

**Report for:** Cabinet on 10<sup>th</sup> November 2015

**Item number:** 8

**Title:** Corporate Plan Priority 2 - Outcome of Consultation and decision on proposals relating to adult services

**Report authorised by:** Zina Etheridge, Deputy Chief Executive

**Lead Officer:** Beverley Tarka, Director of Adult Social Services

**Ward(s) affected:** All

**Report for Key/  
Non Key Decision:** Key Decision

## **1. Describe the issue under consideration**

**1.1.** On 16<sup>th</sup> June 2015, Cabinet approved consultation proposals to:

- a) Increase the Council's capacity to provide re-ablement and intermediate care services by:
  - I. The closure of Osborne Grove Nursing Home and changing its use to an intermediate care service OR to continue with the current provision but to include a re-ablement care service and deliver the service through an external provider;
  - II. The closure of the Haven Day Centre and change of its use to a community re-ablement centre delivered by an alternative provider; and
  - III. Transfer of the Re-ablement Service to an external provider;
- b) Increase capacity to provide Supported Living Accommodation and Shared Lives schemes by:
  - I. The closure of Linden House residential home; and
  - II. Transferring the Share Lives Service to a social enterprise model.
- c) Increase the flexibility and availability of day services by:
  - I. The closure of Roundways, Birkbeck Road and Always Day Centres;
  - II. The delivery of a new model of day opportunities for adults with learning disabilities from Ermine Road Day Centre, through a social enterprise; and
  - III. The closure of the Grange Day Centre and delivery of dementia day services from the Haynes Day Centre through a social enterprise model.

Between 3<sup>rd</sup> July 2015 and 1<sup>st</sup> October 2015, there was public consultation on the proposals.

**1.2.** Cabinet is asked to consider: the feedback from the consultation in Appendices 1 and 2; the Equalities Impact Assessments of the proposals in Appendices 6-12; the analysis of the issues contained in this report and the additional

Appendices 13-17; the legal duties in section 8 and then to make a decision on the proposals and to approve the recommendations set out in section 3.

- 1.3.** In addition to the consultation, the Council has been working with a range of stakeholders including service users, family carers, advocates, staff and providers to co-design the future service model for day opportunities for people with learning disabilities, older people and those with dementia. Over the summer, in a process facilitated independently, stakeholders have identified a set of principles and outcomes that would help to inform the future service models. The full reports from the co-design process are in Appendices 3-5. Cabinet is also asked to consider and approve the plans to implement the proposals and for the future service models which are informed by the feedback from the consultation and the findings from the co-design process with stakeholders.

## **2. Cabinet Member Introduction**

- 2.1** Haringey Council is fully committed to:
- Working with service users and their families and carers in the design of services.
  - Meeting our statutory responsibilities to continue to provide services that meet the assessed needs of adults.
  - Safeguarding adults at risk.
- 2.2** There is significant need for change resulting from the Care Act 2014, as well as the financial pressures which the Council faces following the government's changes to local authority funding. In response to the increasing need for change the Council is proposing to change the way that some parts of the service are currently delivered, to ensure that the Council is able to reach and fairly support all adults in need of social care and ensure they are given the best opportunity to gain or retain independence.
- 2.3** The Council will work closely with the community, other service providers, and carers and most importantly, with the people who use adult social services, to ensure they are able to access the right help at the right time. The Council will focus on prevention and early intervention by providing access to high quality information, advice and support to empower all adults to live healthy, long, fulfilling lives; with access to high quality health and social care services when people are assessed as needing them. This new focus will ensure that the Council delivers the optimum level of support, being flexible and responsive when needs fluctuate.
- 2.4** The Council understands how valuable our services are to individuals and the differences the services provided have made for families and carers. However, the demand for Adult Social Services is increasing and we are facing significant reductions in budgets following the government's changes to local Council funding. To meet these financial challenges and the changes to legislation, the Council needs to transform the delivery of care and support.

## **3. Recommendations**

- 3.1. To consider and take into account the detailed feedback from the consultation undertaken.
- 3.2. To consider and take into account the equalities impact assessment of the proposals on protected groups.
- 3.3. To consider and take into account the actions proposed to mitigate the impact of the proposals on the protected group i.e. service users.

Having considered the above recommendations, to agree the following:

- 3.4 To increase the Council's capacity to provide re-ablement and intermediate care services by:
  - a) The retention of Osborne Grove as a nursing and residential provision and developing re-ablement and intermediate care provision on site. This provision to be managed by an NHS provider through a statutory partnership arrangement.
  - b) The closure of the Haven Day Centre and changing the use of the premises to a community re-ablement centre delivered by an alternative provider. The commissioning of the new re-ablement service to be informed by the co-design principles and outcomes set out at 3.10 below and service users and carers to be involved in the production of the service specification. The new community re-ablement centre to be commissioned as part of the Intermediate Care Strategy, being developed jointly by the Council and the Haringey Clinical Commissioning Group, as part of an overall approach which builds re-ablement capacity for individuals, services and communities
  - c) The transfer of the Council in-house Re-ablement Service to an external provider following further engagement with staff and the Trade Unions in line with existing protocols, and a procurement process.
- 3.5 The closure of the Haven Day Centre to be subject to an implementation plan that includes a) engagement with all stakeholders including service users and carers, b) the re-assessment or review of the care and support needs of service users with a view to identifying suitable alternative provision to meet assessed needs, c) the assignment of a Personal Budget Support Co-ordinator to support service users to access other day opportunities and d) a transition plan that is sensitive to the needs of service users, mitigates the impact of the closure, ensures the process of change is safely handled and the care and support needs of the service users continue to be met.
- 3.6 To expand the Council's capacity to ensure Supported Living Accommodation and Shared Lives schemes by:
  - a) The closure of Linden Road Residential Care Home; and
  - b) The delivery of the Council's in-house Shared Lives Service through an alternative provider and following a procurement process. This is to ensure

that the expansion of the scheme is delivered and that the benefits are felt throughout the system.

- 3.7** The closure of Linden Road Residential Care Home to be subject to an implementation plan that includes a) engagement with all stakeholders including service users, families/carers and independent advocates (where necessary), b) the re-assessment or review of the care and support needs of service users with a view to identifying suitable supported living accommodation or other alternative provision to meet assessed needs and c) individual transition plans that are sensitive to the needs of service users, mitigate the impact of the closure, ensure the process of change is collaborative, safely handled, in the best interest of the service user and enable their care and support needs to continue to be met.
- 3.8** To increase the flexibility and availability of day services within the borough by:
- a) The closure of the Roundways, Birkbeck Road and Always Day Centres for adults with a learning disability;
  - b) The provision of a new and expanded day opportunities for adults with learning disabilities (including those with complex needs and autism) from Ermine Road Day Centre and through an alternative provider;
  - c) The closure of The Grange Day Centre; and
  - d) The provision of a new model of day opportunities for older people and those with dementia from The Haynes Day Centre through an alternative provider.
- 3.9** The closure of the Roundways, Birkbeck Road, Always and The Grange Day Centres to be subject to an implementation plan that includes a) engagement with all stakeholders including service users and carers, b) the re-assessment or review of the care and support needs of service users with a view to identifying suitable alternative provision to meet assessed needs, c) the assignment of a Personal Budget Support Co-ordinator to support service users to access other day opportunities and d) a transition plan that is sensitive to and mitigates the impact of the closure and ensures the process of change is safely handled and that the care and support needs of the service user continue to be met.
- 3.10** To adopt the following principles and outcomes developed through the co-design process for the delivery of the future service models for day opportunities for people with learning disabilities, older people and people with dementia:

#### Principles

- a) Quality monitoring of all activities and services in Haringey
- b) Accessible and up to date information about activities and services
- c) Mobilising community volunteering and supporting this with infrastructure
- d) Working with providers so staff are well paid
- e) Working with providers to encourage staff development

- f) User, partner and staff involvement in the development and delivery of opportunities
- g) Enabling service users to lead a fulfilling life
- h) Working with the market to develop a breadth of opportunities that meet the needs of a range of individuals and provide choice
- i) Developing availability of sustainable opportunities

#### Outcomes

- a) Expanding out the availability of services in the wider community
  - b) Information about services that are available
  - c) Development of a travel programme to enable access to opportunities
  - d) Help with personal assistants to provide help and support
  - e) Enabling remaining centres to work as hubs for needs of wider community
  - f) Alternative methods of service delivery to be explored
  - g) Support for people with Personal Budgets
- 3.11** Using the principles and outcomes above, to develop with stakeholders including users and carers, a service model upon which officers will base the specification for day opportunities for adults with a learning disability to be delivered from Ermine Road Day Centre and for day opportunities for older people and those with dementia to be delivered from The Haynes.
- 3.12** To tender the service for day opportunities for adults with learning disabilities based on the co-designed service model and specification, to achieve optimal outcomes for users and to achieve best value.
- 3.13** To tender the service for day opportunities for older people and those with dementia based on the co-designed service model and specification to achieve optimal outcomes for users and to achieve best value.
- 3.14** The implementation of the recommendations set out in 3.4 to 3.13 is delegated to the Director of Adult Social Services in consultation with the Cabinet Member for Health and Wellbeing.
- 3.15** The implementation of the proposals to be monitored and overseen by the Healthy Lives Priority Board and the Transformation Group. (See Governance Section 4.30).

## **4. Reasons for decision**

### **The need for change**

- 4.1.** The traditional role of adult social care is changing. In the past, adult social services centred around assessing people's care needs and providing services to meet those needs. This remains a very important part of what social workers do, but there is increasing recognition that adult social care must do more to support people *before* they need care. In an era where our population is ageing, investing in prevention is key to helping more people to stay healthy and live independently for longer - and it means scarce resources can be used more effectively to support those people who need them most.
- 4.2.** Making the change from a system that reacts when people need acute help to one that supports more people to remain healthy and independent is not an easy task. It takes time and relies on close co-operation between organisations and individuals in health, social care and the wider community. But the benefits of this change are considerable. In Haringey it would help to increase people's quality of life; improve people's health and wellbeing, and develop stronger and more resilient communities.
- 4.3.** The current model for adult social care in Haringey does not do enough to prevent care and support needs escalating, and is unsustainable in the long-term. Last year, for every £3 the Council spent, £1 went on adult social care. Without significant change in how social care is delivered, that figure would rise, resulting in difficulties for the Council in delivering other services such as refuse collections, libraries and parks.
- 4.4.** In Haringey there was a 5.3 percent increase in residents aged over 65 years between 2011-2013. This is great news but there is no doubt that it also places an ever-growing demand on care services. And while demand for services continues to rise, the money available to fund them has reduced. Across the country, there is currently £3.5 billion less in Council social care budgets than there was in 2010. This means that there is a pressing need for Councils to deliver social care differently. The Care Act has widened the scope of statutory duties with an increased emphasis on wellbeing as part of any assessment process. It is therefore important that our approach focuses on prevention and early intervention whilst continuing to meet eligible needs.
- 4.5.** In Haringey, we want to keep people healthy and living in their own homes and communities for longer. We want to see a greater emphasis on promoting independence, dignity and choice - with care and support shifting away from institutional care towards community and home based support.
- 4.6.** This will mean an increase in services like supported living housing, which helps people to maintain their independence in a safe and supportive environment. It will also mean development of schemes like Shared Lives - where carers choose to look after people in their own homes - and community-led programmes like Neighbourhoods Connects, which supports local people to participate in social activities and play a more active role in their community. It will also mean improving the work we do on prevention and early

intervention so that more people are equipped with the information and advice they need to look after themselves and others better. This will help to delay and reduce the need for care in many circumstances, help people to remain independent for longer, and build more resilient communities.

