani	1	0.8%		1.0%
Asian or Asian British Bangladeshi	0	0.0%		1.4%
Asian or Asian British East Asian African	0	0.0%		
Asian or Asian British Other	3	2.3%		1.6%
Asian or Asian British	8	6.2%	4.2%	6.7%
Black or Black British Caribbean	46	35.4%		9.5%
Black or Black British African	19	14.6%		9.2%
Black or Black British Other	3	2.3%		1.4%
Black or Black British	68	52.3%	41.1%	20.0%
Chinese	0	0.0%		1.1%
Other Ethnic Group	4	3.1%		2.0%
Chinese or Other Ethnic Group	4	3.1%	4.2%	3.1%
Not stated/not known	0	0.0%	2.1%	
TOTAL	130	100%	100%	100%

Table 2.2.4 Religion of mental health users (684 Centre)

Religion	684	684 profile	Haringey Borough Profile (all mental health users using day services)	Haringey Borough Profile (all adults)*
Buddhism	1	0.8%	0.2%	1.1%
Christian	22	16.9%	16.5%	50.1%
Hindu	1	0.8%	0.6%	2.1%
Jewish	1	0.8%	1.5%	2.6%
Muslim	11	8.5%	4.4%	11.3%
Sikh	1	0.8%	0.4%	0.3%
Non-religious	0	0.0%	3.1%	20.0%
Other religions	1	0.8%	2.3%	0.5%
Not stated	92	70.8%	71.0%	12.1%
TOTAL	130	100.0%	100%	100%

Table 2.2.5 Sexual orientation of mental health users (684 Centre)

Sexual Orientation	684	684 profile	National data *
heterosexual	117	90.0%	94.5%
bisexual	0	0.0%	0.5%
gay	0	0.0%	1.0%
lesbian	0	0.0%	0.5%
Other		0.0%	0.5%
Not disclosed / Unknown	13	10.0%	3.0%
TOTAL	130	100%	100.0%

* Office for National Statistics, Integrated Household Survey, September 2010

Table 2.2.6 Maternity and Pregnancy of mental health users (684 Centre)

Maternity and Pregnancy	684	684 profile
Number of clients who are pregnant	0	0.00%
Number of clients are nursing a baby within last 12 months	2	1.54%
TOTAL	2	

Table 2.2.7 Marital status of mental health users (684 Centre)

Marital Status	684	684 profile
Married	3	2.3%
Married but not living together	0	0.0%
Same sex civil partnership	0	0.0%
Co-habiting (heterosexual or same-sex relationship)	0	0.0%
In a relationship but not living together (heterosexual or same-sex relationship)	1	0.8%
Single	96	73.8%
Not known	30	23.1%
TOTAL	130	100.0%

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

2.3 OLDER PEOPLE

2.3.1 Age

The nature of day services 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 using day services

2.3.3 Race

Older People from a Black and Black British ethnic background are over-represented in terms of living in Council-run day services for older people. There are higher numbers of people of non-white backgrounds living in the East of the borough – where The Grange, Woodside and The Haven are located.

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](#).

¹ [Haringey Borough Profile 2010](#)
EQIA – 21/9/2011

2.3.5 Religion

No disproportionate impact identified

2.3.6 Gender Reassignment

No disproportionate impact identified

2.3.7 Sexual Orientation

No disproportionate impact identified

2.3.8 Maternity and Pregnancy

No disproportionate impact identified

2.4 MENTAL HEALTH

2.4.1 Age

There is a higher proportion of people aged 45-59 accessing services at 684 Centre. It is assumed this reflects the level of structured support people need the longer they have lived with a mental health issue, particularly where for example employment cannot be sustained as a result of chronic mental health problems. National data suggests that there is overall greater prevalence of psychotic disorders between the ages of 30-54 when compared to younger and older age groups².

2.4.2 Sex

There are higher numbers of men accessing the day service (73%), much higher than their profile in the general population. This can be further explained when considering race with sex (see 2.4.3 Race below).

