

EQUALITY IMPACT ASSESSMENT

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

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advancing equality of opportunity for 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.

Stage 1 – Screening

Please complete the equalities screening form. If screening identifies that your proposal is likely to impact on protected characteristics, please proceed to stage 2 and complete a full Equality Impact Assessment (EqIA).

Stage 2 – Full Equality Impact Assessment

An EqIA provides evidence for meeting the Council's commitment to equality and the responsibilities under the Public Sector Equality Duty.

When an EqIA has been undertaken, it should be submitted as an attachment/appendix to the final decision making report. This is so the decision maker (e.g. Cabinet, Committee, senior leader) can use the EqIA to help inform their final decision. The EqIA once submitted will become a public document, published alongside the minutes and record of the decision.

Please read the Council's Equality Impact Assessment Guidance before beginning the EqIA process.

1. Responsibility for the Equality Impact Assessment

Name of proposal	Osborne Grove Nursing Home development
Service area	Adult Social Care
Officer completing assessment	Sam Jacobson
Equalities/ HR Advisor	Hugh Smith
Cabinet meeting date (if applicable)	June 2018
Director/Assistant Director	Charlotte Pomery

2. Summary of the proposal

Please outline in no more than 3 paragraphs

- The proposal which is being assessed*
- The key stakeholders who may be affected by the policy or proposal*
- The decision-making route being taken*

Osborne Grove Nursing Home (OGNH) currently provides nursing care for 7 people over 65 in Haringey. The overall capacity of the home is 32-units.

On 12th December 2017 Cabinet agreed to the closure of the home following a public consultation. A separate EQIA was produced for that decision. It is available here: <http://minutes.harinet.haringey.gov.uk/documents/g8292/Public%20reports%20pack%2012th-Dec-2017%2018.30%20Cabinet.pdf?T=10> .

The Council is considering a number of options set out in an options appraisal for Cabinet on the future use of the Osborne Grove site. The preferred option recommended to Cabinet is to undertake a feasibility study against two options, to expand the site to a 64 bedded unit, or re-build into a 70-bedded unit, in both cases whilst maintaining the remaining 7 residents in situ. Each option would increase the supply of beds available in the borough and will create nursing placements fit to meet the increasingly complex needs of service users. During the building stage of the new nursing home - projected to last 3 years – there will be a temporary reduction in the supply of nursing home beds in the borough, with only the current 7 residents able to remain in situ. The proposal will affect current residents and the future recipients of nursing care in Haringey. This first stage EQIA explores the potential impacts of the recommended options as there is a need for further information to be gathered through feasibility and consultation.

3. What data will you use to inform your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis. Please include any gaps and how you will address these

This could include, for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national. For restructures, please complete the restructure EqIA which is available on the HR pages.

Protected group	Service users	Staff
Sex	Service data JSNA http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna	N/A
Gender Reassignment	Data not held	N/A
Age	Service data JSNA http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna	N/A
Disability	Service data JSNA http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna	N/A
Race & Ethnicity	Service data JSNA http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna	N/A
Sexual Orientation	Data not held. ONS	N/A
Religion or Belief (or No Belief)	Service data JSNA http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna	N/A
Pregnancy & Maternity	Data not held	N/A
Marriage and Civil Partnership	Data not held	N/A

Outline the key findings of your data analysis. Which groups are disproportionately affected by the proposal? How does this compare with the impact on wider service users and/or the borough's demographic profile? Have any inequalities been identified?

Explain how you will overcome this within the proposal.

Further information on how to do data analysis can be found in the guidance.

Protected Characteristic	% Service Users in Nursing Placements in Borough	% population in Haringey
Sex	62% female; 38% male	49.9% Female; 51.1%

		Male
Gender Reassignment	Data not held	
Age	88% over 65; 12% under 65;	9.21% 65+
Disability	68% Physical Disability; 20% Dementia; 10% Mental Health Condition; 2% other We expect an increase in people with age related disabilities	
Sexual Orientation	Data not held	3.7% of Haringey's population are lesbian, gay or bisexual (LGB), which is the 15 th largest LGB community in the country.
Race & Ethnicity	61% White; 21% Black/Black African; 6% Asian/Asian British; 8% Other	57.7% White British/Other; 18.7% Black British/African/Caribbean; 9.5% Asian/Asian British
Pregnancy and Maternity	N/A	N/A
Marriage and Civil Partnership	Data not held	

This decision is regarding options for future use of the Osborne Grove site and the impact of the preferred option on the supply of nursing care in the borough and also the impact on current residents. Both options are to be the subject of detailed feasibility and design work as well as consultation with residents and other stakeholders. Each option entails those of the current residents (7) who wish to stay in the Home, being able to do so. During the building stage of any new nursing home - projected to last 3 years – there will be a temporary reduction in the supply of nursing home beds in the borough. When the new home has been built and opened, there will be more nursing beds available than currently and therefore there will be an overall increase in the supply of nursing home beds in the borough.