- 4.7. Moving to this more sustainable model of adult social care would help us to reduce demand for services provided at traditional care institutions such as day centres and residential homes.
- 4.8. It would also mean that the Council would deliver fewer services directly, and would instead commission more services from the independent, community and voluntary sectors.
- 4.9. We know that care cannot be approached from a one-size-fits-all perspective, so we will ensure that specialist care services remain available for people with complex care needs. The recommended proposals enable the Council to continue to develop care and support which can be delivered within budget resources.

**Proposal to increase the Council’s capacity to provide re-ablement and intermediate care services.**

- 4.10. The Care Act requires the Council to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will prevent, reduce or delay the need for care and support. The Care and Support Statutory Guidance provides that the care and support system must work to “actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible”.
- 4.11. Re-ablement services are for people with poor physical or mental health to help them adjust to their illness by learning or re-learning the skills necessary for daily living. The Re-ablement Service works closely with an individual for up to six weeks to build up skills, confidence and increase the opportunity for them to care for themselves. The service is for adults who have difficulty managing personal care or daily living tasks, perhaps as a result of illness or a period in hospital, following for example an accident, and have the potential to regain or maintain those independent living skills. This tailored support allows the individual to regain independence and stay in their own home for longer.
- 4.12. Intermediate care is short-term care for people who no longer need to be in hospital and do, however, require extra support to help them recover. It increases the opportunity for individuals to care for themselves and access the support needed to gain independence. The type of support and the duration of support offered will vary according to the assessed needs of the individual.
- 4.13. We want to increase our capacity for re-ablement and intermediate care services to enable more people to live independently in their own homes. Supporting people to live as independently as possible, for as long as possible is a guiding principle of the care and support system.

**4.14.** Residential homes and hospitals provide valuable care for those in need of those services, but with the right support, it is clear that adults would like to be empowered to be healthy and independent in their own homes for as long as possible. Evidence has shown that increasing the facilities and the opportunity for re-ablement services can potentially reduce the need for high cost social care packages in the future through supporting individuals to become independent. An increase in our capacity to provide re-ablement and intermediate care would allow us to support a greater number of people to have the support they need to prevent, reduce or delay the need for care and support.

**Proposal to increase our capacity to provide suitable accommodation that promotes individual well being through expanding Supported Living Accommodation and Shared Lives schemes.**

**4.15.** Under the Care Act, (2014), the Council must promote individual wellbeing; relating to 'domestic, family and personal relationships' and the 'suitability of living accommodation'. The Care and Support Statutory Guidance provides that "Local authorities should encourage a genuine choice of service type, not only a selection of providers offering similar services, encouraging, for example, a variety of different living options such as shared lives, extra care housing, supported living, support provided at home, and live-in domiciliary care as alternatives to homes care, and low volume and specialist services for people with less common needs".

**4.16.** In Haringey we have developed a range of provision for vulnerable people that has a greater emphasis on helping people to continue to live independently at home - maximising their independence and reducing social isolation - and is less reliant on traditional institutions. Working closely with our partners we are increasing the availability of schemes such as Supported Living and Shared Lives – demonstrating how most needs, including complex needs, can be met in the community. Adult social care users in Haringey, including people with complex needs, have told us they would prefer to live as independently as possible in the community where they have the opportunity to exercise greater control over their lives.

**4.17.** Supported Living Accommodation enables adults, who are assessed as being able to live independently, to do so. Individuals can have their own tenancy or choose to share with other eligible adults. Support is tailored to the needs of the individual and supports them with daily living including personal care, taking medication and money management.

**4.18.** Shared Lives is a well established scheme within Haringey Council and nationally. The scheme relies on the participation of the local community, where a family or an individual shares their family home with someone who needs support. The scheme is open to adults with various disabilities that have been assessed as being able to live within the community. It enables such adults to enjoy the independence and support of living with a local individual/family.

- 4.19. In consideration of feedback to the proposals, a broader spectrum of alternative providers will be appraised to ensure the best value for money option is identified to meet the needs of residents and benefit the whole community.
- 4.20. It is more important than ever that we get the most value from our public spending. Commissioning for social value involves looking at the collective benefit to a community when a service is provided.

**Proposal to increase the availability and flexibility of day opportunities within the borough meeting the individual needs of residents.**

- 4.21 The Care Act provides that “the local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market” has a “variety of providers” and “variety of high quality services” to choose from.
- 4.22 Day services provide both respite for carers and opportunities for vulnerable adults to be active and socialise during the day. Haringey is continuing to develop new forms of day opportunities and move away from traditional buildings based services, supporting and increasing opportunities in the wider community. Working with the community and other businesses to develop services will promote more flexibility, availability and opportunity.
- 4.23 We are committed to the priorities set out in *Valuing People Now*<sup>1</sup>, to improve outcomes for people with learning disabilities in employment, housing and health, through person centred approaches and the promotion of personal budgets. All people with learning disabilities have the right to lead their lives like any others, with the same opportunities and responsibilities. The shift from buildings based care to community led support will enable all adults to make informed choices to enable the best outcome for them.
- 4.24 We have to move away from segregated buildings based day opportunities within the borough for people with learning disabilities and to continue to develop access to mainstream activities – these include local leisure educational and employment opportunities. We recognise, however, that people with specific needs will require a centre to support them at particular times and we are proposing to retain the use of Ermine Road Centre as part of the delivery of Learning Disability Day Opportunities in Haringey.

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<sup>1</sup> [Valuing People - A New Strategy for Learning Disability for the 21st Century](#) and [Valuing People Now: Summary Report March 2009 to September 2010](#)

## The Consultation Feedback

- 4.25** Feedback received to the consultation demonstrated that respondents overwhelmingly opposed the proposals. The value of the services currently received was reiterated throughout the consultation responses, with much accolade received for existing staff, facilities and the opportunities provided. The desire to keep services in their current format and directly managed by the Council was repeatedly presented along with feedback of positive outcomes achieved through the existing service provisions.
- 4.26** Concerns raised demonstrated anxiety around the proposed changes and how they might affect individuals and their families/carers, a) mentally (through isolation) b) financially (having to obtain services elsewhere and/or families having to change working patterns to accommodate their loved one), and c) physically (assuring the safety of service users, with appropriately trained staff within alternative provisions).
- 4.27** Appendix 1, *Analysis of the consultation process and results*, summarises the key themes identified through a) responses to the consultation questionnaires, b) correspondence received (letters and emails) and c) staff engagement, to each proposal<sup>2</sup>. The document also provides the full responses received to the consultation.<sup>3</sup>
- 4.28** It is acknowledged that the recommendations will result in a reduction in services directed provided by the Council. The feedback received from the consultation demonstrates the concern for the continuation of high quality of services should services be delivered by an alternative provider. We will select alternative providers to deliver services based on their ability to meet the specification and the commissioned service will be subject to ongoing monitoring as detailed in paragraph 4.29 below.
- 4.29** Also, there will be changes to the established daily patterns of service users and their families/carers. Service users may need to adjust to new environments, new staff and new routines. We will work sensitively with each individual and plan with them, their families/carers, how best to manage any necessary changes.

## Governance and monitoring

- 4.30** There will be monitoring and oversight of the implementation of the recommendations in Section 3 above, through: a) the Strategic Healthy Lives Priority Board (which has oversight of the strategic and operational delivery of the various service proposals); b) the Transformation Group (which provides scrutiny and challenge to the delivery of the Transformation proposals/plans and ongoing monitoring of quality and performance); and c) the Deputy Chief Executive, Director and Lead Member for Health and Wellbeing. This oversight will pay particular attention to the issues raised by consultees which includes potential loss of respite for carers, loss of experienced trained staff, perceived

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<sup>2</sup> Pages 17-45

<sup>3</sup> Page 112-234

increase in safeguarding risk, lack of transitional support for people who find change difficult and lack of clarity about alternative provision. In addition the transformation is subject to scrutiny by the Council's overview and Scrutiny Committee and the Adults and Health Scrutiny panel.

## **5. Alternative options considered**

- 5.1** Before the Council set its budget a consultation exercise was carried out on a wider set of proposals and savings proposals of £5.7 million set against care packages in Adult Social Services. This was considered but not taken forward.
- 5.2** The Council had also considered increasing Council Tax. It was decided that this was not the right thing to do as government funding rules suggest that overall the Council would only receive an additional £600,000 if it raised tax by 2%. This would not be enough to make a substantial difference to the social care budget but would mean that people in Haringey would have to pay more tax which could be challenging for residents.
- 5.3** The Council also considered using its reserves and the Council's Medium Term Financial Strategy does include some use of these reserves. However, the funding reductions are expected to continue for several years and are too high to be fully met from our reserves.
- 5.4** As the Council has set its budget, not making the Adult Social Care savings would be likely to mean that the overall Council budget would fall into deficit (ie expenditure could exceed its available resources). This would result in serious financial difficulty for the Council as a whole and call into question the sustainability of services in the future.
- 5.5** Legislative changes, demographic pressures and budget challenge mean that to continue to provide care and support in the current manner is unsustainable. The way we currently deliver services cannot meet expected outcomes and will not provide equitable services to meet demand.
- 5.6** To increase the capacity to develop services run by the Council would require more resources. The budget to provide adult social care has been reduced and, as such, there are no further resources therefore alternative ways of delivering services must be considered.
- 5.7** Responses to the consultation indicating the level of agreement/disagreement with the proposals have been considered in conjunction for the reasons stated for that view to understand the potential positive/negative impact of the proposal. Where opposition to the proposals was raised, we have identified areas where we could mitigate the concerns/risks including further increasing communication, and collaborative working with service users/families and providers. These are considered in further detail in the paragraphs below.