2.4.3 Race

There are higher numbers of Black and Black British accessing the 684 Centre. Nationally, the prevalence of psychotic disorders amongst Black and Black British men, is significantly higher than in the general population – 3.2% as against 0.5% in the general population³. The profile of people who access 684 Centre by race, reflects the national picture, in particular because of the high number of people from a non-white background who live in the east of the Borough.

2.4.3.1 Table showing breakdown of race and gender for people accessing 684 Centre

Race	Female	Male	Grand Total
White British	8	26	34
White Greek / Cypriot	1	5	6
White Irish		2	2
White Turkish	1	3	4
White Turkish/Cypriot	2		2
White and Black Caribbean		1	1
Other Mixed (please specify)		1	1
Asian or Asian British Indian	1	3	4

2 http://www.lho.org.uk/LHO_Topics/Health_Topics/Diseases/MentalHealthPrevalence.aspx#1

3 NHS Information Centre (2009). *Adult psychiatric morbidity in England 2007*. <http://tinyurl.com/apms2007>

Asian or Asian British Other (please specify)	2	1	3
Asian or Asian British Pakistani	1		1
Black or Black British African	7	12	19
Black or Black British Caribbean	11	35	46
Black or Black British Other (please specify)		3	3
Other Ethnic Group (please specify)	1	3	4
Grand Total	35	95	130

2.4.3.2 Table showing breakdown of race and gender for people accessing 684 Centre

Race	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	Grand Total
White British	1	1	3	3	3	9	6	5	2			1	34
White Greek / Cypriot		1	1			1		2		1			6
White Irish					1			1					2
White Turkish					1	3							4
White Turkish/Cypriot			1			1							2
White and Black Caribbean				1									1
Other Mixed (please specify)	1												1
Asian or Asian British Indian				1		1		1	1				4
Asian or Asian British Other (please specify)			1			1		1					3
Asian or Asian British Pakistani			1										1
Black or Black British African		5	1	2	3	5		2			1		19
Black or Black British Caribbean	2	2	6	4	7	6	9	6	2	1	1		46
Black or Black British Other (please specify)		1					2						3
Other Ethnic Group (please specify)	1				1	1			1				4
Grand Total	5	10	14	11	16	28	17	18	6	2	2	1	130

2.4.3.3 Table showing breakdown of race, age and gender for people accessing 684 Centre – males

Race (Male)	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	Male Total
White British	1	1	2	2	3	7	4	4	1			1	26
White Greek /		1	1					2		1			5

Cypriot														
White Irish					1			1						2
White Turkish					1	2								3
White Turkish/Cypriot														
White and Black Caribbean				1										1
Other Mixed (please specify)	1													1
Asian or Asian British Indian				1				1	1					3
Asian or Asian British Other (please specify)			1											1
Asian or Asian British Pakistani														
Black or Black British African		4		2	2	4								12
Black or Black British Caribbean	2	1	4	1	6	5	8	4	2	1	1			35
Black or Black British Other (please specify)		1					2							3
Other Ethnic Group (please specify)	1				1	1								3
Grand Total	5	8	8	7	14	19	14	12	4	2	1	1	1	95

2.4.3.4 Table showing breakdown of race, age and gender for people accessing 684 Centre – females

Race	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	70-74	Female Total
White British		1	1		2	2	1	1		8
White Greek / Cypriot					1					1
White Irish										
White Turkish					1					1
White Turkish/Cypriot		1			1					2
White and Black Caribbean										
Other Mixed (please specify)										
Asian or Asian British Indian					1					1
Asian or Asian British Other (please specify)					1		1			2
Asian or Asian British Pakistani		1								1
Black or Black British African	1	1		1	1		2		1	7
Black or Black British Caribbean	1	2	3	1	1	1	2			11
Black or Black British Other (please specify)										

Other Ethnic Group (please specify)								1		1
Grand Total	2	6	4	2	9	3	6	2	1	35

2.4.4 Disability

All people with mental health issues who access 684 Centre 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](#).

