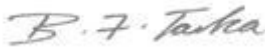




Haringey Council

Equality Impact Assessment

Name of Project	Osborne Grove Nursing Home	Cabinet meeting date <i>If applicable</i>	16/12/2014 10/02/2015 16/06/2015 10/11/2015
Service area responsible	Adult Social Services		
Name of completing officer	Donna Simeon	Date EqIA created	Draft - 11/11/2014 Draft revised June 2015 Draft revised October
Approved by Director / Assistant Director		Date of approval	02/11/2015

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advancing equality of opportunity between those with 'protected characteristics' and those without them
- Fostering good relations between those with 'protected characteristics' and those without them.

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Haringey Council also has a 'Specific Duty' to publish information about people affected by our policies and practices.

All assessments must be published on the Haringey equalities web pages. All Cabinet papers **MUST** include a link to the web page where this assessment will be published.

This Equality Impact Assessment provides evidence for meeting the Council’s commitment to equality and the responsibilities outlined above, for more information about the Councils commitment to equality; please visit the Council’s website.

Stage 1 – Names of those involved in preparing the EqIA	
1. Provider Manager – Stuart Maysmor-Gee	5.
2. Transformation Project Manager – Donna Simeon	6.
3. Policy & Equalities Officer – William Shanks	7.
4. Project Officer – Linda Fernandes	8.

Stage 2 - Description of proposal including the relevance of the proposal to the general equality duties and protected groups. Also carry out your preliminary screening (Use the questions in the Step by Step Guide (The screening process) and document your reasoning for deciding whether or not a full EqIA is required. If a full EqIA is required move on to Stage 3.

The recommendation:

Retain Osborne Grove as a nursing and residential provision and develop reablement and intermediate care provision on site. This provision to be managed by an NHS provider.

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 very 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.

The original proposals for OGNH considered **“the closure of Osborne Grove Nursing Home and changing the use of the premises to an intermediate care service OR to continue with the current provision at Osborne Grove, but to include a reablement care service and deliver the service through an external provider.** Responses to the consultation raised concerns that there was insufficient provision of residential nursing care within the borough to respond to demand. Accordingly the recommendation has been amended to maintain some residential accommodation within this facility whilst maximising the potential of the building to accommodate other social care needs. In consideration of the amended proposal it is also recommended that the NHS provide the services at OGNH.

1. The proposal does not require any existing residents to move from the home unless they wished to do so. The care and support needs of service users will continue to be met.
2. Currently there is accommodation at Osborne Grove which could be utilised for re-ablement services. The proposal would see the restructure and use of the large underutilised meeting and training room. This already has a separate entrance.

This EqIA looks at the current service user profile. Our engagement and consultation with residents and their families/carers has helped us better understand the impact that

the proposals might have on individuals and how we might reduce this. In the report to Cabinet November 2015 'Corporate Plan Priority 2 - Outcome of Consultation and decision on proposals relating to adult services', we have considered how individual needs can be accounted for and how we can mitigate any possible negative impacts.

Stage 3 – Scoping Exercise - Employee data used in this Equality Impact Assessment

Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of recent relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national.

Data Source (include link where published)	What does this data include?
Human Resources records (Jun/Jul)	Staff profile

Stage 4 – Scoping Exercise - Service data used in this Equality Impact Assessment

This section to be completed where there is a change to the service provided

Data Source (include link where published)	What does this data include?
Mosaic Data on Osborne Grove Nursing Home service users: as at 17/06/2015	Service Users
EqlA Profile on Harinet (2011 Key statistics and facts sheet) http://www.haringey.gov.uk/council-and-democracy/about-council/facts-and-figures/statistics/haringey-census-statistics	Sex, Age, Ethnicity, Disability information, Race & Ethnicity, Religion/Belief, Marriage and Civil Partnership – for the Borough of Haringey

Stage 5a – Considering the above information, what impact will this proposal have on the following groups in terms of impact on residents and service delivery:

Positive and negative impacts identified will need to form part of your action plan.