## **6. Background information**

- 6.1.** On 16<sup>th</sup> December 2014 Cabinet was presented with the Draft Medium Term Financial Strategy (MTFS) and Draft Corporate Plan for 2015-2018. The documents proposed the next steps in relation to the Council's budget, and the Council's priorities for the next three years. Consultation on the Draft MTFS and Draft Corporate Plan ensued from 17<sup>th</sup> December 2014 to 18<sup>th</sup> January 2015.
- 6.2.** The three year plan was designed to be clear on what the Council was trying to achieve, setting the vision and reducing the cost base to allow transformation of Council services for the benefit of residents. This included focusing on: working more effectively on preventing costs occurring, earlier intervention to help families experiencing problems, helping older people to stay at home in supported living arrangements with independence, focusing on making the economy more competitive, and providing young people with the tools to succeed in life. The plan set 5 priorities for the Council in 'Building a Stronger Haringey Together'. Whilst there is much overlap and many interdependencies throughout the Priorities, it is primarily Priority 2 of the plan that covers the provision of adult social care services. Priority 2 states the Council's commitment to: 'Enable all adults to live healthy, long and fulfilling lives'.
- 6.3.** On 16<sup>th</sup> June 2015 Cabinet agreed to a consultation on specific proposals to transform services within Adult Social Care in light of the changes to legislation and the agreed reduction in budget.
- 6.4.** The consultation was widely published and aimed to reach all services users of the day centres, care and nursing homes affected by the proposals, and also their families and carers and other stakeholders including residents. In response to the consultation questions, 385 questionnaires were completed and 46 letters/emails received. In addition the Council commissioned independent advocacy services from Learning Disability Experience (LDX) who facilitated workshops and focus groups for service users and families/carers of the potentially affected day services and residential homes to enable them to participate in the consultation process. They consulted with 303 people of whom 222 were service users and/or their families/carers<sup>4</sup>. There were additional workshops with service users and staff for their feedback to the consultation proposals. The responses to the consultation were from service users, families/carers, specialist groups, advocates and solicitors acting on behalf of service users and others. The details of the consultation process<sup>5</sup> and the responses<sup>6</sup> are set out in Appendix 1 Analysis of the process and results. The report from the independent advocates, LDX forms part of the response to the consultation and is at Appendix 2.
- 6.5.** During the consultation process, the views of staff employed within the potentially affected service areas were sought. Their feedback has been considered as part of the consultation process and form part of the feedback summary within Appendix 1: Analysis of the consultation process and results,

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<sup>4</sup> Service users and their families/carers were encouraged to meet the independent advocates more than once to ensure they fully understood the proposal and had a second opportunity to 'have their say' should they wish to make further points after having some time to consider the proposals therefore numbers provided may not reflect individual numbers of people seen.

<sup>5</sup> Analysis of the process and results, Page 4-6

<sup>6</sup> Analysis of the process and results, Pages 111-234

pages 17-45. The equalities impact of the recommendations on the adult social care workforce has been considered and is detailed within Appendices 6-12. Should the recommendations be agreed by Cabinet, further engagement and consultation will ensue with the staff of the affected services.

### **Consultation Questions and Responses**

**Proposal 1: To increase the Council's capacity to provide re-ablement and intermediate care services.**

**The closure of The Haven Day Centre and change of use to a community re-ablement service delivered by an external provider.**

6.6. P  
**Proposal 1 – Question A: Do you support our proposal to close the Haven Day Centre?**

6.7. 83% of the questionnaire responses to this proposal opposed the closure and raised potential risks to the service users and their families/carers should the proposal proceed. In addition to the questionnaire responses, letters and emails were received regarding the proposal.

6.8. The most frequently recurring topics through the responses received indicate:

- a) The current quality of staff/services at the Haven Day Centre are highly regarded and valued.
- b) The Haven Day Centre provides respite provision for families/carers; concerns were raised as to whether this need would be met for families/carers without the Haven Day Centre.
- c) The Haven Day Centre reduces isolation and deteriorating mental health, concerns were raised for the existing service users and how their needs could be met without the provision of the Haven Day Centre.

6.9. See Appendix 1: Analysis of the process and results, pages 17-19 (feedback summary), 111-120 (literal responses), 235-315 (letters/emails/responses<sup>7</sup>). Appendix 2: Haringey Council Adults Social Services 90-day Consultation pages 32-39 for full details of the consultation responses to this question.

### **Equalities impact**

6.10. The Haven Day Centre provides a service to Haringey residents over the age of 65 with a physical disability and/or sensory impairment and/or mild/early onset dementia for three days each week and has a two day service for Haringey residents over the age of 50 with mental health issues. The day centre is limited to a total capacity of 24 people per day; the centre currently provides day opportunities to 48 Haringey Residents. Residents are provided with anything from one day per week to five days per week according to their assessed need.

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<sup>7</sup> Letter and emails are not indexed according to the proposals/questions.

**6.11.** Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of a) their sex, b) their gender reassignment status, c) religion or belief, d) race and ethnicity e) sexual orientation f) pregnancy & maternity status, g) marriage and civil partnership status. See Appendix 7 for the Equality Impact Analysis.

**6.12.** The risks identified through the equalities assessments are:

- a) Over 50% of service users are aged 80 years and over and their age may pose a particular risk when identifying alternative options within the community. Feedback from the consultation indicated concerns to the identification of alternative provisions specific to the needs/interests of older adults.
- b) 71.7% of the Haven's service users have a physical or sensory impairment which may impact on the alternative activities and locations that they can access within the community. Feedback from the consultation identified concerns for the safety of the existing service users 1) accessing alternative activities 2) commuting to an alternative provision, due to their disabilities.

### **Proposed mitigating actions**

**6.13.** The responses to the proposal to close the Haven Day Centre demonstrate that it is a highly valued service however through working with service users and their families/cares many of the areas of concern can be mitigated; there are wider and longer term benefits for local residents with the closure and change of use to a community re-ablement service.

**6.14.** The Care and Support Statutory Guidance provides that the care and support system must work to “actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible”. An increase in the Council's capacity to provide re-ablement and intermediate care would allow for a greater number of people to have the support they need to prevent, reduce or delay the need for care and support.

**6.15.** The closure of the service would be subject to safeguards to mitigate the concerns expressed in the responses to the consultation. There will be: a) an implementation plan that includes engagement with all stakeholders including service users and carers; b) the re-assessment or review of the care and support needs of service users with a view to identifying suitable alternative provision to meet assessed needs; c) the assignment of a Personal Budget Support Co-ordinator to support service users to access other day opportunities and d) a transition plan that is sensitive to the needs of service users, aims to mitigate the impact of the closure, ensure the process of change is safely handled and the care and support needs of the service user continues to be met. The recommendations and outcomes arising from the work with stakeholders to co-design the future service model for day opportunities for older people (see Appendix 3: Co-design Output – Dementia

and Older People Day Opportunities) would also form part of the implementation plan. Further information on mitigations is also set out in the Equality Impact Assessment at Appendix 7.

- 6.16.** In consideration of the responses received to the consultation, the Council recommends the closure of the Haven Day Centre and that the building is utilised to develop community re-ablement services in the borough with the undertaking that current service users and their carers will be assessed/reviewed to identify their needs and supported to identify alternative provisions. We undertake to work with communities to ensure adequate provision is identified and accessible to service users. In addition, to build up provisions so that the outcomes achieved by people who currently attend the Haven can be achieved by current attendees as well as the growing number of people with similar assessed needs.
- 6.17.** In support of these outcomes we have commissioned Neighbourhood Connects - a Borough-wide project - which aims to improve health and well-being and community participation for Haringey residents through promoting increased participation of older people in their neighbourhood communities, facilitating more involvement of community members in the care of older people and supporting the personalisation of social care. In addition, market development opportunities are being pursued in response to the duty highlighted in the Care Act to develop a diverse market of options.

**Proposal 1 – Question B: To what extent do you support our proposal to transfer the internal re-ablement service to an external provider?**

- 6.18.** 67% of questionnaire respondents were strongly opposed to the proposal. The most frequently reoccurring subjects within the responses were:
- a) The high quality of the existing service; and
  - b) Concern for the quality of service that may be provided by an alternative provider.

See Appendix 1: Analysis of the process and results Pages 20-23 for a sample of responses for these themes. All questionnaire responses to this question can be view in Appendix 1: Analysis of the process and results page 121-128.

Equalities impact

- 6.19.** An equalities impact assessment has been undertaken for this service area, please see Appendix 11. The service proposal is to transfer the service to an external provider to increase capacity and reduce costs. We do not consider there will be any adverse impact on service users on the grounds of a) their sex, b) their gender reassignment status, c) religion or belief, d) race and ethnicity e) sexual orientation f) pregnancy & maternity status, g) marriage and civil partnership status, h) their age, i) disability. However, to address the concerns expressed during the consultation about quality of services from an alternative provider, the Council will always have a commissioning relationship with the new provider. This means that we will specify the service which we want to be

provided and the new provider will deliver the service in line with that specification. We will monitor the provider to ensure compliance with our requirements including the provision of high quality support.

- 6.20.** The current in-house re-ablement service provides services to approximately 30 people at any one time. We want the number of people supported through re-ablement to increase significantly, so they can achieve their maximum potential after, for example, a period in hospital after an illness or injury. The current service provision is financially unsustainable given the increased numbers proposed to use the service and the service could be provided by an alternative provider at a reduced cost to the Council. The proposal to transfer the service to an external provider would have minimal impact on existing service users as they receive a short term service. However, there will be a transition plan that will be sensitive to the needs of those that may be affected by this change, to ensure that any impact is mitigated and the process of change is safely handled.
- 6.21.** There is evidence that re-ablement has the potential to deliver economies for both health and social care. Transferring the service to an external provider will allow the service to continue providing good quality care services and increase value for money allowing us to expand the service and increase the number of people we are able to support to regain independence.
- 6.22.** Staff of the re-ablement service were engaged during the consultation process for their professional feedback to the proposals (See Appendix 1: Analysis of the process and results, page 23) (one member of the Trade Union UNISON was also in attendance). There will be further engagement with staff and Trade Unions to help design a delivery model for the re-ablement service which will achieve optimal outcomes for users and to achieve best value for money.