2.4.5 Religion

No disproportionate impact identified

2.4.6 Gender Reassignment

No disproportionate impact identified

2.4.7 Sexual Orientation

No disproportionate impact identified

2.4.8 Maternity and Pregnancy

No disproportionate impact identified

Step 3 - Assessment of Impact

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

	Increase barriers?	Reduce barriers	No change
The Haven	X		
The Grange	X		
Haynes	X		
Woodside	X		
684 Centre	X		

3.1 Summary of impact of current proposals – older people

3.1.1 Impact on Age:

As the main focus of all Council run day services 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 day services for older people are women, who outnumber men approximately 2:1. At the two day services that specialise in dementia (the Grange and Haynes), there is a slight gender imbalance, however the proposed changes would have the greatest adverse impact on women attending Woodside.

3.1.3 Impact on Disability:

All users in Council run day services 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, with the exception of Black and Black British where significantly more adverse impact has been identified.

3.1.5 Impact on other protected characteristics: There is no adverse impact identified in respect of the other protected characteristics – that is: religion, 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+.

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

3.2 Summary of impact of current proposals – mental health

3.2.1 Impact on Age:

There would appear to be a disproportionate impact of the proposals on people aged between 45-59 accessing the day services.

3.2.2 Impact on Sex:

The main users of the 684 day centre are men, who outnumber women approximately 3:1.

3.2.3 Impact on Disability:

All users of Council run day services, including 684 Centre for 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 mental health issues there is also a strong correlation with socio-economic status. Hence factors such as poverty, diet, poor living conditions, poor access to health services for people with mental health issues can be a contributory factor to this.

3.2.5 Impact on other protected characteristics: There is no adverse impact identified in respect of the other protected characteristics – that is: religion, sexual orientation, gender reassignment, marriage and civil partnership, and pregnancy and maternity.

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

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

Having listened to the consultation that took place on the proposed closures from 31st January 2011 to the end of March 2011, we understand just how much people value the day opportunities services and what the effect on service users and their family carers would be were these services to close in totality. Further to the Cabinet decision of 21st December 2010, which agreed an “in principle” decision for the proposed closure of the day services, and as a consequence of the consultation feedback and this Equalities Impact Assessment, we are therefore proposing to make some amendments to the original proposal. These are set out below

**3b.1 The Haven Day Opportunities Centre for older, frail adults
- propose re-configuration**

Currently the Haven Day Centre offers day opportunities for frail, older people. It is planned that The Haven Day Centre should remain open Monday to Friday, but that it should be transformed into a resource centre for adults where each service user will be in receipt of a personal budget by April 2013.

It is proposed that The Haven will also provide short-term day care for socially isolated older people recently discharged from hospital, should that need be assessed, as part of the time-limited six-week reablement service, in order to maximise their confidence and ultimate independence, including a falls assessment and a toe-nail cutting service. This element of the service will not be subject to a financial assessment, in common with the rest of the reablement service.

**3b.2 The Grange/Haynes (East Haringey/West Haringey) Dementia Day Opportunities Centres for older adults
- propose not merging the two centres**

It is now planned that the services currently operating from the Grange and Haynes sites do not combine on one site, as previously proposed, but continue on both sites. The number of places each day (15 on each site) will be maintained and there will be the capacity to increase numbers on the Haynes site in the future, once demand rises. Following a review of their needs, any users from Woodside day centre who could benefit from such a service will transfer to one of the services in question or will have their service offered in another pattern, funded by an individual budget. This will enable future capacity for dementia day care places to be maintained, in view of the projected increasing levels of dementia in the population generally (Living well with dementia: A national dementia strategy) and will minimise disruption to established patterns of service provision for the cognitively impaired service users and their family carers.

**3b.3 Woodside Day Centre
- proposal still to close**

Close the day centre as previously proposed, by end March 2012. To that end, cease all referrals to the service with immediate effect. All current users to receive a review of their care and support needs with a view to moving on. Such needs may be met in a variety of ways in the future, including provision of an alternative service

in either The Haven, The Grange or The Haynes Centre, depending on their assessed support needs and their wishes.

3b.4 684 Centre - proposal still to close

Close the 684 Centre as proposed. Current service users will be able to continue to have a service in Clarendon Centre and also in The Haven (see above), once suitable days have been identified. The service at The Clarendon Centre will be reviewed, and will have a separate EqIA, and it is anticipated that a more focused, outreach model will be put in place which will be designed to support the combined 684/Clarendon service user group.