					Positive	Negative	Details	None – why?
Sex								There is no restriction by gender across the service as a whole. The service is open to anyone aged 65 years upwards provided they meet Care Act eligibility and the service can meet their assessed needs. Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their sex.
	All Haringey	%	Osborne	%				
Sex:								
All people	254,926		31					
Males	126,224	49.5%	10	32.3%				
Females	128,702	50.5%	21	67.7%				
Gender Reassignment							Available data does not indicate the status for service users on gender reassignment.	The consultation questionnaire asked respondents for information regarding this characteristic, the pattern of responses did not differ from the general pattern. Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their gender reassignment status
Age								We recognise that 68% of service users are aged 80 years and over and may have specific anxieties around the proposed changes. This was confirmed by consultation feedback. See mitigation in section 6 below.
	People over 60 years in Haringey	%	Osborne	%				
Age:								

Total	31,600		31							The proposal does not require any existing residents to move from the home unless they wished to do so. The care and support needs of all service users will continue to be met.
60 to 69	15,900	50.3%	3	9.7%						
70 to 79	10,400	32.9%	7	22.6%						
80 and over	5,300	16.8%	21	67.7%						
Disability										
Disability:	All Haringey	%	Osborne	%						
All people			31							
Mental Health Support			5	16.1%						
Support with Memory & Cognition			9	29.0%						
Physical Frailty or Sensory Impairment			17	54.8%						
<p>The Office of National Statistics does not collect detailed information on type of disabilities.</p> <p>Service users of Osborne Grove Nursing Home have a Physical Frailty or Sensory Impairment and/or require support with Memory & Cognition conditions and/or require mental health support.</p> <p>Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their disability type.</p> <p>The proposal does not require any existing residents to move from the home unless they wished to do so. The care and support needs of service users will continue to be met.</p>										
Race & Ethnicity										
Race & Ethnicity:	All Haringey	%	Osborne	%						
<p>The services are not restricted by or to race and ethnicity. The service is open to anyone aged over 65 years provided they meet Care Act eligibility and the service can meet</p>										

All people	254,926		31					their assessed needs.
White	154,343	60.5%	14	45.2%				Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their race and ethnicity.
Mixed	16,548	6.5%	1	3.2%				
Asian	24,150	9.5%	2	6.5%				
Black	47,830	18.8%	13	41.9%				
Other ethnic group	12,055	4.7%	1	3.2%				
Sexual Orientation								
								The consultation questionnaire asked respondents for information regarding this characteristic, the pattern of responses did not differ from the general pattern. Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their sexual orientation status.
Religion or Belief (or No Belief)								The services are not restricted by or to religion or belief. The service is open to anyone aged over 65 years provided they meet Care Act eligibility and the service can meet their assessed needs. Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their religion or no belief.
Religion or Belief (or No Belief):	All Haringey	%	Osborne	%				
All people	254,926		31					
Christian	114,659	45.0%	12	38.7%				
Buddhist	2,829	1.1%	0					
Hindu	4,539	1.8%	0					
Jewish	7,643	3.0%	1	3.2%				
Muslin	36,130	14.2%	1	3%				
Sikh	808	0.3%	0					
Other Religion	1,303	0.5%	2	6.5%				
No Religion	64,202	25.2%	0					

Not Stated	22,813	8.9%	15	48.4%				
Pregnancy & Maternity							Available data does not indicate the status for service users on pregnancy & maternity.	The consultation questionnaire asked respondents for information regarding this characteristic, the pattern of responses did not differ from the general pattern. Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their pregnancy & maternity status.
Marriage and Civil Partnership								The services are not restricted by or to marriage or civil partnership status. The service is open to anyone aged over 65 years provided they meet Care Act eligibility and the service can meet their assessed needs. Detailed feedback to the proposal did not indicate differing impacts on service users on the grounds of their marriage and civil partnership.
Marriage and Civil Partnership:	All Haringey	%	Osborne	%				
All people over 16 years old	202,856		31					
Single	101,526	50.0%	5	16%				
Married	67,559	33.3%	7	22.6%				
Separated	8,066	4.0%	0	0.0%				
Divorced	16,646	8.2%	4	12.9%				
Widowed	7,868	3.9%	2	6.5%				
Same-sex civil partnership	1,191	0.6%	0	0%				
Not Stated	0	0%	13	41.9%				

