

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 Closure Consultation
Service area	Adult Social Care
Officer completing assessment	Caroline Humphrey
Equalities/ HR Advisor	Hugh Smith/ Helen Gaffney
Cabinet meeting date (if applicable)	10 th September 2019
Director/Assistant Director	Beverley Tarka

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 is a 32-bedded nursing unit currently providing nursing care for less than 5 residents. The home is located on a site, owned by the Council, in Stroud Green which has a sizeable garden, a large carpark and day centre provision.

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>.

On the 26th June 2018, the cabinet gave approval for Haringey to retain the Osborne Grove site and agreed that its use as a residential/nursing home should continue. Cabinet instructed that a design partner should be identified to undertake a feasibility study into the future design and feasibility options for site. The feasibility study was to include the construction works required to be undertaken, whether this can be undertaken with residents in situ, the risk to and likely impact on residents and whether and how current residents can be safeguarded. An EQIA was produced for that decision. It is available here: <http://minutes.harinet.haringey.gov.uk/documents/g8727/Public%20reports%20pack%2026th-Jun-2018%2018.30%20Cabinet.pdf?T=10>

The detailed Feasibility study has been completed and demonstrated that this land offers significant opportunity for development, increasing provision to a 70-bedded nursing unit. The feasibility study provided the council five potential development options for the future of the site at Osborne Grove which and was presented to cabinet in July 2019. Cabinet agreed to move to the next design phase with a variant of Option 4 of the Feasibility Study: demolish the current building and rebuild a 70 bed nursing provision including clinic site whilst ensuring that the use of the site is maximised. The agreed option will increase the supply of beds available in the borough and will create nursing placements fit to meet the increasingly complex needs of service users, however during the final design and build phase there will be a temporary reduction of available beds. A copy of the EQIA can be found here.

<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=9151>

The feasibility study assessed the possibility of enabling existing residents to remain in the Home. The conclusion of this assessment was that due to the vulnerability and complex health care needs of residents it would not be possible to safely provide care were they to remain in the Home. Therefore Cabinet agreed to consider consultation with residents, carers and other stakeholders on a proposal to move remaining service users and close Osborne Grove Nursing Home pending development of the site for a 70 bed facility, due to concerns about undertaking building works at the Home with service

users in situ and the implications for their health and wellbeing.

The key stakeholders in regard to the consultation are residents, their families and carers, other stakeholders with interest include CCG, Local interest groups that have campaigned around the Home and involved in the Design Group and Staff.

This EQIA supports the proposed consultation paper.

If Cabinet agree to proceed with the consultation, a report on the findings of the consultation and the proposed recommendation will be brought back to Cabinet for a decision.

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 State of the Borough https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough	Data of permanent staff employed at the Home
Gender Reassignment	Data not held	No data available
Age	Service data State of the Borough https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough	Data of permanent staff employed at the Home
Disability	Service data State of the Borough https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough	Data of permanent staff employed at the Home
Race & Ethnicity	Service data State of the Borough https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough	Data of permanent staff employed at the Home
Sexual	Service data	No data available

Orientation	State of the Borough https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough	
Religion or Belief (or No Belief)	Census 2011	Data of permanent staff employed at the Home
Pregnancy & Maternity	Data not held	Data of permanent staff employed at the Home
Marriage and Civil Partnership	Census 2011	No data available

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	Staff at OGNH
Sex	59% female; 41% male	49.3% Female; 50.7% Male	92.6% Female, 7.4% Male
Gender Reassignment	Data not held	Data not held	Data not held
Age	85% over 65; 15% under 65;	10% 65+	25-34 – 3.7% 35-44 – 18.5% 45-54 – 33.3% 55-64 – 37% 66+ - 7.4%
Disability	70% Physical Disability; 18% Dementia; 5% Mental Health Condition; 4% Learning disability; 4% other We expect an increase in people with age related disabilities	23% of Haringey households include one person with a long-term health problem or disability	18.5% staff have declared a disability
Sexual	Data not held	3.7% of Haringey's	Data not held