3b.5 Out-source the reconfigured day opportunities service at The Haven; The Grange; and The Haynes to appropriate voluntary sector providers by April 2013

In relation to all day opportunities centres, including as a minimum The Haven, Grange and Haynes Centres, it is planned that, by April 2013, these services will be commissioned, as appropriate, to a not-for-profit, value for money provider in the voluntary sector who has experience of providing social care services of a good standard, following a tendering exercise managed by the Council Procurement Service. It is planned that all staff in post at the time will transfer with the service under TUPE. This element of the plan will be the subject of a separate consultation exercise and Equality Impact Assessment with staff, trade unions, users and relatives. The time of transfer will coincide with that of all service users in social care having to have an individual budget.

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, Haringey User Network 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

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 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 day 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 including as follows:

Page	Page views
Budgetconsultation/general	995
budgetconsultation/daycarecentres	428

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 survey for day care centres where participants could 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 the Alexandra Road Crisis Unit as well as one for day centres 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). 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 note 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.

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 for Cabinet decisions for residential homes, day centres and the Alexandra Road Crisis Unit and pointing to, the opportunity to make representation and 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, including over 50 in the case of Day Centres.

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 (some 20+ in the case of the day centres) 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 for all of the proposed closures of homes, centres and the Alexandra Road Crisis Unit:

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

Reminders

We also issued a reminder about the consultation (and the time remaining for people to have their say) midway through the consultation and have advised that, though, our three-month consultation, launched in January 2011, has now ended,

consultation is an ongoing process and people can make further representation to Councillors when they are making their final decisions.

Partnership working

Community and voluntary sector

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

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.

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 about the proposed changes to homes, ARCU and the day centres 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.

Consultation – General Summary of what people said

Impact for users, relatives and carers

Those who attended meetings or who wrote in 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 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 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 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 were concerned that the personalisation agenda was being used to justify the proposal and some respondents said the money was not the important issue for them; it was the socialisation and company.

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 proposals for Day Care Centres

The views were fairly uniform across the Centres.

It was said that these services provided a ‘life line’ for those who used them, ‘meant the world to them’ and that many people would be isolated, lonely or lose the only significant social contact they had without others and that they would have nowhere else to go. Close relatives too, it was said, would struggle to get a break. People also considered that without the monitoring of vital signs and regular contact of staff in these centres, the physical and mental health of older service users and those with mental health issues, could worsen as service users could come to harm through neglecting to eat properly or take their medication leading to more demands on social care and health services.

A number of people said that alternatives such as the Clarendon for day centres users or Recovery Houses or wards for those with mental health issues would have a very different feel about them or fail to adequately enough meet their needs. Some 684 users spoke highly of the Clarendon or were glad the council was taking stock. Others suggested the possibility of other more affordable venues.

Stability was seen as important for people with dementia. Moreover, people with dementia, it was said, needed a stimulating environment and active and stable relationships and skilled staff that these centres offered. None of which, it was

argued, could be sourced in the independent sector or provided in people's homes. People pointed to dementia numbers being on the rise

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

Woodside Day Centre

Several people said how the centre and being with others had totally transformed the lives of their loved ones and led to an improvement in their well-being. There were worries that there was no direct equivalent in the private or independent sector in (or in the vicinity of) Tottenham. People pointed to how Woodside "catered for a different set of people" citing the high level of dementia among users there and the excellent 1:1 support.

684 Centre

684 Centre respondents said that the Centre had given people skills to cope and was financially and otherwise successful and the queue to use the centre "sometimes out the door". Some spoke of how it was more structured and routine at 684 than at places like the Clarendon.

Haynes/Grange

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

As carers of people with dementia, the Haynes Relatives Support Groups objections were that the proposed merger of the Haynes and the Grange (and the closure of Woodside Day Centre) was contrary to the interest of people with dementia and their carers and would be harmful to them. They argued that doubling the numbers in the Haynes Centre to 30 per day would result in overcrowding and compromise the quality of care, even if staffing ratios were deemed appropriate. They cited a 1992 planning and design guide published by the Alzheimer's Society recommending a maximum of 16 clients per day.

