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

### **Introduction**

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

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

### **Personalisation**

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

*“In line with the Putting People First programme, the Council is committed to delivering personalised care through self-directed support, with the aim of ensuring that vulnerable adults have greater choice, control over their care, and over their lives. The proposed changes are designed to respond to the changing needs of older people, people with learning disabilities and those with mental health needs by providing more cost effective, individualised care and support packages, with the aim of ensuring they are able to live more independently in the community.”*

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

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

The current government has published a document called *Think Locally, Act Personally* in which it states that it wants all service users to be on an individual budget by 2012/2013, with direct payments being the “preferred” mode of delivery. The key point here is that direct payments cannot be used to purchase in-house services, so this is clearly part of the government’s plan to eradicate

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

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

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

### **Alexandra Road Crisis Unit**

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

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

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

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

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

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

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

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

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

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

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

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

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

## **684 Centre**

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

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

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

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

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

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

## **Home Care**

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

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

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

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

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

### **Residential Care Homes**

#### **Whitehall Street**

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

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

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

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

As with all the other staff groups we spoke to, the main concerns that staff in these services had were for the residents. They were particularly concerned about where the residents are going to go and the effect that the proposals are having on them now. They are becoming extremely anxious and upset, and some of them are trying to pack suitcases because they think they have to leave. Staff have worked extremely hard to build up relationships with them, to develop their confidence and self-esteem, and to improve their physical and mental health – all of this will be lost. The impact of moving home on older people’s health and wellbeing can be severe, and management need to take this into consideration.

## **Drop-in Centres**

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

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

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

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

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

## **Day Centres**

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

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

The centres provide regular monitoring of clients, and staff can often identify any changes at an early stage and inform the relevant professional or make a referral to an appropriate service. Staff make efforts to contact users (or their carers/next-of-kin) if they do not come in to the centre. If the centres close, there will be no-one to do this and there will be the clear risk of vulnerable people declining, or perhaps having a fall or suddenly becoming ill at home, without anyone being aware of this until it is too late.

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

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

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**UNISON**