Stage 5b – For your employees and considering the above information, what impact will this proposal have on the following groups: Positive and negative impacts identified will need to form part of your action plan.

					Positive	Negative	Details	None – why?					
Sex						Across the unit 86.2% of staff are female compared to 67.5% across the council generally and therefore the risk to female staff is disproportionately greater than for males.	The impact on staff will be reliant on contract arrangements with the future provider however this recommendation assumes the transfer of staff to the new Health Provider. We will embark on implementing changes using the Councils reorganisation procedure. This will involve a formal consultation process of 45 days with staff and their trade union Representatives. All employees within this service area will be treated equally in accordance with the Council's redeployment policy and procedures. EqIA evaluation will be updated following this consultation						
Sex:	All LBH staff	%	Osborne staff	%									
All people	2,727		58										
Males	887	32.5%	8	13.8%									
Females	1,840	67.5%	50	86.2%									
Gender Reassignment								There will be an opportunity for staff to raise any impacts arising for this characteristic during the consultation.					
<table border="1"> <tr> <td>Gender Reassignment</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Data is not available</p>					Gender Reassignment								
Gender Reassignment													
Age						The potentially affected workforce is comparably older than the Council workforce. Overall there is a disproportionately higher risk of impact on staff in the 50-64 age group.	EqIA evaluation will be updated following this consultation						
Age:	All LBH staff	%	Osborne staff	%									
All people	2,727		58										
16-24	34	1.2%	2	3.4%									
25-39	681	25.0%	10	17.2%									
40-49	822	30.1%	13	22.4%									
50-64	1,138	41.7%	30	51.7%									
65 +	52	1.9%	3	5.2%									
Disability						The potentially affected workforce have reported more disabilities in							
Disability:	All LBH staff	%	Osborne staff	%									

<table border="1"> <tr> <td>All people</td> <td>2,727</td> <td></td> <td>58</td> <td></td> </tr> <tr> <td>Disabled Staff</td> <td>282</td> <td>10.3%</td> <td>16</td> <td>27.6%</td> </tr> <tr> <td>Non Disabled Staff</td> <td>1,775</td> <td>65.1%</td> <td>32</td> <td>55.2%</td> </tr> <tr> <td>Not Stated</td> <td>670</td> <td>24.6%</td> <td>10</td> <td>17.2%</td> </tr> </table>	All people	2,727		58		Disabled Staff	282	10.3%	16	27.6%	Non Disabled Staff	1,775	65.1%	32	55.2%	Not Stated	670	24.6%	10	17.2%		comparison to the Council workforce. Overall there is a disproportionately higher risk of impact on disabled staff.																						
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Sexual Orientation:	All LBH staff	%	Osborne staff	%																																								
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Religion or Belief (or No Belief)								<p>There is insufficient data to allow an analysis of the impact of the recommendations on staff in consideration of their religion or belief.</p> <p>There will be an opportunity for staff to raise any impacts arising for this characteristic during the consultation.</p>
Religion or Belief (or No Belief):	All LBH staff	%	Osborne staff	%				
All people	2,727		58					
Christian	335	12.3%	13	22.4%				
Buddhist	2	0.1%	0	0.0%				
Hindu	16	0.6%	1	1.7%				
Jewish	5	0.2%	0	0.0%				
Muslin	52	1.9%	1	1.7%				
Sikh	7	0.3%	0	0.0%				
Other Religion	16	0.6%	1	1.7%				
No Religion	152	5.6%	0	0.0%				
Not Stated	2,142	78.5%	42	72.4%				
Pregnancy & Maternity								<p>There will be an opportunity for staff to raise any impacts arising for this characteristic during the consultation.</p>
Pregnancy & Maternity								
Data is not available								
Marriage and Civil Partnership								<p>There is insufficient data to allow an analysis of the impact of the recommendations on staff in consideration of their marriage and civil partnership status. There will be an opportunity for staff to raise any impacts</p>
Marriage and Civil Partnership:	All LBH staff	%	Osborne staff	%				
All people over 16 years old	2,727		58					
Single	550	20.2%	7	12.1%				
Married	253	9.3%	9	15.5%				