As indicated in the table above, nursing care is predominantly commissioned for older people (over 65's) and people with age or health related disabilities. As life expectancy for women is higher than that for men, we are likely to continue to see a higher proportion of women than men accessing nursing care into the future.

The recommended options increase the supply of nursing beds in the long term which will help meet the increased demand for older people's services in the future and will benefit people with protected characteristics. Either option will also ensure that the new build nursing home is more suitable than the current provision for people with complex disabilities and conditions such as dementia. There are a number of problems with the existing nursing home which make it less suitable to support the provision of nursing care, including a lack of appropriately sized lifts, a lack of en-suite wet rooms, insufficient large doors, blind-spots and fire safety concerns: further detail on these are outlined in the cabinet report in section 6.2.

The recommended options of residents in situ during construction work will affect more residents over 65, women and those suffering from a disability.

4. a) How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff?

Please outline which groups you may target and how you will have targeted them

Further information on consultation is contained within accompanying EqIA guidance

As noted, detailed feasibility and design work is due to be carried out with regard to two options, both of which involve current residents (7) remaining in situ. This work will be carried out with the Co-Design Reference Group, which involves a range of stakeholders including family members, the Chair of the Older People's Reference Group, the Chair of HealthWatch, ward councillors, Trade Unions and the Lead Member for Adults and Health, in order to ensure it is a rich process which incorporates a variety of perspectives. The Group will also consider the impact of either option on protected groups in the borough.

Alongside the work of the Co-Design Reference Group, there will be engagement with a wider range of stakeholders over the coming months and before any report is brought back to Cabinet in the Autumn of 2018.

Following the selection of the preferred option, there will be consultation with residents and families directly affected by the proposal.

4. b) Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the protected characteristics

Explain how will the consultation's findings will shape and inform your proposal and the decision making process, and any modifications made?

The input of potential users, families and local residents to the detailed design and service model proposals for delivery of care at the home will be important to ensuring that their needs and outcomes are met through the proposals.

To date, the Co-Design Reference Group has worked on a set of design principles to guide the future approach. Their views have already informed the selection of the two preferred options and they are actively engaged in discussions about the model of care for the future. The draft design principles can be summarised as:

- The design of the home is geared flexibly towards meeting the current and future needs of Haringey residents
- A financially viable and sustainable future for the continuation of nursing care provision on the site
- Recognition of the benefits of outstanding design to flexible care delivery now and

into the future

- Aspiration for outstanding provision
- ‘An open home’, which is outward facing and supports engagement with the wider community, and health & care partners
- Partner and community engagement in supporting OGNH to operate to the full benefit of residents and other older people
- Focus on working in ways which build relationships and start from people’s strengths
- Increased access to the most enabling help even for those with high and complex needs

5. What is the likely impact of the proposal on groups of service users and/or staff that share the protected characteristics?

Please explain the likely differential impact on each of the 9 equality strands, whether positive or negative. Where it is anticipated there will be no impact from the proposal, please outline the evidence that supports this conclusion.

Further information on assessing impact on different groups is contained within accompanying EqIA guidance

1. Sex

Women are overrepresented among service users. The long-term impact of this option would be positive as it will increase the supply of nursing beds in Haringey and will ensure these nursing beds are fit for purpose. The majority of recipients of nursing care are female due to the higher life expectancy of women. This option would increase in-borough nursing capacity, allowing service users to remain close to their support networks and helping to meet expected increased demand due to an ageing population.

In the short term, developing a new unit will lead to a period of three years where no additional nursing provision will be delivered on site beyond the existing provision to the 7 residents currently living in the home who will be able to remain. There will be no new provision for prospective residents. This will limit the availability of in-borough nursing placements in the short-term. However, the Council will seek to mitigate this by endeavouring to make placements either in Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply

In addition, those of the current residents who choose to remain in the Home throughout the period of development works will be living in a potentially unsettling environment once construction gets underway. There will be a need to ensure that their wellbeing can be safeguarded during the construction period.

Positive	X	Negative	X	Neutral impact		Unknown Impact	
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2. Gender reassignment

Data is unavailable on the number of service users who have undergone gender reassignment. The council and any providers will comply with standard Equality Act requirements in order to ensure that all service users receive equal access to nursing care placements and to prevent any discrimination based on this protected characteristic.

