

Dear Councillor Morton, and Councillor Kober,

I am writing now, to you both as lead on health and wellbeing and as Council leader, on behalf of the Older Peoples Reference Group [OPRG] which is constituted to relate to the Adults Partnership Board with the Council and CCG representing older people as users, and also now as joint partners in services. As you know I have written to you, Councillor Morton, earlier this month with a first response. I am now able to summarise below the results of discussion by the OPRG and of our views following the open consultations which you had at some of the sites.

Our position on the intended closures outlined is that:

A] The Haven must remain as the essential service which it is. You will have heard how people with mild dementia, and those for whom it is their main point of contact outside the home depend on the place, the staff, and the friends they have there. All the social and psychological research of which we are aware underlines the value of contacts beyond the home and of regular stimulation in a social setting, amplified by nutrition, for those in isolated and in depression inducing circumstances. As both family and domiciliary care are now so stretched, both through demands of living standards for many not rising [or actually falling] and eligibility criteria for home care and delivery being so limiting, we cannot see how closure of day centres can be compensated by short term measures such as re-ablement. Re-ablement is important but it is no way a substitute for day care and vital contact, as it is a specific service for recovering individuals.

B] The day centres for people with dementia, Haynes and Grange, must remain. They are literally a lifeline for many people. Again I am sure you must now be aware of this, having heard from carers.

C] Osborne Grove nursing home should not be run down as it provides for a vital residential care need which will not diminish no matter efforts which are made to provide more preventive care -- which we support-- as all the current projections are for more older people, and the clinical knowledge base advises that frailty and dependency in later life are increasing. There is also space under-used in Osborne Grove which can of course be put to good use.

D] Staff reductions should not be made as there is enough evidence that present staff loads are over-stretched and any further reduction will have a very high risk of losing important skills and experience as well as lack of direct care which needs to be provided by trained professionals. Family, volunteer involvement, co-working and space for re-ablement are all worth pursuing -- as the Priority 2 document suggests -- but they cannot be regarded as substitutes for funding to be taken away and the loss of professional input; what's more these are un-costed, without transitional plan, and any impact assessment on the most vulnerable people.

E] Older people are sometimes themselves carers for younger people, for instance those with learning disabilities, and the intended closure of three day centres for people with learning disabilities, is extremely alarming for people who are anxious enough about their childrens' prospects when they as parents or carers will no longer be alive. And as 24 hour continuous care is in short supply, the OPRG opposes the closure of Linden House and the running down of day centres for some of the most vulnerable people in the borough. We re-iterate the shock at this expressed by those in the Learning Disability Partnership Board.

F] Our position is that older people in Haringey have not only a right to life, but a quality of life -- and we take that as directly implied by the Health and Wellbeing Strategy currently promoted by both Haringey Council and the CCG, and the priorities identified within that. We understand these priorities are now under review. We see "empowering adults to live healthy, long and fulfilling lives" meaning that professionals and other staff will help do that, NOT that we just manage amongst ourselves, have more volunteers, and are commissioned at a distance. We are stating that we consider that this MTFs framework and the three year £70 million savings and cuts programme is putting this aspect of the Health and Wellbeing Strategy at unacceptable risk for older adults [and indeed others such as young people with the taking away of youth services].

G] Of the alternatives put forward we understand well enough why the Council should seek to develop social enterprises, and indeed we would welcome local social enterprise in preference to some of the larger corporate firms which now engage in domiciliary and other forms of care, often employing staff well below a living wage, or even minimum wages in some cases. Neighbourhood Connects is cited as one such alternative. But how can you put up a pilot programme well below £1million in funding as replacement for about £16.9 million cuts set out for residential care, funding for physically disabled people [some of whom are elderly], social workers, care packages, and reduced funding for the voluntary sector [£1.4 million there alone, yet the voluntary sector is held up as the future of provision]?