**Proposal 1 – Question C: To what extent do you support the proposal to close Osborne Grove Nursing Home?**

- 6.23.** 74% of respondents opposed the proposal to close Osborne Grove Nursing Home. There were three recurring themes from the responses to this proposal:
- a) The high quality of the existing service;  
Example:  
“This is a successful and well-regarded service that meets all of the Care Quality Commission (CQC) standards...”<sup>8</sup>
  - b) Concern for the possible impact on existing service users and carers;  
Example:  
“Increasingly the most vulnerable are forced to move many miles to new facilities without any consideration to family members and friends”<sup>9</sup> and
  - c) The reduction in residential nursing provision in the borough  
Example:  
“There are already too few nursing home places available in Haringey.”<sup>10</sup>

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<sup>8</sup> Appendix 1: Analysis of the process and results, pages 133

<sup>9</sup> Appendix 1: Analysis of the process and results, pages 131

See Appendix 1: Analysis of the process and results, pages 24-26 (feedback summary), 129-133 (literal responses). Appendix 2: Haringey Council Adults Social Services 90-Day Consultation pages 25-32 for full details of the consultation responses to this question.

### Equalities Impact

- 6.24.** Osborne Grove Nursing Home (OGNH) currently provides accommodation for adults over 65 who require nursing or personal care. There are 32 places for people with long and short term needs with 4 units of 8 bedrooms. The building has good access for wheelchair users with level access, widened doorways and lift facilities. There is a large room on the ground floor which is currently used for meetings and training which has potential to be redesigned and restructured as a fully operational re-ablement resource.
- 6.25.** The proposal to close Osborne Grove as a residential nursing home would have had minimal impact on the existing residents as the undertaking had been provided that no resident would be moved to an alternative residential home unless they wished to do so. See Appendix 6 for the Equality Impact Analysis. Residents may have been required to move from one unit to another within the home as it gradually wound down, however appropriate staffing levels would have been maintained in accordance with the Care Quality Commission's recommendations to ensure safety to all residents.
- 6.26.** Having considered the feedback to the consultation and having in addition considered the increasing demand for nursing provision in the borough, and the relatively low levels of such care currently available locally, the recommendation is to retain the service but with an alternative NHS provider.

**Proposal 1 – Question D: To what extent do you support the proposal to transfer the existing service provision at Osborne Grove Nursing Home to an external provider and to include a re-ablement care service?**

### Feedback

- 6.27.** 73% of questionnaire respondents opposed this proposal. There were no overarching themes identified through the responses received although concern for the ability of the Council to provide assurance on the quality of service provision for an alternative provider recurred throughout the consultation feedback.

See Appendix 1: Analysis of the process and results, pages 27-28 (feedback summary), 134-140 (literal responses). Appendix 2: Haringey Council Adults Social Services 90-Day Consultation pages 25-32 for full details of the consultation responses to this question.

### Equalities impact

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<sup>10</sup> Appendix 1: Analysis of the process and results, pages 129

- 6.28.** Responses to the consultation raised concerns that there was insufficient provision within the borough to respond to the demand for residential nursing care. Accordingly the recommendation has been amended to retaining Osborne Grove as a nursing and residential provision and developing reablement and intermediate care provision on site. This provision to be managed by a NHS Provider. This will maintain residential accommodation within the facility. While the number of residential units may change over time to accommodate Intermediate Care facilities, no current users will be asked to move, and there will be some residential accommodation maintained within the facility.
- 6.29.** There is evidence that the nursing care market for older people nationally and locally is fragile and requires development. Provision locally is limited with just two nursing homes located in Haringey and a frequent requirement to use additional capacity outside the borough in order to support a range of nursing care options for local residents. The high unit costs at Osborne Grove Nursing Home (OGNH) contribute to Haringey's weekly gross spend on nursing care, being the highest in London. It is proposed that OGNH be kept open as a nursing home in order to maintain local provision but that it is managed by an NHS Provider through a statutory partnership arrangement in order to deliver better value for money and to provide better integration of health and social care to support users. This will be supported by improved performance targets with clear value for money outcomes. It will also enable the support of reablement and intermediate care development by a single health provider.
- 6.30.** Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their a) sex, b) gender reassignment status, c) disability type, d) race and ethnicity, e) sexual orientation status, f) religion or belief, g) pregnancy & maternity, or h) marriage and civil partnership status. See Equality Impact Analysis in Appendix 6.
- 6.31.** 68% of service users are aged 80 years and over and may have specific anxieties around the proposed changes. During the consultation process Adult Social Services engaged with service users and their families/cares to reiterate that neither proposal for Osborne Grove would require the relocation of existing residents to an alternative provision.
- 6.32.** The expansion of the use of the premises to include intermediate care and reablement services will have minimal impact on the existing service users. The building is divided into four separate units, two on the ground floor and two on the first floor. Each unit has 8 bedrooms all with their own toilet/shower facilities as well as a communal lounge area. Details of how the facilities will be expanded to facilitate Intermediate Care has not been determined, in the event that service users are required to move from one unit to another within Osborne Grove, appropriate staffing levels will be maintained across all units in accordance with the Care Quality Commission regulations, to ensure safety and interaction with service users during the process.

#### Mitigation

- 6.33.** To mitigate the effects of the proposals we will:

- a) Engage with carers/families as early as possible and before the implementation of any changes to OGNH to reduce anxiety and to ensure their input to the proposed changes.
- b) Engage with service users and plan effectively for any move required within the residential home from one room to another.
- c) Work with the community and other providers to identify alternative options should any individual choose to move to alternative accommodation.
- d) Monitor the impact of the proposal and the implementation of the mitigations as detailed in paragraph 4.30.

**Proposal 2- Increasing our capacity to provide suitable accommodation that promotes individual well being through expanding Supported Living Accommodation and Shared Lives schemes.**

**Proposal 2 – Question A: To what extent do you support our proposal to provide more accommodation options that promotes individual well being through expanding Supported Living Accommodation?**

**6.34.** This consultation question did not generate a large number of responses; there were 37 completed questionnaires for Proposal 2. 49% of respondents indicated they opposed the proposal (see Appendix 1: Analysis of the process and results page 29); however the recurring themes from the detailed responses to the question were positive, highlighting the benefits of increasing opportunities for service users and supporting independence.

Example: “Every effort should be made to support people and enable them to live independently in their own home for as long as possible”<sup>11</sup>

**Equalities impact**

**6.35.** An equalities impact assessment has not been undertaken for this proposal. The proposal relates to the expansion of existing service provision and initial screening does not indicate any adverse impact on the protected characteristics of service users and staff.

**Proposal 2 – Question B: To what extent do you support our proposal to close Linden Road Residential Home?**

**6.36.** 78% of respondents (29 actual responses) opposed the proposal. There were no overarching themes identified within the responses on the consultation questionnaire. Some respondents did not provide details as to why they did/did not support the proposal see Appendix 1: Analysis of the process and results page 31-33 for a summary of the feedback received and Appendix 1: Analysis of the process and results pages 146-148 for the literal responses. However the responses received by the independent advocates LDX detailed the concerns of the four existing service users and their families/carers with the proposal to close Linden Road. It was noted a) that the staff at the facility had worked with the service users for a long period of time and were able to support the residents effectively; b) that there was a high quality of service

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<sup>11</sup> Appendix 1: Analysis of the process and results Page 143

provided at Linden Road and c) that routine was very important to the residents see Appendix 2.

Examples:

“Personal carers couldn't handle him. Autism is one of those conditions which if you haven't been around it for a long time you don't understand it.”<sup>12</sup>

“Continuity keeps him and other people safe. Same people, same building, same activities.”<sup>13</sup>

### Equalities Impact

- 6.37.** Linden House is a residential care provision for adults with learning disabilities, including those with complex needs. There are currently 4 disabled residents who are affected by these proposals. See the Equalities Impact Assessment at Appendix 8.
- 6.38.** Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their a) gender reassignment status, b) age c) sexual orientation status or d) marriage and civil partnership status.
- 6.39.** Although the residents are currently all male, this is not by design. There is no restriction by gender across the service as a whole. We will work with all service users and provider services to ensure suitable opportunities for both genders.
- 6.40.** We note that all service users are of Christian belief. The consultation feedback did not indicate significance to this characteristic in the responses to the proposal, however this information will be considered in identifying alternative options for the affected service users.
- 6.41.** 80% of service users are under 40 years of age; this proposal promotes and provides opportunities to this group of adults to have greater independence and control over their lives. We will work with service users and provider services to ensure suitable availability of opportunity for all age groups.
- 6.42.** Closing Linden House as a residential home will reduce the availability of residential accommodation for adults with a Learning disability within the borough. Feedback from the consultation indicated that residents were concerned about the accessibility and quality of alternative provision within the borough for adults with learning disabilities and autism.
- 6.43.** The proposal to close the home is underpinned by the vision to enable adults in Haringey to live fulfilling lives. The offer of supported living options represents a move away from institutionalised provision, to give people the opportunity to have their own tenancy in the community irrespective of their support needs. This focus to help adults with learning disabilities to move out of institutionalised care and into appropriate community settings began in 2010.

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<sup>12</sup> Appendix 2: Haringey Council Adults Social Services 90-Day Consultation page 47

<sup>13</sup> Appendix 2: Haringey Council Adults Social Services 90-Day Consultation page 42

6.44. The responses to the consultation indicate concern for the 4 adults currently residing at the residential home and their families/carers. The risks to service users during the transition to a new location and the ability for the service users to be understood and adapt to the new environment and staff. The diversion from residential homes to Support Living Accommodation has already been successfully undertaken here in Haringey, with the relocation of 11 residents of Whitehall Street residential home in 2012.

#### Mitigation

6.45. There will be safeguards in place to address the concerns expressed by service users and their families during the consultation process. There will be an implementation plan that would require engagement and collaborative working with all stakeholders including service users, carers, families and advocates. The plan would also ensure that the closure and move are carried out at the right pace for service users, there is transparency in decision making and in communication and that the service user's best interest and wellbeing are paramount. There will be a re-assessment or review of the care and support needs of service users and their carers to identify their needs. The Council will work with service users, their families/carers and independent advocates, to identify suitable alternative supported living provisions or other provision. The closure of Linden would be subject to safeguards to mitigate the concerns expressed in the consultation as described in Section 6.15.

6.46. Having considered the consultation responses, the adverse impact of the proposals on the service users and their families, the need to move away from institutionalised care and into appropriate community settings and the proposed safeguards to mitigate the concerns and impact of the proposals, the recommendation to Cabinet is to proceed with the proposals to close Linden Road Residential home.

#### **Proposal 2 – Question C: To what extent do you support our proposal to transfer the Shared Lives service to a social enterprise?**

6.47. 62% of responses (22 actual responses) opposed the proposal. There were no overarching themes identified from the responses received. Concern for the proposal included the loss of Council resources to continue to the service:

Example:

“While Shared Lives is within the Council, it has access to all the support services that it requires - HR, IT, legal, and so on. Due to being part of a large organisation, it receives high quality provision in these areas that are essentially free<sup>14</sup>, “

See Appendix 1: Analysis of the process and results pages 34 to 35 for the consultation feedback summary and pages 149 to 152 for the Literal responses to the questionnaire.