Positive		Negative		Neutral impact		Unknown Impact	X
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3. Age

People aged 65+ are overrepresented among service users. The long-term impact of this option would be positive as it will increase the supply of nursing beds in Haringey and will ensure these nursing beds are fit for purpose. The majority of recipients of nursing care are over 65. This option would increase in-borough nursing capacity, allowing service users to remain close to their support networks.

In the short term, developing a new unit will lead to a period of three years where no additional nursing provision will be delivered on site beyond the existing provision to the 7 currently living in the home who will be able to remain. There will be no new provision for prospective residents. This will limit the availability of in-borough nursing placements in the short-term. However, the Council will seek to mitigate this by endeavouring to make placements either in Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply

In addition, those of the current residents who choose to remain in the Home throughout the period of development works will be living in a potentially unsettling environment once construction gets underway. There will be a need to ensure that their wellbeing can be safeguarded during the construction period.

Positive	X	Negative	X	Neutral impact		Unknown Impact	
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4. Disability

People with disabilities are overrepresented among service users. The long-term impact of this option would be positive as it will increase the supply of nursing beds in Haringey and will ensure these nursing beds are fit for purpose. A high proportion of recipients of nursing care have a physical or neurological disability. This option will increase in-borough nursing capacity - allowing service users to remain close to their support networks; will provide nursing capacity that better meets the needs of people with complex disabilities; and will future proof for age related disabilities, such as dementia.

In the short term, developing a new unit will lead to a period of three years where no additional nursing provision will be delivered on site for beyond the existing provision to the 7 residents currently living in the home who will be able to remain. There will be no new provision for prospective residents. This will limit the availability of in-borough nursing

placements in the short-term. However, the Council will see to mitigate this by endeavouring to make placements either in Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply

In addition, those of the current residents who choose to remain in the Home throughout the period of development works will be living in a potentially unsettling environment once construction gets underway. There will be a need to ensure that their wellbeing can be safeguarded during the construction period.

Positive	X	Negative	X	Neutral impact		Unknown Impact	
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5. Race and ethnicity

The long-term impact of this option would be positive. A high proportion of recipients of nursing care in Haringey are Black/African/Caribbean and this option would increase Haringey's ability to place these clients within borough, close to service users' support networks.

In the short term, developing a new unit will lead to a period of three years where no additional nursing provision will be delivered on site beyond the existing provision to the 7 residents currently living in the home who will be able to remain. There will be no new provision for prospective residents. This will limit the availability of in-borough nursing placements in the short-term. However, the Council will see to mitigate this by endeavouring to make placements either in Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply

In addition, those of the current residents who choose to remain in the Home throughout the period of development works will be living in a potentially unsettling environment once construction gets underway. There will be a need to ensure that their wellbeing can be safeguarded during the construction period.

Positive	X	Negative	X	Neutral impact		Unknown Impact	
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6. Sexual orientation

Data is unavailable on the number of service users who have undergone gender reassignment. However, the ONS estimates that 3.7% of Haringey's population are lesbian, gay or bisexual (LGB), which is the 15th largest LGB community in the country. Any resident that is in a same sex relationship will be treated the same as if they were heterosexual. The council and any providers will comply with standard Equality Act requirements in order to ensure that all service users receive equal access to nursing care placements and to prevent any discrimination based on this protected characteristic.

Positive		Negative		Neutral impact		Unknown Impact	X
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7. Religion or belief (or no belief)

We are not expecting disproportionate impact on this group. The council and any providers will comply with standard Equality Act requirements in order to ensure that all service users receive equal access to nursing care placements and to prevent any discrimination based on this protected characteristic.

Positive		Negative		Neutral impact	X	Unknown Impact	
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8. Pregnancy and maternity

N/A

Positive		Negative		Neutral impact	X	Unknown Impact	
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9. Marriage and Civil Partnership

Data is unavailable on the number of service users who are in a civil partnership. Any resident that is in a civil partnership will be treated the same as if they were married. The council and any providers will comply with standard Equality Act requirements in order to ensure that all service users receive equal access to nursing care placements and to prevent any discrimination based on this protected characteristic.

Positive		Negative		Neutral impact	X	Unknown Impact	
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Outline the overall impact of the policy for the Public Sector Equality Duty:

- Could the proposal result in any direct/indirect discrimination for any group that shares the protected characteristics?
- Will the proposal help to advance equality of opportunity between groups who share a protected characteristic and those who do not?
This includes:
 - a) Remove or minimise disadvantage suffered by persons protected under the Equality Act
 - b) Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups
 - c) Encourage persons protected under the Equality Act to participate in public life or in any other activity in which participation by such persons is disproportionately low
- Will the proposal help to foster good relations between groups who share a protected characteristic and those who do not?