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

The Haven

As for the proposed closure of the Haven, the centre was seen as vital to maintaining the health and quality of life of older and disabled residents of the Borough. It was said that it was a unique "specialist unit" and the only centre

providing this type of service in the Borough and that one could not put a value on the “emotional support” people there received. Staff were said to “go the extra mile” and “provide the kind of care that family could not give”. Re-provision proposals amounting, it was said, to 3 hrs additional homecare per week were not seen as a substitute for the care users of services currently received. One person indicated that they were wheelchair bound and found transport to other places too difficult for them. Others said it should bring in volunteers or that the Haven could and should take the extra capacity resulting from other closures.

Questionnaire Responses

A total of 191 responses were received about proposed changes to adult services, 68 of them about the proposed closure/merger of day centres. Detailed results for day centres are attached as appendices to this report;

About the respondents:

- **Day centres** – 60% stated that they used one of the council-run day care centres. Just under a fifth of respondents were relatives or carers of someone who used the centres and just under 1 in 10 described themselves as members of the public and 6% were health or social care professionals or working in the independent sector. There was a high response rate from users of the Haven (40 people or some 59% of respondents) and not surprisingly given the nature of the centres, much lower percentages for the Haynes and the Grange.

Some of the analysis that has been drawn out:

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

Day centres	
Opposed, strongly opposed	82%
Support, strongly support	10%
Neither	8%

Any differences in views between the different day centres are within accepted tolerances or in the case of the Haven can be accounted for by the high number of returns.

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

Sector	Yes	Not Sure	No
Centre	78%	9%	13%

Asked what factor(s) councillors should take into account when making their final decision, 80-90% of day centre respondents thought continuity of care and quality of care the most important factors.

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

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

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

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

For Day Centre respondents, lunch clubs/other meals and social activities and transport and trips were the services that they rated as 'most important'. Hairdressing was the least important to respondents followed (in ascending order) by foot care/healthcare and art/craft activities.

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

Day centre respondents said somewhere to meet others in safety and social activities were viewed by over 80% of drop-in respondents as the things that most enabled them to remain independent and active.

Day Centres			
	1 (96%) Safe place to go	4 (75%) Meals	7 (49%) Art/craft activities
	2 (84%) Social Activities	5 (60%) Break for relative and carers	8 (31%) Health/foot care
	3 (78%) Transport	6 (54%) Refreshments	

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

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

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

In the case of the 50-plus per cent of day care respondents who said other, a good many said things should stay as they are.

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

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 centres. People will not therefore be on their own. Moreover, we have allowed sufficient time after any decision to ensure that, if the decision is taken to close a 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.

Should Cabinet approve the proposed closure of centres that remain recommended for closure (Woodside, 684 centre), or where the proposal recommends remodelling of services (The Haven) to expand its usage, instead of the Council directly providing the services in question, they will be bought from another external provider or supplied via a personal budget as appropriate to the person's needs. All people requesting or requiring a day service will continue to receive one and this will remain the priority. The in-house service would be replaced by greater use of personal budgets (personalisation) and/or increase in community care packages for users, including home care and meals on wheels.

We will be working with those users, their families and carers to identify alternative forms of service provision which most closely matches assessed needs. Woodside Day Centre/684 Centre - individuals will be reviewed, reassessed and considered either for another mental health day care facility or personal care provision as an alternative to Woodside/684, as appropriate. The Haven – individuals will be reviewed, reassessed and offered alternative day care or personal care provision, as appropriate to their needs.

We extended the date of the Cabinet decision around day centres in order to complete the individual reviews that would help inform that decision.

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. Indeed, we have carried out individual reviews of day centre users in order to help inform this decision

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 notifying them of the timetable of the Cabinet decision on day centres, that people could make representation at that meeting 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.

The final proposals will be notified to users of services, their carers and other stakeholders after the Cabinet meeting on 4th October 2011.

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 and delivery of services directly, or through the market development function and, where appropriate, some private organisations, must have received up to date, full, equalities training. This will be identified as a key action in section 8.