#### Equalities

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<sup>14</sup> Page 150 Appendix 1

**6.48.** An equalities impact assessment has been undertaken for this service area, please see Appendix 12. The service proposal is to transfer the service to an external provider to increase capacity and reduce costs. We do not consider there will be any adverse impact on service users on the grounds of a) their sex, b) their gender reassignment status, c) religion or belief, d) race and ethnicity e) sexual orientation f) pregnancy & maternity status, g) marriage and civil partnership status, h) their age, i) disability.

#### Mitigations

**6.49.** Shared Lives offers an adults placement option for adults with a learning disability, mental health needs, a physical disability or who are frail and older. Such placements offer the opportunity for people with social care needs who cannot live independently to live in a family environment in the community, where they could otherwise require supported living or residential care.

**6.50.** Currently, the service has 35 adults in placement, 30 of whom have a learning disability and 5 of whom have a mental health need. In line with the overall direction of travel towards more independent living the service has challenging targets to increase the number of adult placements within the Shared Lives Scheme to 125 by 2018. The Shared Lives Service is run as an in-house service by Haringey Council which both recruits and assesses potential carers and then supports carers in the longer term with users continuing to be supported by their care manager. The service operates fairly discretely from other services in the Council and is primarily focused on recruiting and supporting carers in the community. The recommendation is that approval is given for the service to be delivered by an alternative provider. The benefits to this can be summarised as:

- a) Opportunity to attract social finance investment to fund additional capacity upfront with the benefits of growth in numbers of placements being felt within the service
- b) Payment to follow placements, rather than block funding of staff
- c) Flexibility of approach which would enable new capacity to be engaged as the number of placements increases
- d) Opportunity to attract other investment as the service develops
- e) Chance to gain economies of scale by being able to bid for additional work in other boroughs

**6.51.** Staff of the Shared Lives service were engaged during the consultation process for their professional feedback to the proposals (see Appendix 1: Analysis of the process and results page 35) (one member of the Trade Union union was also in attendance). Following further discussions with staff and the unions, the Council recommends an alternative delivery model be sought for the existing Shared Lives Service. The Council will have a commissioning relationship with the new provider. This means that we will specify the service which we want to be provided and the new provider will deliver the service in line with that specification. We will monitor the provider to ensure compliance with our requirements including the provision of high quality support.

**Proposal 3- Increase the flexibility and availability of day services within the borough.**

**Proposal 3 – Question A: To what extent do you support our proposals to close Roundways, Birkbeck Road and Always day centres which provide day services for adults with a learning disability?**

**6.52.** 89% of questionnaire responses strongly did not support this proposal. See Appendix 1: Analysis of the process and results pages 36 to 39. The most common themes from the responses indicated respondents opposed the proposal due to:

- a) The loss of the high quality of services currently provided by the centres  
Example:

“Services to support adults with learning disabilities are vital to ensure they live a fulfilled life and are given opportunities to learn and develop vital independent living skills which will promote self esteem and confidence”<sup>15</sup>

- b) Fear for service user safety and social interaction  
Example:

“It is essential for people with learning difficulties to have routines and consistent structures and people around them. If this is taken away, there is a huge risk that these clients will become isolated, anxious and that their mental health will suffer. This will put a greater strain on relatives & helpers & probably cost far more.”<sup>16</sup>

- c) The need for respite for families/carers  
Example:

“These people’s carers will crack under the additional pressure put on them to look after their loved ones with no respite.”<sup>17</sup>

Some responses focused on all three centres within the proposal, whilst other correspondence focused on one specific day centre within the proposal. There was particular concern regarding adults with autism and the proposal to close Roundways Days Centre. See Appendix 1: Analysis of the process and results pages 36-39 for the feedback summary, pages 155 to 182 for the literal responses and pages 235 to 315 for a selection of letters and emails<sup>18</sup> received. See pages 48-71 of Appendix 2.

**Equalities impact**

**6.53.** The total number of adults who currently use Roundways, Birbeck Road and Always day centres is 87. Of this number, 37 adults currently receive the day services from the Council in addition to 24 hours residential support. The service at Roundway provides day services for people with learning difficulties,

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<sup>15</sup> Appendix 1: Analysis of the process and results Page 162

<sup>16</sup> Appendix 1: Analysis of the process and results Page 168

<sup>17</sup> Appendix 1: Analysis of the process and results Page 160

<sup>18</sup> Note letters and emails have not been indexed by response to each proposal or question.

autistic spectrum disorders. The Birkbeck and Always sites provides day services for people with mild to moderate learning disabilities. This ranges from people who are independent and require minimal support to people with mobility and communication needs who require support to access mainstream services. The service at Ermine currently provides service for people with complex needs. An expanded model of provision at Ermine Road will continue to meet the needs of people with autism and other complex needs. Support for access to and delivery of day opportunities will be carried out by high quality and experienced staff.

- 6.54.** There is experience within the borough of delivering to a community based model for people with learning disabilities and complex needs. There has been no placement in any of the Learning Disability Day Centres in the past 3 years. Service Users, including those with complex needs have received a personal budget and have accessed day opportunities of their choice with the support of skilled and knowledgeable staff. For example we know that a number of service users choose to access day opportunities services delivered by third sector and educational providers. The recommendation to retain and expand the provision at Ermine Road through an alternative provider will add to local capacity to respond to the assessed needs and outcomes of local residents with eligible needs. The aim is to promote opportunities for social inclusion and to offer improved choice and control for individuals.
- 6.55.** The proposed changes to day opportunities for Roundways, Birbeck Road, Always and Ermine Road have been considered in one Equality Impact Assessment as the proposals are linked to each other.
- 6.56.** Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their a) sex, b) gender reassignment status, c) age, d) race and ethnicity, e) sexual orientation, f) religion or belief, g) pregnancy and maternity status or h) civil partnership status. There is an impact on adults with disabilities and this is considered in Section 6.57 and 6.58 and the Equality Impact Assessment in Appendix 10.
- 6.57.** As we move towards community based service for all users, there is a perceived risk that the loss of the centres will lead to the loss of day activities for adults with disabilities. However, with the implementation of the Ermine Road model all users will benefit from enhanced information and enhanced access and support to utilise personal budgets as are existing service users in these care groups with a personal budget. There is also a perceived risk of loss of respite for families and carers. As service users with assessed needs will continue to access day opportunities carers will continue to be supported to receive respite from their caring duties.
- 6.58.** Feedback from the consultation indicated that residents strongly did not support closure of these day centres and raised concerns regarding the ability of residential homes and supported living providers to meet the needs of service users. Particular concern was raised for the service users of the Roundways Day Centre – these are predominantly adults with severe autism and the suitability of any alternative provision within the borough to meet their specific needs.

- 6.59.** There is a risk that the loss of day opportunities may result in isolation and have negative health and social care implications on an individual. However we have a number of mitigating actions to ensure this does not occur, as set out below.
- 6.60.** The option to do nothing is not financially viable and does not meet the needs of the growing population of adults with a learning disability. The proposed closures would facilitate a new model of day provision that is within the Council's budgetary provision. It would allow for a move away from segregated building based day opportunities for people with learning disabilities and to develop further access to mainstream activities in the community including local leisure, educational and employment opportunities. A wider range of services for a greater volume of people will be available within the community and will build on the current community based provision available, see Appendix 14. There will be greater capacity and flexibility for all adults with a learning disability that have an assessed need for day opportunities. There is recognition that people with specific complex needs will require a building base to support them at particular times and therefore we are recommending the retention and expansion of the use of Ermine Road Centre through an alternative provider as part of the delivery of learning disability day opportunities in the borough.

#### Mitigation

- 6.61.** There will be safeguards in place to address the concerns expressed by service users and their families during the consultation process as described in Section 6.15 and 6.45 above.
- 6.62.** Work has been done with a range of stakeholders including service users, family carers, advocates, staff and providers to co-design the future service model for day opportunities for people with learning disabilities, This process was independently facilitated and a set of principles and outcomes have emerged that would be part of the future service models for day opportunities. They are

#### Principles

- a) Quality monitoring of all activities and services in Haringey;
- b) Accessible and up to date information about activities and services;
- c) Mobilising community volunteering and supporting this with infrastructure;
- d) Working with providers so staff are well paid;
- e) Working with providers to encourage staff development;
- f) Users, partners and staff involvement in the development and delivery of opportunities;
- g) Enabling service users to lead a fulfilling life;
- h) Working with the market to develop a breadth of opportunities that meet the needs of a range of individuals and provide choice; and
- i) Developing availability of sustainable opportunities.

### Outcomes

- j) Expanding out the availability of services in the wider community
- k) Information about services that are available
- l) Development of a travel programme to enable access to opportunities
- m) Help with personal assistants to provide help and support
- n) Enabling remaining centres to work as hubs for needs of wider community
- o) Alternative methods of service delivery to be explored
- p) Support for people with Personal Budgets

These principles and outcomes will form an integral part of the new service model including the implementation and transition plan for this proposal. The full reports from the Learning Disabilities Day Opportunities co-design process are set out in Appendix 4.

- 6.63.** Having considered: a) the consultation responses, b) the impact of the proposals on the service users and their families, c) the need to move to a new model for day opportunities that is within the Council's budgetary provision and that allows for more access to community based services, and d) the availability of a new expanded day provision in the borough for those with specific complex needs; it is recommended that Cabinet proceed with the proposal to close Roundway, Birkbeck Road and Always Day Centres.
- 6.64.** If the recommendation is agreed, the plan is to work with service users and their families/carers to co-design the new model for day opportunities for adults with a learning disability. There will be an expanded provision at Ermine Road (including any necessary adjustments to the building facilities to address the assessed needs of individuals) to provide support for those with assessed needs day centres and that cannot be met from community based provision. We would:
- a. Work with residential and supported living providers so that adults, can be supported to directly access alternative services in the community;
  - b. Work with the community to identify and develop alternative options for day opportunities;
  - c. Encourage the use of Personal Budgets amongst service users to access support required to meet assessed needs - Council commissioned support and information and advice services will help service users make the most of their Personal Budget;
  - d. Work with the community to identify and develop ways to make information around the availability of opportunities in the community and the appropriateness of these easily accessible and available;
  - e. Enable greater access to activities for individuals with learning disabilities and also encourage more specific physical activities opportunities for individuals where necessary; and
  - f. Ensure there are enough opportunities available that are of a longer duration to provide carers with the opportunity for respite.