H] We also understand that the Better Care Fund is due to come on line, and that the Council will have new responsibilities under the Care Act, from April 2015, and more from April 2016, including rights of all adults to assessment for care when asked for, and the Council's requirement both to engage and make provision. There is as yet uncertain committed funding for this, and an election in the offing, so why now state how much you will take away, before you even know what income is coming in, and before operational costings of significant changes have been done? And under the NHS and Social Care Act there are new duties, particularly related to public health functions to be taken on, yet you intend to make savings amongst public health staff? Now that the Shadow Secretary of State for Health has said he will repeal the NHS and Social Care Act if put in government after May this year, and will take further measures to integrate health and social care, this seems all the more reason not to give up a £70 million reduction in funding now. In the year ahead there are bound to be some significant adjustments to all the central calculations for local authority funding and indeed the assumptions of less spending on welfare, so why now of all times ask the most vulnerable people in the borough to give up much of their social care?

1] There are other areas of these cuts, not just in Priority 2, which will seriously affect elders. Reductions in respite and in childrens centres affect grandparents too. Losing recycling points will seriously disadvantage those with limited mobility. The housing strategy needs re-thought. Enfield for instance have found a way round the restrictions on Right to Buy diminishing housing stock. The determination to make so much more access to services through on-line means does really disadvantage many older people further, and the moreso those very people who are currently not visible and cannot afford computers or the learning costs for use. We do not oppose better and more technology --- particularly given that tele-care and alarm systems are important for frail elders, and many of us do use on-line technology but that cannot be put forward as the only or main preference for access.

I am writing separately on the question of the economic and financial alternatives which the Council does not seem to wish to consider.

But at this point the OPRG wishes to point out the following:

1] You could consider a Council Tax rise, and even given the strictures put on that by current central government, there is a strong argument for people paying a little more, especially the better off, and not penalising further the poorer people in the borough by your only active Council Tax policy of trying to get moneys back from those who can ill afford it. We note that this latter has been challenged in a Supreme Court judgement. We also note that Islington Council is raising Council Tax and reckons to alleviate harsher measures by doing so.

2] You could consider a one year budget legally now, while we think you have not allowed nearly enough time for consultation on this one, and could also postpone the budget setting until March.

3] Constructing a three year financial course now, predicated on budget savings from the core elements of social care and some environmental care, is not only morally the wrong course but financially unnecessary unless your main aim is in fact to reduce the role of the Council to a commissioning authority with little or no direct provision.

4] There are Reserves you could use, and take more imaginative, and legal, ways of constructing the revenue and capital budgets so that core statutorily backed functions are not adversely affected.

5] You should spend significantly less on consultants who are not accountable and there is no proof of value for money for us. Co-operative working with residents groups and various associations in the borough on shared budgetting proposals would be much better. And you could approach the trades unions about preferred ways of working differently with staff job descriptions and jointly with community based organisations.

6] There is no transitional funding plan and volume costs estimates to meet expected needs, and impact assessment, which should precede --- not come after, as at present -- any proposed large scale budget reduction.

7] There are safeguarding implications for vulnerable adults you have not included in this framework, and we consider that dangerous both morally and legally.

8] There are better ways in which you could use planning gain income, and not yield to development corporation priorities.

We would happily meet with you or other councillors to consider both the impact and alternatives should you wish.

These possibilities assume you do not intend to challenge the current government policies.

We would prefer that you did challenge them on our behalf, and we simply do not believe that the threat of commissioners would be worse than you are doing. On a personal note, as someone who lived and worked as a chief officer through that threat in the Thatcher years, I think it is wrong for you to say you have no alternative but to do what the government plans for local government and to make Haringey stronger by doing it this way. That is frankly an incredible statement.

On the basis of the foregoing and such feedback as you have listened to in the very short time for consultation to date, the OPRG urges you to think again and not make these projected cuts.

Yours sincerely,

Gordon Peters

Chair, Older People Reference Group, and member of Haringey Older Peoples Forum