Separated	2	0.1%	0	0.0%				arising for this characteristic during the consultation.
Divorced	24	0.9%	0	0.0%				
Widowed	2	0.1%	1	1.7%				
Same-sex civil partnership	0	0.0%	0	0.0%				
Not Stated	1,896	69.5%	41	70.7%				

Stage 6 - Initial Impact analysis	Actions to mitigate, advance equality or fill gaps in information
<p>(This initial analysis was completed in June 2015 – before the consultation process.)</p> <p>In house services are highly valued by people who use services, their families and carers. However, with reduced public funding, Local Authorities need to develop new models and approaches which increase value for money.</p> <p>The closure of Osborne Grove Nursing Home and changing the use of the premises to an intermediate care service: will have minimal impact on the existing service users. The building is divided into four separate units two ground floor and two first floor. Each unit has 8 bedrooms all with their own toilet/shower facilities as well as a communal lounge area. The building has good access for wheelchair users with level access on stories, widened doorways and lift facilities. It is anticipated that the gradual change to intermediate care services will be completed by unit so to minimise any disruption to existing service users. Service users may be required to move from one unit to another within Osborne Grove and this may cause some anxiety to service users. Should the provision be wound down, 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. Intermediate care is short-term care for people who no longer need to be in hospital however require extra support to help them recover. This specialist care is not specific to age, gender or any other protected characteristic and will increase the opportunity for individuals to care for themselves and access the support needed to gain independence.</p> <p>To continue with the current provision at Osborne Grove, but to include a reablement care service and deliver the service through an external provider: There is a risk of anxiety amongst existing service users during the changes, resulting in comment and complaints from customers and from their families. Actions will be taken to mitigate this inherent risk (see opposite column).</p> <p>Risks identified through equalities impact assessment:</p> <p>67% of service users are aged 80 years and over and may have specific anxieties around the proposed changes. During the consultation process we will engage directly</p>	<p>(This initial analysis was completed in June 2015 – before the consultation process.)</p> <p>The new model aims to maximise the resource that we have for service delivery and target the available resources based on 1) providing equity for all service users, 2) preventing and delaying the need for long term care.</p> <p>Service users and staff will be engaged as part of the consultation. Their views will be fed into the full Equalities Impact Assessment, which will return to Cabinet following the consultation period. This will include more detailed analysis of the impact of both proposals and more detailed mitigating actions.</p> <p>To mitigate the effects of the proposals we will:</p> <ol style="list-style-type: none"> 1) Review/ reassess the needs of the current service users at Osborne Grove Nursing Home. 2) Engage with carers/families during the consultation to reduce anxiety regarding the proposals. 3) Work with the community and other providers to identify alternative options should any individual choose to move to alternative accommodation.