**Proposal 3 – Question B: To what extent do you support our proposals provide a new model of day opportunities from Ermine Road Day Centre through an alternative provider?**

**6.65.** 79% of respondents to the consultation questionnaire opposed the proposal. Responses to this question were largely linked to the responses to Proposal 3 Question A. Respondents noted the need for further knowledge of a) the potential alternative provider to determine whether or not they could support the proposal and b) the adjustments that could be made to Ermine Road Day centre to make the facility suitable to a wider range of needs. See Appendix 1: Analysis of the process and results, pages 40-41 for the feedback summary and 183-197 for the literal responses to the question. Appendix 2: Haringey Council Adults Social Services 90-Day Consultation pages 48-71.

#### Equalities Impact

**6.66.** See paragraphs 6.53-64 above for the equalities impact assessment of service users regarding this change.

**6.67.** 61 adults currently use Ermine Road Day Centre, of this number, 41 adults currently receive day services from this day centre in addition to 24 hours residential support. We will work with residential and supported living providers currently commissioned to provide 24 hour support to service users currently accessing the day centres. These providers will be supported by the Council, to enable them to directly support service users to access day opportunities. There will be safeguards in place to address the concerns expressed by service users and their families during the consultation process and as set out in paragraphs 6.61 to 6.64 above.

**6.68.** In developing Learning Disability Day Opportunities there is a commitment to continue to co-produce the future model and specification with service users, their families/carers and wider stakeholders.

**6.69.** The EQIA final impact analysis at Appendix 10 summarises the main risks identified following the consultation process as :

- a) The loss of a very high quality service with skilled, experienced staff and the risk of it being replaced with less high quality services with less skilled and experienced staff;
- b) The lack of any alternatives;
- c) Increased safeguarding risks as a result of moving away from the highly safe, trusted and proven environment at Roundways;
- d) The loss of respite care during the day, which Roundways afforded; and
- e) The autistic service users' need for stability and continuity and the difficulty of their dealing with change.

#### **6.70** Mitigation

- a) The Council will ensure that the new expanded provision at Ermine Road will include specialist provision for people with learning disabilities and with complex needs and which is compliant with the "Statutory Guidance for Local Authorities and NHS organisations to support the implementation of

the Adult Autism Strategy” March 2015 a copy of which is attached as Appendix 16<sup>19</sup> and in particular, with regard to the following;

- i) Ensuring suitably trained staff providing direct support to people with autism including support with managing change and complex behaviours;
  - ii) Local planning and leadership in relation to the provision of services for adults with autism;
  - iii) Preventative support and safeguarding measures in line with the requirements of the Care Act 2014; and
  - iv) Making reasonable adjustments which can include changes to: premises; processes; face-to-face communications; written communications; planning and preparation – offering opportunities for adults with autism to visit settings in advance to familiarise themselves with what to expect; and to access mainstream services.
- b) The development of the proposed autism service at Ermine Road is to be monitored through the Autism Working Group/Autism Partnership Board.
- c) An implementation plan that includes personalised transition plan as described in paragraphs 6.15 and 6.45 above.

**6.71** Using the principles and outcomes in section 6.62, to commission a day opportunities service for people with learning disabilities to operate from Ermine Road Day Centre. The Day Centre itself will act as a physical hub for both the organisation and direct provision of day opportunities for all people with eligible needs. All individuals, following assessment of needs, will be allocated a personal budget and support would be on offer to manage personal budgets.

**6.72** In commissioning the day opportunities service, important components of the model would be information, advice and guidance; direct provision to support people with complex needs; information detailing sessions and activities on offer at the day service itself and in the local community; support for people with their personal budgets and direct payments to ensure personal assistants to provide help and support; opportunities to build and maintain friendships and wider social relations; chances to identify and learn new skills through informal and formal learning and education routes; connections to take part in meaningful activities which are outcome focused including voluntary and paid work; travel assistance to ensure people can access the opportunities available; access to health improvement and wider health services; services which support and enable respite for carers.

**6.73** Activities on offer which may be in the community or delivered directly at the Ermine Road Day Centre – would include a range of options such as music, arts and crafts, education and training, preparation for work and voluntary work, leisure and sports and social activities. Many of these services already operate in the community and some are commissioned by the Council. Detailed mapping of community provision has been underway for some time through the Neighbourhood Connects scheme and this information would be shared with the successful day opportunities provider and would be available to the Personal Budgets Support Co-ordinator. The provider would also be expected to contribute to any expansion in community based day opportunities

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<sup>19</sup> In addition, Think Autism: Fulfilling and Rewarding Lives the strategy for adults with autism in England. An update – at Appendix 17

by identifying gaps in provision or limitations of capacity. (Appendix 13 has a list of current community opportunities people with learning disabilities can access; the aim being for people to have access to inclusive opportunities wherever possible).

- 6.74** Feedback from the consultation shows that the skills and experience of trained staff are very important to stakeholders and this requirement for skilled and experienced staff would form part of any specification and tender process, noting that the Ermine Road Day Centre would be commissioned to act as a base to support directly people with often extremely complex needs. As the day opportunities service will be offered both from the Ermine Road Day Centre and from other community based settings, access to appropriate travel support will be an important part of enabling people to access day opportunities in addition to the other agreed outcomes from the co-design process.
- 6.75** Using the principles and outcomes from the co-design process, officers will base the specification for day opportunities for adults with a learning disability to be delivered from Ermine Road Day Centre on the service model set out above. The tender process will be to seek an alternative provider for the delivery of a day opportunities service for people with learning disabilities based on the co-designed service model and specification to achieve optimal outcomes for users and to achieve best value. There are a number of alternative delivery models which could be successful through the tender and procurement process including social enterprises, community interest companies, and charities and not for profit organisations and their selection will be based on their ability to meet the specification and to contribute to a day opportunities based model. Feedback from the consultation shows that there is support for alternative models through initiatives such as pooling personal budgets and building local social enterprises and this will be tested through the procurement process.

**Proposal 3-Question C: To what extent do you support our proposal to close the Grange Day Centre?**

- 6.76** 78% of responses to the questionnaire opposed the proposal. Responses received highlighted the lack of knowledge of the alternative options available within the borough to provide day opportunities to residents and concerns for the ongoing support available for service users of the Grange Day Centre and their families/carers if the centre were to close.
- 6.77** Example:  
“There is almost NOTHING in this borough for older people to do. Services are few/far between and without day centres, people will become extremely socially isolated and carers will burn out. You cannot close a day centre without providing something else for people do to/for carers to access respite.”<sup>20</sup>
- 6.78** See Appendix 1: Analysis of the process and results, pages 42-43 for the feedback summary and pages 198 – 210 for the literal responses to the

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<sup>20</sup> Page 198 Appendix 1

questionnaire. See Appendix 2: Haringey Council Adults Social Services 90-Day Consultation pages 72-84 for the independent report consultation responses regarding The Grange and The Haynes Day Centre proposals

### Equalities impact

- 6.79** The Grange Day Centre provides day services for older people with dementia. Currently 28 people attend the Grange Day Centre. It is accepted that the Grange Day Centre provides a highly valued service, however its limited capacity means that a more equitable option to meet the needs of residents should be supported.
- 6.80** The equalities impact assessment, for the proposal to close the Grange was considered in conjunction with the proposal to commission an alternative provider for dementia services at The Haynes. The Haynes and Grange Day Centres provide a service specifically for older people with a diagnosis of dementia living in Haringey. Currently 28 people access the Grange Day Centre and 40 people currently access the Haynes Day Centre.
- 6.81** Detailed feedback to the proposals did not indicate differing impacts on service users on the grounds of their a) sex, b) gender reassignment status c) sexual orientation and d) marriage and civil partnership status. The impact on disability is discussed below.
- 6.82** The users of the Grange and Haynes are 85.3% Black and 77.5% White respectively. Responses to the consultation did not indicate a disparate impact on service users based on ethnicity. All service users will be assessed/reviewed fairly and appropriate day opportunities will be identified for all groups.
- 6.83** We recognise that a large majority (70.6%) of service users at the Grange Day Centre identify as Christians. The assessment of their needs will pay due regard to this in identifying alternative provision.
- 6.84** Closing the Grange Day Centre will reduce day centre provision in the borough for adults who have dementia, Physical Frailty or Sensory Impairment. There may be a particular risk regarding commuting/transportation if these service users wish to access day opportunities without transport directly provided by the Council. There will be continued engagement with voluntary and community groups in the east of the borough in order to give impetus to community-driven solutions – to increase the choice of local day opportunities. Additionally we will develop a travel arrangement approach that encompasses a greater number of options and solutions for individuals.
- 6.85** We recognise that 66% of service users across the Haynes and Grange Day Centres are aged 80 years and over and may have specific anxieties around the proposed changes. The proposed mitigation is set out below.

### Mitigation

- 6.86** The closure of The Grange would be subject to safeguards to mitigate the concerns expressed in the responses to the consultation as described in paragraphs 6.15 and 6.45. It should be noted that people who currently access the Grange will be supported by the model of service delivery described in section 6.97 and 6.98. They will have access to community opportunities and support to attend based on assessed need as well as the option to access specialist provision. (Appendix 13 details community provision for older people).
- 6.87** The recommendations and outcomes arising from the work with stakeholders to co-design the future service model for day opportunities for older people would form part of the implementation plan and the new arrangement for day provision. This provides for:
- a) Increased opportunities for purposeful or interest led activities (including physical activities) outside of the day centre (see Appendix 14 For community resources for older people);
  - b) Work with communities to identify and develop ways to make information around the availability of opportunities in the community easily accessible and available – including information for carers;
  - c) A travel arrangement approach that encompasses a greater number of options and solutions is developed;
  - d) Experienced and trained staff are a priority for future commissioned services;
  - e) Develop services and opportunities that focus on prevention and enabling individuals to stay well; and
  - f) Ensure opportunities identified are of longer duration (to provide carers with the opportunity for respite).

See Appendix 3: Co-design Output – Dementia and Older people day opportunities.

- 6.88** Having considered a) the consultation responses, b) the impact of the proposals, c) the plans to mitigate the impact of the proposals on service users, and e) the need for the Council to deliver services within its budgetary provision; the recommendation to Cabinet is to proceed with the proposals to close the Grange Day Centre.