Orientation		population are lesbian, gay or bisexual (LGB), which is the 9 th largest LGB community in the country.	
Race & Ethnicity	50% White; 25% Black British/Black African; 4% Asian/Asian British; 17% Other	57.7% White British/Other; 18.7% Black British/African/Caribbean; 9.5% Asian/Asian British	81% BME, 18.5% white minorities
Religion or Belief (or No Belief)	Data not held	45% Christian; 14% Muslim; 3% Jewish; 2% Hindu; 25% no religion	Data not held
Pregnancy and Maternity	N/A	N/A	Data not held
Marriage and Civil Partnership	Data not held	50% Married; 0.6% Civil Partnered	Data not held

Due to the small number of residents within the Home it has been determined that there is a risk of being able to identify them individually if the data analysis were to be based exclusively on OGNH residents. It is considered good practice to base the data analysis on service level data in these circumstances, noting that it is reasonable to expect that the profile of OGNH residents is broadly consistent with Haringey service users in nursing placements.

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. It is also notable that a significantly higher proportion of service users in nursing placements in Haringey are Black British/Black African.

The selected option will 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, in particular those aged over 65 and women. The recommended options also ensure that the new build nursing home is more suitable than the current provision for people with disabilities and long-term health conditions such as dementia.

The recommended option of relocation of the home's current residents to alternative Nursing homes will disproportionately affect residents over 65, women and those with disabilities. It is likely that moving home will have a considerable impact on these residents and their carers and families, potentially including stress and financial outlay. However, the potential impact on residents' health and wellbeing if they were to remain on the site is considered to be more severe. If the decision is to close OGNH, all residents will be supported to source a new home that meets their needs. Due consideration will be given to the needs of residents with protected characteristics during this process. For instance, residents who need a placement within a certain distance of a place of worship or health facility will be supported to source an appropriate

placement.

We do not hold data of carers or family members who are impacted by the decision.

Staff Impact

There are 27 permanent members of staff employed at the Home.

1. Sex

Gender	OGNH	Council Wide
Female	92.6%	68%
Male	7.4%	32%

Women are disproportionately represented in Osborne Grove. Therefore, this group are going to be disproportionality affected by the proposal.

The Council Redeployment Policy will apply to all staff. All staff will be given access to support via My Career' that contains information and tools on subjects such as making applications and CV writing, as well as career coaching and interviews. They will also have access to the Employee Assistance Programme.

2. Gender Reassignment

We do not hold any data relating to gender reassignment and are not aware of any member of staff fall under the gender reassignment protected group. If any member of staff who is transgender, we will ensure that no discrimination or harassment will occur.

3. Age

Age range	OGNH	Council Wide
16 - 24	0%	1%
25 – 34	3.7%	15%
35 – 44	18.5%	24%
45 – 54	33.3%	37%
55 – 64	37%	21%
65+	7.4%	2

The age profile for staff varies in three distinct areas in comparison to the wider council. There are fewer members of staff in the 25 to 34 age bracket, marginally less in the 45 – 54 bracket and more in the 55 – 64 and 65+. This means that older members of the workforce will be significantly more impacted than other groups,.

The Council Redeployment Policy will apply to all staff. All staff will be given access to support via My Career' that contains information and tools on subjects such as making applications and CV writing, as well as career coaching and interviews. They will also

have access to the Employee Assistance Programme.

4. Disability

	OGNH	Council wide
Disabled staff	18.5%	10%

There is a significantly larger proportion of staff that have declared a disability than council wide, though this data is not comprehensive. Therefore, this group are likely to be disproportionality affected by the proposal.

The Council Redeployment Policy will apply to all staff. All staff will be given access to support via My Career' that contains information and tools on subjects such as making applications and CV writing, as well as career coaching and interviews. They will also have access to the Employee Assistance Programme. Reasonable adjustments will be provided to ensure that disabled people can access these services.

5. Race and ethnicity

	OGNH	Council Wide
Black	77.8%	36%
Asian	0%	9%
Mixed	0%	4%
Other	3.7%	3%
White minorities	18.5%	17%
White	0%	29%
Not Declared	0%	2%

Individuals from a BME background make up the largest proportion of staff, 81.5% in total as compared to the council wide of 69%. This group would be disproportionately effected by the proposal. The Council Redeployment Policy will apply to all staff. All staff will be given access to support via My Career' that contains information and tools on subjects such as making applications and CV writing, as well as career coaching and interviews. They will also have access to the Employee Assistance Programme.