Any decision to increase nursing capacity for Haringey clients in borough will have a long term positive impact on this client group by increasing the availability of nursing provision in-borough, reducing the proportion of Haringey clients that have to be placed out of borough and benefiting users and their families and networks.

In the short-term, the preferred option would reduce capacity at OGNH for a 3 year period. Mitigating actions will be taken to ensure that the wellbeing of those current residents electing to remain in the Home is safeguarded, despite the construction works.

In the longer term, there will be actions to ensure future nursing care recipients are afforded as much choice as possible within Haringey or neighbouring boroughs, such as through block booking nursing beds to ensure that supply within the borough is available to residents living within the borough. The increased nursing care capacity at the end of the build period, however, will have a net positive impact on supply and therefore will benefit local residents in the long term.

6. a) What changes if any do you plan to make to your proposal as a result of the Equality Impact Assessment?

Further information on responding to identified impacts is contained within accompanying EqlA guidance

Outcome	Y/N
No major change to the proposal: the EqlA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. <u>If you have found any inequalities or negative impacts that you are unable to mitigate, please provide a compelling reason below why you are unable to mitigate them.</u>	Y
Adjust the proposal: the EqlA identifies potential problems or missed opportunities. Adjust the proposal to remove barriers or better promote equality. Clearly <u>set out below</u> the key adjustments you plan to make to the policy. If there are any adverse impacts you cannot mitigate, please provide a compelling reason below	N
Stop and remove the proposal: the proposal shows actual or potential avoidable adverse impacts on different protected characteristics. The decision maker must not make this decision.	N

6 b) Summarise the specific actions you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty

Impact and which protected characteristics are impacted?	Action	Lead officer	Timescale
	Haringey Council will	Charlotte	2018/19 –

<p>The preferred option in the cabinet report, to run a reduced service on site for the remaining 7 residents whilst either expanding the site into a 64 bedded unit or re-building a 70 bedded unit, will lead to a period of up to 3 years where capacity on site is reduced. This will impact on older people, mostly women, and people with disabilities disproportionately as the Council may need to secure provision out of borough. It will however ensure that existing residents can remain in situ. Also, the same group will be disproportionately affected if they remain in situ.</p>	<p>continue to endeavour to place residents in Haringey or within neighbouring boroughs through proactive engagement with providers to secure placements.</p> <p>Haringey Council will also be seeking to establish block contracts with care homes in Haringey and within neighbouring boroughs to secure beds for use by Haringey residents. This will help to mitigate the impact of the short-term loss of supply in Haringey.</p> <p>There is to be a feasibility work which would amongst other matters consider the impact of residents remaining in situ. Also, consultation with residents and stakeholders on the preferred option. This would further inform the equalities impact and any mitigating actions.</p>	<p>Pomery</p>	<p>2021/22</p>
<p>Please outline any areas you have identified where negative impacts will happen as a result of the proposal but it is not possible to mitigate them. Please provide a complete and honest justification on why it is not possible to mitigate them.</p>			
<p>There are no negative impacts at this stage. As indicated above, this position will be further informed by the feasibility work and consultation with residents and stakeholders on the preferred option.</p>			
<p>6 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:</p>			
<p>The development of the home and the transition of new service users to a future scheme on the site, will be monitored to ensure referrals reflect the borough and user profile. Commissioned providers will be required to comply with their duties under the Equality Act 2010 and this duty will be monitored in their contracts.</p> <p>We will also be engaging with a range of stakeholders in the further development of the home to ensure that it meets a wide range of needs, including for those of protected</p>			

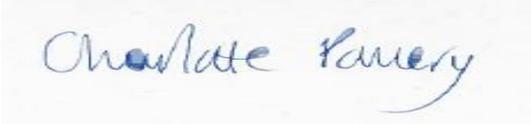
groups, through the established Co-Design Reference Group.

There is to be feasibility work and consultation with residents and stakeholders on the preferred option. The outcome of both tasks would further inform the decision on the impact of the option on residents and future service users who share the protected characteristics and mitigation action including monitoring. The Council will continue to promote individual resident wellbeing and ensure all their needs are safely met and welfare safeguarded. For now, the Council will continue to monitor any impact from its recommended options on the residents at the Home. This will be through the day to day service provision, the said Reference Group and in the plans for tasks to be undertaken on the future provision on the site.

7. Authorisation

EqlA approved by: Charlotte Pomery, Assistant Director

Date 15th June 2018



Commissioning

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8. Publication

Please ensure the completed EqlA is published in accordance with the Council's policy.

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Please contact the Policy & Strategy Team for any feedback on the EqlA process.