**Proposal 3- Question D: To what extent do you support our proposal to transfer the dementia day opportunities service at the Haynes Day Centre to an external provider?**

- 6.89** Whilst 78% of questionnaire responses to this question opposed the proposal, detailed responses suggest that should the correct alternative delivery model be identified the proposal could be supported:

Example

“this will depend on the right provider being chosen and the service being closely monitored”<sup>21</sup>

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<sup>21</sup> Page 211 Appendix 1

- 6.90** The requirement for the Council to provide assurance on the quality of any commissioned service was repeated throughout the consultation process. The co-design workshops considered various options for an alternative delivery model and recommended further collative working with service users, their families/carers, advocates and staff to design services. See Appendix 1: Analysis of the process and results, pages 42-43 for feedback summary, pages 210-219 for the literal responses. See Appendix 3: Co-design Output – Dementia and Older people day opportunities for the co-design report for dementia and older people services.

#### Equalities impact

- 6.91** See paragraphs 6.79 - 6.85 above.

#### Mitigations

- 6.92** The Haynes Day Centre provides day services for older people with dementia. Currently 40 people access the Haynes Day Centre.
- 6.93** The building in which the Haynes Day Centre is situated is owned by Community Health Partnership who took it over from the now dissolved Haringey Primary Care Trust. There is an agreement between The Mary Haynes Trust and the Primary Care Trust for the Centre to be used for the provision of day services for older people living with dementia.
- 6.94** The option to maintain the service as a Council run provision does not provide best value for money for residents. By transferring the service to an alternative provider, the assessed needs of service users can continue to be met and the service monitored by the Council, with the ability to redesign services and lower the cost to the Council.
- 6.95** The co-design report sets out the design principles and key outcomes for stakeholders to be taken forward in any future service delivery model for day opportunities for older people with dementia. It is not considered that these principles and outcomes can be delivered by the current in-house delivery model for The Haynes, both on account of costs and of flexibility of approach. It is therefore recommended that the new model be worked up from the co-design insights to inform the specification for a day opportunities model which would be delivered from an alternative provider, either as a spin out of the existing service or from an external provider.
- 6.96** It is our recommendation to deliver day services from the Haynes Day Centre through an alternative delivery model with the undertaking to apply the same safeguards to mitigate the concerns expressed in the responses to the consultation as described in Section 6.15.
- 6.97** Using the principles and outcomes above, to commission a day opportunities service for older people and people with dementia to operate from The Haynes Day Centre. The Day Centre itself will act as a physical hub for both the organisation and direct provision of day opportunities for all people with eligible needs. All individuals, following assessment of needs, will be allocated a personal budget and support would be on offer to manage personal budgets.

**6.98** In commissioning the day opportunities service, important components of the model would be information, advice and guidance; direct provision to support people with complex needs; information detailing sessions and activities on offer at the day service itself and in the local community; support for people with their personal budgets and direct payments to ensure personal assistants to provide help and support; opportunities to build and maintain friendships and wider social relations; chances to retain skills, experiences and memories; connections to take part in meaningful activities which are outcome focused; travel assistance to ensure people can access the opportunities available; access to health improvement and wider health services; services which support and enable respite for carers.

### Community Activities

**6.99** Activities on offer which may be in the community or delivered directly at The Haynes Day Centre would include a range of options such as music, arts and crafts, physical activity, leisure and social activities, memory and reminiscences work. Many of these services already operate in the community and some are commissioned by the Council. Detailed mapping of community provision has been underway for some time through the Neighbourhood Connects scheme and this information would be shared with the successful day opportunities provider and would be available to the Personal Budgets Support Co-ordinator. The provider would also be expected to contribute to any expansion in community based day opportunities by identifying gaps in provision or limitations of capacity. (Appendix 13 has a list of current community opportunities older people can access; the aim being for people to have access to inclusive opportunities wherever possible).

**6.100** Feedback from the consultation shows that the skills and experience of trained staff are very important to stakeholders and this requirement for skilled and experienced staff would form part of any specification and tender process, noting that the Haynes Day Centre would be commissioned to act as a base to support directly people with often extremely complex and increasing needs. As the day opportunities service will be offered both from the Haynes Day Centre and from other community based settings, access to appropriate travel support will be an important part of enabling people to access day opportunities as will ensuring regularity of routines and familiarity of process for people who may be becoming increasingly unwell. These as well as agreed outcomes from the co-design report will be significant features of the development of the model of service delivery for people with learning disabilities.

**6.101** Using the principles and outcomes from the co-design process, officers will base the specification for the provision of a new model of day opportunities for older people and those with dementia from The Haynes Day Centre through an alternative provider on the service model set out above. Before any tender process is started, discussions with the Mary Haynes Trust will be undertaken to ensure that Trustees are directly involved in any procurement. The tender process will be to seek an alternative provider for the delivery of a day opportunities service for older people and those with dementia based on the co-designed service model and specification to achieve optimal outcomes for users and to achieve best value. There are a number of alternative delivery

models which could be successful through the tender and procurement process including social enterprises, community interest companies, charities and not for profit organisations and their selection will be based on their ability to meet the specification and to contribute to a day opportunities based model. Feedback from the consultation shows that there is support for alternative models through initiatives such as pooling personal budgets and building local social enterprises and this will be tested through the procurement process. We will monitor the impact of the proposal and the implementation of the mitigations as detailed above.

### Next Steps

**6.102** If recommendations are approved by Cabinet the following steps are proposed, the detail of which are set out in Appendix 15.

- a) Communication and Engagement. We will inform service users and their families/carers of Cabinet's decision and the steps to be taken to implement the decision. We will work with service users, their families/carers and advocates to develop an implementation plan which would include the safeguards referred to in the above paragraphs and a personalised transition plan.
- b) As part of the implementation plan, there will be a review or re-assessment of the care and support needs of service users and with a view to identifying an alternative provision.
- c) Provision of support to service users and carers to access alternative provision. This to include allocating a Personal Budget Support Co-ordinator.
- d) Engage with providers and other stakeholders to ensure a joined up approach to meeting the needs service users affected by these proposals.
- e) Work with service users and other stakeholders to co-design the new model of care and support.
- f) There will be monitoring and on-going review by the Healthy Lives Strategic Board and Transformation Group as described in section 4.30.

It should be noted that the Council will continue to meet the care and support needs of the service users and transition will be handled sensitively. The Council will ensure that alternative provision is provided before current provision is withdrawn or ceases. The Council will ensure there is no gap in provision.

## 7. Contribution to strategic outcomes

**Priority 2:** Enable all adults to live healthy, long and fulfilling lives (Priority 2 Corporate Plan 2015-18).

**Objective 1:** A borough where the healthier choice is the easier choice

**Objective 2:** Strong communities, where all residents are healthier and live independent, fulfilling lives

**Objective 3:** Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing

**Objective 4:** Residents assessed as needing formal care and / or health support will receive responsive and high quality services

**Objective 5:** All vulnerable adults will be safeguarded from abuse

## **8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

### **8.1 Finance**

**8.1.1** The proposals in this report form part of a transformation programme for Adults Social Services that is expected to deliver £18.6m annual savings during the medium term financial plan period (phased £4.1m/£6.5m/£9.1m.) Each of the recommended decisions will have separate financial implications which are set out below.

a) Osborne Grove

Haringey is unusual among local authorities in having its own nursing home and the unit costs for the service are high. The original assumption in the MTF5 was that it would close in its current form and Haringey would purchase nursing home beds from the private or voluntary sector with an estimated annual saving of £385k. Further work will be required to assess the financial implications of the current proposal to retain it as an NHS provision but there is a high risk that any efficiency gains will be less than £385k. Alternative savings will need to be identified to make up any shortfall. It will also be necessary to draw up a clear agreement with the CCG around the provision of intermediate care as this is a health rather than a social care provision.

b) The closure of the Haven is expected to achieve a saving of around £300k to £350k per year (depending on the level of personal budget the current clients will receive as an alternative.) The use of the building for development of community re-ablement should also contribute to wider benefits for both the Council and service users as access to re-ablement should promote independence and reduce the need for health and social care services.

c) The closure of Linden Road is expected to achieve savings of up to £470k (subject to the cost of the alternative arrangements for the current residents.) There may also be further benefits to the Council from the use of the site – either in the form of another kind of service provision or a capital receipt if it is no longer required.

d) There are no direct financial savings from changing the delivery model for Shared Lives; however an alternative model should enable the creation of more capacity so that the service can be offered to a wider group of clients and carers. If this is successful the estimated savings are in the region of £1.2m a year.

- e) The closure of the three Learning Disabilities day centres, the remodelling of the remaining centre and the tendering of this remodelled service is estimated to provide savings of around £1.596m. This saving will need validation once the whole exercise is completed.
- f) The closure of the Grange and remodelling of the Haynes is expected to achieve savings of around £200k and contribute to a wider £1.2m of savings on services for clients with dementia (together with re-ablement, assistive technology and better support for carers)
- g) The current in house re-ablement service has high unit costs and limited capacity. In the MTFS it was estimated that the service could be provided differently at a lower cost with a consequent saving of around £510k. The MTFS also includes savings to be achieved through an expansion of the re-ablement offer in the borough which a remodelling of the service would support.

**8.1.2** Altogether the proposals to Cabinet are estimated to provide £2.6m of direct full year savings on the cost of provision and contribute to the achievement of a further £2.7m of savings through improved access to re-ablement and an enlarged Shared Lives Service. The direct provision saving will increase to £3.5m if the savings achieved by the options for Osborne Grove and Community Re-ablement are in line with the original estimates. This estimate will need to be validated once the final service redesign work and procurement exercises are completed.

**8.1.3** If the final validated savings are lower than those assumed in the Medium Term Financial Strategy it will be necessary to identify further savings to make up any shortfall.

**8.1.4** There are a number of procurement exercises that may come out of the decisions in this report. These must be carried out in line with the Council's procurement rules.

## **8.2 Procurement**

**8.2.1** The Head of Procurement notes the recommendations within the Report and the need to engage with the Service at an early stage of these projects.

**8.2.2** Procurement Contracts Regulations 15 (PCR15) will need to be adhered to in regard to any future procurement for the recommendations. These regulations cover the procurement of Social care over £625,000 over a four year period and the letting of reserved contract to Social enterprises and Mutuals.

**8.2.3** It is recommended procurement are engaged as early as possible to determine the most appropriate sourcing approach and to ensure adherence to PCR 15

## **8.3 Legal**

**8.3.1** Cabinet is being asked to make a decision on the arrangement in the borough for the provision of services for adults with care and support needs.

