

10th June 2011

Dear Sir/Madam

PROPOSED CUTS TO ADULT SERVICES – DAY CENTRES, RESIDENTIAL CARE HOMES AND THE ALEXANDRA ROAD CRISIS UNIT

Our three-month consultation launched in January 2011 ended on 30th April 2011 since when we have been analysing and considering all of the responses we have received to the consultation. I would like to thank you all for participating in the consultation, making your views and concerns very clearly known and leaving us in no doubt as to the factors Cabinet need to weigh up in reaching its decisions.

Results of the consultation will be formally published in the near future but if you would like to see what people have said, a brief summary is attached to this letter. A full copy of the findings can be found by accessing the Council's website under the section headed 'Council and Democracy' followed by clicking on the headings 'details of meetings' then 'committees' then 'browse the agenda/minutes' then 'cabinet' then '7th June 2011'. To view the background to the item (Item 9 on the agenda), click on the heading 'meeting' for access to the supporting documentation.

Cabinet is due to consider the proposal to close residential care homes and the Alexandra Road Crisis Unit on 19th July 2011. While it was originally intended that the report on the day care centres would also be considered by Cabinet on 19th July, the intention now is that the day care proposal will be submitted to Cabinet on 4th October 2011. Dates of full Council are still to be decided and will be published on the [Council and Democracy](#) pages of the Haringey Council website. The various reports and supporting documentation should appear on the website 5 working days prior to the meetings. Please follow similar links to the ones outlined above nearer the time if you would like to see the Cabinet papers.

In addition to the consultation, you can also make **further representation** to Councillors when they are making their decisions in Cabinet on 19th July (for Residential Care Homes and the Alexandra Road Crisis Unit) and on 4th October 2011 (for Day Centres). The procedure for making a representation can be found under the Council and Democracy section of the Council's website but in principle, a deputation may be received if a requisition is signed by not less than ten residents of the Borough, states the object of the deputation, and is received by the Head of Local Democracy & Member Services not later than 10 a.m. five clear days prior to the Cabinet meeting at which they wish to be received.

Only after councillors have had an opportunity to consider the views of local people (and all of the contributions received) will a final decision be taken and announcements then made about the homes, day centres and the Alexandra Road Crisis Unit.

With the summer fast approaching and no further decisions expected before 19th July 2011, there will not be another meeting with users, relatives and carers in the homes,

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centres and the Alexandra Road Crisis Unit until we have more concrete information for you. We will however seek to keep you updated on progress through our consultation web page and by posting information in the drop-ins and centres and through other local networks.

Kind regards



Councillor Dilek Dogus
Cabinet Member for Health and Adult Services

Consultation – Summary of what people said

Impact for users, relatives and carers

Those who attended meetings or who wrote in have understandably expressed a range of emotions and strengths of feeling. Many people who participated in the consultation did so with personal stories and explained the impact of the cuts for them and/or their loved ones or the groups and individuals whose interests they represented. Many said that they looked forward to coming to centres, drop-ins etc. It was said that these preventative services provided a 'life line' for those who used them and that many people would be isolated or lose the only significant social contact they had without them. For those in residential care, this was "their home" and the staff "their family". For others, services were 'invaluable in a crisis'. Closure of services was also thought to increase the likelihood of a more serious intervention by the Council or NHS.

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

Impact for the future and the wider community

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

Comments on the proposal

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

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

Comments on the consultation

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

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

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

Frequently asked questions

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

Consultation on proposals for Drop-ins and Day Care Centres

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

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

A number of people said that alternatives such as the Clarendon for day centres users or Recovery Houses or wards for those with mental health issues would have a very different feel about them or fail to adequately enough meet their needs. The 684 Centre had given people skills to cope and is financially and otherwise successful.

Stability was seen as important for people with dementia. Moreover, people with dementia, it was said, needed a stimulating environment and active and stable relationships and skilled staff that these centres offered. None of which, it was argued, could be sourced in the independent sector or provided in people’s homes.

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

The Lewis & Mary Haynes Trust’s objections can be summarised as: concerns about the capacity of the Haynes to accommodate the increased usage proposed; highly unsatisfactory transport arrangements if service users had to be bussed from one side

of the borough to another recreating, they argued, exactly the problem for users that the Haynes was established to resolve. There were concerns too that re-provision proposals would not meet clients needs or future dementia care needs and that the proposals ran counter to both the National Dementia Strategy and the Haringey Dementia Commissioning Strategy.