<p>with service users and their families to reiterate that neither proposal for the future use of Osborne Grove requires any service user to move to alternative residence outside of the nursing home. All service users will have a reassessment/review of their needs, with a view to identifying any possible impact on the group and taking appropriate action.</p> <p>Service users of Osborne Grove Nursing Home have a Physical Frailty or Sensory Impairment and/or require support with Memory & Cognition conditions and/or require mental health support. All service users will have a reassessment/review of their needs. We recognise that service users may elect to find an alternative provision and if should they wish to do so, we will work with providers to find residential nursing homes suitable to their needs vis a vis their disability.</p> <p>There would be a reduction in the number of staff directly employed by the council and a separate EqIA will be carried out into the equality impact of this change.</p>	
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Stage 7 - Consultation and follow up data from actions set above	
Data Source (include link where published)	What does this data include?
<p>Consultation on the three proposals was undertaken from 1 July to 1 October 2015.</p> <p>An independent Advocacy Provider (LDX) was available for individuals during the public consultation meetings to help people to express their wishes and feelings, support them in weighing up their options and assist them in making their own decisions regarding the proposed changes to services.</p>	<p>118 people responded to Proposal 1 and 59% of questionnaire responses 'strongly did not support' the closure of OGNH and 59% of responses 'strongly did not 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'.</p> <p>There were three overarching themes from the consultation regarding the proposal to close Osborne Grove as a residential nursing home:</p> <ol style="list-style-type: none"> 1) The high quality of the existing service 2) Concern about the impact on existing service users and carers 3) A feeling that there is a lack of alternative provision in the borough

Stage 8 - Final impact analysis

The original proposals for OGNH also considered the alternative use of the premises for Intermediate Care. Responses to the consultation raised concerns that there was not sufficient provision within the borough to respond to demand. Accordingly the recommendation has been amended to maintain some residential accommodation within this 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 always be some residential accommodation within this facility.

Feedback to the consultation highlighted the high quality of care currently provided by OGNH and concerns of whether a new provider could maintain the quality of care. The recommendation has been amended to specify that the alternative provider should be the NHS to cater for the needs of the service users.

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 ground floor and two first floor. Each unit has 8 bedrooms all with their own toilet/shower facilities as well as a communal lounge area. The building has good access for wheelchair users with level access on both stories, widened doorways and lift facilities. 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.

67% of service users are aged 80 years and over and may have specific anxieties around the proposed changes. During the consultation process we have engaged directly with service users and their families/carers to reiterate that neither proposal for the future use of Osborne Grove required any service user to move to alternative residence outside of the nursing home. There is a risk of anxiety amongst existing service users that may be required to move from one unit to another within OGNH. Actions will be taken to mitigate this inherent risk (see mitigation below).

We recognise that service users may elect to find an alternative provision and if they wish to do so, we will work with providers to find residential nursing homes suitable to their needs vis a vis their disability.

Mitigations

To mitigate the effects of the proposals we will:

- 1) Engage with carers/families as early as possible and before the implementation of any changes to OGNH to reduce anxiety.
- 2) Engage with service users and plan effectively for any move required within the residential home from one room to another.
- 3) Work with the community and other providers to identify alternative options should any individual **choose** to move to alternative accommodation.

Additionally:

- 1) Officers will (i) carefully monitor the development of these proposals; (ii) continue to have “due regard” to the Public Sector Equalities Duties during the implementation process;
- 2) There will be monitoring and oversight of the implementation of the recommendations through i) the Strategic Healthy Lives Priority Board (which has oversight of the strategic and operational delivery of the various service proposals), ii) Transformation Group (which provides scrutiny and challenge to the

delivery of the Transformation proposals/plans and ongoing monitoring of quality and performance), iii) the Director and Lead member for Health and Wellbeing. In addition the transformation is subject to scrutiny by the Council's overview and Scrutiny Committee and the Adults and Health Scrutiny panel.

Note: Should the recommendations be agreed there will be formal consultation with staff and a further equalities analysis for the impact on the workforce will be carried out via an additional EQIA.

Stage 9 - Equality Impact Assessment Review Log

Review approved by Director / Assistant Director

Date of review

Review approved by Director / Assistant Director

Date of review

Stage 10 – Publication

Ensure the completed EqIA is published in accordance with the Council's policy.