- 8.3.2** Section 1 of the Care Act 2014 (*Promoting individual well-being*) requires the Council when exercising its care and support functions in respect of an individual, to promote the individual's wellbeing. "Well-being", in relation to an individual, means that individual's (a) personal dignity (including treatment of the individual with respect); (b) physical and mental health and emotional well-being; (c) protection from abuse and neglect; (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided); (e) participation in work, education, training or recreation; (f) social and economic well-being; (g) domestic, family and personal relationships; (h) suitability of living accommodation; and (i) the individual's contribution to society.
- 8.3.3** In exercising its care and support function in the case of an individual, the Council must have regard to, amongst others, a) the individual's views, wishes, feelings and beliefs; b) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist; c) the importance of the individual participating as fully as possible in decisions relating to the care and support and being provided with the information and support necessary to enable the individual to participate; d) the need to protect people from abuse and neglect; and (h) the need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. The Department of Health has issued statutory guidance under the Care Act 2014 named Care and Support Statutory Guidance 2014 which the Council must have regard to in exercising its function under the Act. The Care and Support Statutory Guidance, provides that "*independent living*" is a core part of the wellbeing principle". "*Supporting people to live as independently as possible, for as long as possible, is a guiding principle of the Care Act*" (paragraph 1.18-1.19).
- 8.3.4** Section 2 of the Act (*preventing needs for care and support*) requires the Council to "*provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will*" contribute towards preventing, delaying or reducing individuals' needs for care and support, or the needs for support for carers. In performing this duty, the Council must have regard to, amongst others, the importance of identifying services, facilities and resources already available in the Council's area and the extent to which the Council could involve or make use of them in performing that duty. The Statutory Guidance at paragraph 2.1 provides that "*It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.*" The Guidance emphasise the importance of preventative services such as re-ablement and intermediate care (paragraphs 2.12-2.15).
- 8.3.5** Section 5 of the Act (*Promoting diversity and quality in provision of services*) requires the Council to promote an efficient and effective market in services for meeting care and support needs with a view to ensuring service users (a) has

a variety of providers and services to choose from; (b) has a variety of high quality services to choose from; and (c) has sufficient information to make an informed decision about how to meet the needs in question. This is often referred to as the duty to facilitate and shape the market for care and support. The Statutory Guidance provides that *“4.2. The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.”*

- 8.3.6** The Statutory Guidance acknowledges the budgetary challenges faced by local authorities and changes in service commissioning and provision may be needed. *“4.5. At a time of increasing pressure on public funds, changing patterns of needs, and increasing aspirations of citizens, together with momentum for integrated services, joint commissioning, and choice for individuals, it is suggested that fundamental changes to the way care and support services are arranged may be needed, driven through a transformation of the way services are led, considered and arranged. Commissioning and market shaping are key levers for local authorities in designing and facilitating a healthy market of quality services. Further at “4.27. Local authorities should commission services having regard to the cost-effectiveness and value for money that the services offer for public funds”.*
- 8.3.7** The Council must ensure that there is sufficiency of provision “in terms of both capacity and capability – to meet anticipated needs for all people in their area needing care and support – regardless of how they are funded (paragraph 4.42 of the Guidance).
- 8.3.8** The Council is required to ensure choice in local provision and providers. *“4.37. Local authorities must encourage a variety of different providers and different types of services. This is important in order to facilitate an effective open market, driving quality and cost-effectiveness so as to provide genuine choice to meet the range of needs and reasonable preferences of local people who need care and support services.” Further at “4.38. Local authorities must encourage a range of different types of service provider organisations to ensure people have a genuine choice of different types of service. This will include independent private providers, third sector, voluntary and community based organisations, including user-led organisations, mutual and small businesses.” Further at “4.40. Local authorities should encourage a genuine choice of service type, not only a selection of providers offering similar services, encouraging, for example, a variety of different living options such as shared lives, extra care housing, supported living, support provided at home, and live-in domiciliary care as alternatives to homes care, and low volume and specialist services for people with less common needs.”*
- 8.3.9** When an adult is found to have care and support needs following a needs assessment under section 9 of the Act (or in the case of a carer, support needs following a carer’s assessment under section 10), the Council must

determine whether those needs are at a level sufficient to meet the “eligibility criteria” under section 13 of the Act. Sections 18 and 20 of the Act set out the duty of Council to meet those adult’s needs for care and support and those carer’s needs for support which meet the eligibility criteria. For service users and carers, the Council must continue to meet their eligible needs.

**8.3.10** Section 26 (*Personal budget*) requires the Council to provide each service user with a personal budget. The Statutory Guidance provides that “11.3. *The personal budget is the mechanism that, in conjunction with the care and support plan, or support plan, enables the person and their advocate if they have one, to exercise greater choice and take control over how their care and support needs are met. It means:*

- *knowing, before care and support planning begins, an estimate of how much money will be available to meet a person’s assessed needs and, with the final personal budget, having clear information about the total amount of the budget, including proportion the local authority will pay, and what amount (if any) the person will pay;*
- *being able to choose from a range of options for how the money is managed, including direct payments, the local authority managing the budget and a provider or third party managing the budget on the individual’s behalf (an individual service fund), or a combination of these approaches;*
- *having a choice over who is involved in developing the care and support plan for how the personal budget will be spent, including from family or friends;*
- *having greater choice and control over the way the personal budget is used to purchase care and support, and from whom.*

**8.3.11** Section 42 of the Act (*Enquiry by local authority*) places a duty on the Council to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse, including financial abuse. The purpose of the enquiry is to establish with the individual and/or their representatives, what, if any, action is required in relation to the situation; and to establish who should take such action. This safeguarding duty apply to an adult who: a) has needs for care and support; b) is experiencing, or at risk of, abuse or neglect; and c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

**8.3.12** Under the Autism Act 2009, the Department of Health has issued guidance named “Statutory Guidance for Local Authorities and NHS organisation to support the implementation of the Adult Autism Strategy” March 2015. The autism strategy is the strategy for meeting the needs of adults in England with autistic spectrum conditions, by improving the provision by local authorities and National Health Service bodies of health and social services to such adults. Under Section 3 of the Autism Act, the Council must act in accordance with the Statutory Guidance guidance in the exercise of its care and support functions. The Guidance includes provision for; a) the training of staff who provide services to adults with autism; b) identification and diagnosis of autism in adults, leading to assessment of needs for relevant services; c) planning in relation to the provision of services for people with autism as they move from

being children to adults; d) local planning and leadership in relation to the provision of services for adults with autism; e) preventative support and safeguarding in line with the Care Act 2014; f) reasonable adjustments and compliance with equality duties; and g) supporting people with complex needs, whose behaviour may challenge or who may lack capacity.

- 8.3.13** There is a common law duty on the Council to consult with service users, carers, providers, employees and other stakeholders that are likely to be affected by these proposals for the provision of adult social care services in the borough. The consultation must take place at a time when the proposals are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond. The consultation reports in Appendix 1 and 2 sets out how the Council has discharged this common law duty.
- 8.3.14** The Council must give genuine and conscientious consideration to the responses received from the consultees during the consultation before making its final decision on the proposals. The report at section 6 and Appendix 1 and 2 sets out the responses from service users, carers, family members and other stakeholders.
- 8.3.15** As part of its decision making process, the Council must have “due regard” to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have “due regard” to the need to eliminate unlawful discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Council is required to give serious, substantive and advance consideration of the what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration. In line with its equalities duties, the Council have undertaken an Equality Impact Assessments (EQIA) of the proposals on the protected groups and are set out in Appendices 6-12 and at section 6 of the report together with the steps to mitigate the impact of the proposals.
- 8.3.16** The responses to the consultation on the proposals, the co-design report, the EQIA of the proposals and the steps being taken to mitigate the impact, the general duties of the Council under the Care Act and the Statutory Guidance referred to above, all must be considered before Cabinet makes its decision on the proposals. Cabinet members must ask themselves a) whether it is justifiable to seek to make financial savings in the way proposed, having regard to the need to protect and promote the welfare of the service users and the risks inherent in the changes proposed; b) whether the mitigating steps proposed are sufficient or whether more needs to be done; c) whether the

proposals ought to be adopted or discarded; and d) whether there is adequate provision for monitoring the proposed changes, so that changes can be made, if necessary.

## **8.4 Equality**

**8.4.1** The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- a) tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- b) advance equality of opportunity between people who share those protected characteristics and people who do not;
- c) foster good relations between people who share those characteristics and people who do not.

**8.4.2** Equalities assessments have been carried out for the proposals – the findings and mitigating actions have been summarised in section 6 of this report, and described in more detail in the EqlAs that form Appendices 6-12.

**8.4.3** Impacts have been identified around the protected characteristics of age, disability and, in the case of the Grange/Haynes' proposals, race. There may be challenges in finding alternative provision for service users who are older than 80 and that have particular disabilities. Mitigating actions have been identified and concern the processes for finding alternative provision for service users, supporting them with Personal Budgets, and growing the choice of community-based provision. The closure of the Grange risks disproportionately affecting Black service users who make up more than 80% of the current service users. Mitigating actions concern the fact that all Haynes and Grange service users will have their needs assessed in a fair and equal way that means that Grange service users have an equal chance of being offered provision at the Haynes. There are also mitigating actions around growing the community-based provision in the East of the borough. For all proposals, Cabinet should consider the mitigating actions and determine whether they sufficiently cover the impact.

## **9. Use of Appendices**

Appendix 1: Analysis of the process and results

Appendix 2: Haringey Council Adults Social Services 90-Day Consultation

Appendix 3: Co-design Output – Dementia and Older people day opportunities

Appendix 4: Co-design Output – Learning Disabilities Day Opportunities

Appendix 5: Co-design Output – Transition

Appendix 6: Equalities Impact Assessment – Osborne Grove

Appendix 7: Equalities Impact Assessment – The Haven Day Centre

Appendix 8: Equalities Impact Assessment – Linden Road Residential Home

Appendix 9: Equalities Impact Assessment – The Haynes and Grange Day Centres

Appendix 10: Equalities Impact Assessment – Learning Disability Day Opportunities  
Appendix 11: Equalities Impact Assessment – Re-ablement  
Appendix 12: Equalities Impact Assessment – Shared Lives  
Appendix 13: Day Opportunities in the Community for Adults with a Learning Disability  
Appendix 14: Locations of activities for Older People in Haringey  
Appendix 15: High Level Implementation Plan  
Appendix 16: Statutory Guidance for Local Authorities and NHS organisation to support the implementation of the Adult Autism Strategy (2015)  
Appendix 17: Think Autism: Fulfilling and Rewarding Lives the strategy for adults with autism in England. An update (2014)

## **10. Local Government (Access to Information) Act 1985**

[Valuing People - A New Strategy for Learning Disability for the 21st Century](#)

[Valuing People Now: Summary Report March 2009 to September 2010](#)

[Care and Support Statutory Guidance](#)

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