As for the proposed closure of the Haven, re-provision proposals (amounting, it was stated, to 3 hrs additional homecare per week) was not seen as a substitute for the care users of services currently received.

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

Consultation on proposals for Residential and Respite Care

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

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

Consultation on proposals for the Alexandra Road Crisis Unit

ARCU was seen as an extremely important part of the mental health service in Haringey providing a positive pathway to avoiding hospital admissions, pressure on GPs etc. Closing ARCU would, it was argued, be short-sighted and high in both financial and human terms. A short stay at ARCU can, it was argued, prevent some people from needing to go onto more serious units for more serious conditions, make a real difference and save lives and was preferable to locked wards and a hospital setting which were not viewed as viable or preferred alternatives and about which there was genuine anxiety. People it was said, did not want a medical model but a person-centred approach like ARCU.

People were uncertain of the strategy behind the closure arguing that the replacement(s) as they saw it being advocated would be very different to now and based on a medical model that services users did not want. Recovery Houses, it was said, worked along different lines such that ARCU's demise would not pick up on the need for a community based crisis and respite unit with 24hr telephone support leading to gaps in crisis services making it difficult for services users to move quickly from a crisis back into normal life.

People said they appreciated that the NHS rather than council cuts precipitated closure of ARCU but felt the Council should be helping to save the place from closing.

Haringey Users Network as part of its work in supporting service users, having consulted users, said there was a clear conclusion that the service was popular and effective and that service users would be most concerned about the loss of respite care; the skills and empathetic support of staff and the loss of the 24 hr support phone line.

Consultation on proposals for the Cypriot Elderly and Disability Project

As the Cypriot Elderly and Disability Project is not directly provided services, letters were written to the management committee informing them of the proposals and asking for comments. In the case of CEDP, a response was received purely noting the proposals but not raising any objections.

Consultation on proposals for Jackson's Lane

Following a letter to the management committee, a meeting was held with the Chief Executive of Jackson's Lane who informed officers that the luncheon club service would be at significant risk if the funding were to cease as all activities were funded by specific grants which did not allow for cross-subsidy. A meeting was held with service users in Jackson's Lane in relation to withdrawing the funding in January 2011 to inform them of the proposal. Feedback from some 35 people present was against the proposal, with no dissenters. It was felt that the service was the only one of its type on the West of the Borough and that their lives would be made much the poorer were the service not to be there. Those corresponding with the Council about the proposed withdrawal of funding said that the luncheon club was an important if not unique part of community that has been in existence for many years. Moreover, it was argued, it was the only such venue for older people in the immediate area and (it is said) provided users with their main meal of the day. The Co-ordinator role was essential, it was argued, as number of members were frail or otherwise in need of support. Given the relatively small saving, people asked that the facility continue and that the Council find other ways to make these levels of savings and that to 'target' older people was unfair.

Looking to the Future

Asked what factor(s) councillors should take into account when making their final decision, two-thirds to three quarters thought continuity of care and quality of care the most important factors - significantly higher (80-90%) in case of day centres and residential care homes. Over two-thirds of those commenting on ARCU felt a mix of psychiatric user-led self help social groups and adult social care would best help support their futures rather than any one service on its own.

Somewhere to meet others in safety and social activities were viewed by over 80% of drop-in respondents as the things that most enabled them to remain independent and active. Day centre respondents said something similar. Of the services currently provided at Alexandra Road, respondents considered accommodation, the support of other with similar experiences and social activities were the top 3 most important things to people in crisis. A safe and secure environment, well-trained and friendly staff and home cooked nutritious food was important for 50-60%+ of residential home and bed-based respite respondents.

Looking to the future, friendship (reminiscing), hot and cold lunches and trips out were the services/activities most drop-in respondents wanted in the future. Friendship (reminiscing) and lunchtime meals were the services 9 out of 10 day care centre respondents wanted in the future closely followed by keeping fit (84%) and trips out (82%). A safe secure environment, help and support when they needed it and being able to maintain links with family and friends were the services/support that care home respondents wanted most (60-80%) going forward. The respite options people most wanted into the future were short breaks and bed-based respite (around 60% apiece); close to half wanted holidays, support day activities and week-ends away. Just over 30% wanted a sleep-in service. For ARCU respondents, the key services they think must be provided in the future are a safe place to go (over 80%); helping those in a crisis to manage their own mental health (79%); and information and advice (53%) followed by the support of other users/survivors (42%).