Units that are being remodelled will need a training needs analysis to identify any skills gaps to ensure that there will be an appropriate skill set to delivery services differently and to different client groups. 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. Day centre providers will need to increase their monitoring the register of attendees to ensure there is an accurate picture of who is attending, and where people stop attending, being clear on the reasons why.

▪ ***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 the 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 and will include increased monitoring of achievement the outcomes of for service users who attend.

▪ ***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.

Step 7 - Summarise impacts identified

Unit	Age	Ethnicity	Disability	Gender	
The Grange	Disproportionate impact on the 'very old' – more 34.8% of users are aged over 85	Disproportionate number of Black British users (60.9% versus 20% in the Borough Profile)	All users are disabled	No disproportionate Impact identified*	No disproportionate Impact identified with regard to religion, sexual orientation and the other protected categories
Haynes Centre	Disproportionate impact on the 'very old' – more 44.8% of users are aged over 85	No disproportionate Impact identified*	All users are disabled	No disproportionate Impact identified*	
The Haven	Disproportionate impact on the 'very old' – more 33.3% of users are aged over 85	Disproportionate number of Black British users (50.0% versus 20% in the Borough Profile)	All users are disabled	No disproportionate Impact identified*	
Woodside	No disproportionate Impact identified*	Disproportionate number of Black British users (31.0% versus 20% in the Borough Profile)	All users are disabled	78.6% of users are female, much higher than the the overall proportion across Council provision and against the Borough profile of people over 60 years of age.	
684 Centre	Higher proportion of people aged 45-59 accessing the service	Disproportionate number of Black British users (52.3% versus 20% in the Borough Profile)	All users are disabled	There is an over-representation of males attending the centre – 73% compared to 51% in the Borough Profile.	

* **'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.

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 day services for older people, including for dementia.	<p>Proposal amended as follows:</p> <ul style="list-style-type: none"> • Keep open the Haven Day Centre, however transformed to resource centre for adults with mental health issues as well as older people. • The Grange and Haynes Centre to remain separate services for older people with dementia • People who currently access Woodside, to be offered alternate services 	Head of Prevention Services	Ongoing	Existing resources
Black and Black British adults aged 18 and over, with a primary diagnosis of functional mental health issues, ensure access to appropriate day services for mental health, as part of recovery model	<ul style="list-style-type: none"> • Identifying non-traditional day service options and improving take-up of personal budgets • Remodelling of Clarendon Centre to ensure service offer includes for example outreach service. • Commissioning more services in the independent sector • Developing a diverse market in services 	<p>Head of Prevention Services</p> <p>Head of Adult Commissioning</p>	<p>Ongoing</p> <p>Ongoing</p>	Existing resources
Remodelling of Clarendon Day Service.	<ul style="list-style-type: none"> • Consultation with service users and staff at Clarendon Centre over remodelling proposals • Complete EqIA • Implement new service model once finalised. 	<p>Head of Prevention Services</p> <p>Head of Adult Commissioning</p>	October 2011 – March 2012	Existing resources
Capacity within services	<ul style="list-style-type: none"> • Analysis of capacity across The Haven, and Clarendon to ensure availability to users of services that are closing. 	<p>Head of Prevention Services</p> <p>Head of Adult Commissioning</p>	October 2011 – March 2012	Existing resources
Improve equality monitoring in relation to transformed services	<ul style="list-style-type: none"> • Ensure that all services users in transformed services are fully equality monitored against the Equality Act 2010 categories 	Heads of Services	Ongoing	Existing resources

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.

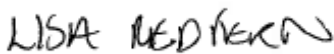
When and where do you intend to publish the results of your assessment, and in what formats?

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

Assessed by (Author of the proposal):

Name: Lisa Redfern

Designation: Deputy Director, Adult and Community Services

Signature: 

Date: 13th September 2011

Quality checked by (Equality Team):

Name: Arleen Brown

Designation: Senior Policy Officer


Signature: A.J.Brown

Date: 30.8.11 returned for amendments & final queries 6.9.11

Sign off by Directorate Management Team:

Name: Lisa Redfern

Designation: Deputy Director, Adult and Community Services

Signature: 

Date: 13th September 2011