6. Sexual Orientation

We do not hold any data relating to sexual orientation and cannot determine the impact. We have no reason to expect that there will be a differential impact on individuals with this protected characteristic and we will take steps to prevent any discrimination based on this protected characteristic.

7. Religion or belief

We do not hold any data relating to religion or belief and cannot determine the impact. We have no reason to expect that there will be a differential impact on individuals with this protected characteristic and we will take steps to prevent any discrimination based on this protected characteristic.

8. Pregnancy and Maternity

There are no members of staff on maternity leave and we are not aware of any staff being pregnant.

9. Marriage and Civil Partnership Status

We do not hold any data relating to marriage or Civil Partnership and cannot determine the impact. We will treat employees who are in a civil partnership the same as those who are in a marriage.

The Council is running a campaign to improve the equality data of employees across the Council to ensure we have accurate equality data, including the missing characteristics.

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

The consultation will run for up to 90 days and due to the small number of residents in the Home the focus will be on direct contact with those directly affected.

Therefore the consultation will involve;

- Face to face meetings with those directly
- Online survey
- Mail box for questions and comments
- Independent advocates will be offered to all residents and their families and carers.

The consultation will be conducted in such a way as to enable all residents, families, carers, and other stakeholders to participate. Consultation documentation will be provided in large print, braille, and/or other languages upon request.

Staff consultation:

There will be a requirement to consult with staff. The following mechanisms will be used for the staff consultations

- Staff meetings
- 1 to 1 meetings if requested
- Mailbox for questions and comments

- Written correspondence

The consultation will be conducted in such a way as to enable all affected staff to participate. Consultation documentation will be provided in large print, braille, and/or other languages upon request.

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 findings of the consultation will be reported to Cabinet when it has been completed in order to support a future decision. A further Equalities Impact Assessment will be produced that takes the findings of the consultation into account and a final version completed.

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 EqlA guidance

1. Sex

Women are overrepresented among service users. The majority of recipients of nursing care are female due to the higher life expectancy of women.. The option that will be consulted on is to demolish the current building and rebuild a 70 bed nursing provision including clinic site. Ensuring that the use of the site is maximised would be positive for women in the long term as it will increase the supply of nursing beds in Haringey and will ensure these nursing beds are fit for purpose. Women are more likely than men to need nursing services and so would be likely to benefit correspondingly. 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. There will be no new provision for prospective residents. This will limit the availability of in-borough nursing placements in the short-term. As women are more likely than men to need nursing services, they are likely to be negatively affected in the short-term by this change. However, the Council will seek to

mitigate this by endeavouring to make placements in either Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply. As women are overrepresented among service users, they are more likely to be affected by these changes.

Residents

The recommended option of relocation of the home’s current residents to alternative Nursing homes will affect more female residents than male residents.

While we understand that moving can have an initial negative impact, residents will be provided better quality care than they are currently. OGNH is currently rated as Requires Improvement by the Care Quality Commission. Residents would only be placed in homes rated Good or Outstanding by the CQC. All residents would have the services of an independent advocate who would support individuals and their families. Advocates would have regard to individual risk assessment and risk management plans and work in a person centred way to support individuals.

In order to mitigate any adverse impact, the Managing Care Home Closures Guidance along with a checklist has been developed to through work with, and input from, a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers.

The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change. Moves to higher quality settings are associated with improved outcomes.

Although we do not have data on the protected characteristics of carers, we are aware that it is likely that women take on the majority of caring responsibilities. Carers will be engaged in the consultation so that we can better understand the impact and plan mitigating measures for any negative impacts that may arise..

Staff

Due to the high proportion of female staff the impact on this group is expected to be negative. All staff will be supported through the process in accordance with the council’s redeployment policy.

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

Residents

The Council does not have local data regarding this protected characteristic. There is no reason to believe that there will be specific impacts for this protected group and the council will try to ensure that discrimination, harassment and victimisation is tackled based upon this and any other protected group.

We will ensure that should any resident, family member or carer identify as transgender we will try to minimise discrimination, harassment or victimisation for this protected group.

Staff

We do not hold data on this protected group. We do not envisage any disproportionate impact on this protected group. We will ensure that should any member of staff be transgender we will try to minimise discrimination, harassment or victimisation for this protected group.

Positive		Negative		Neutral impact		Unknown Impact	X
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3. Age

People aged 65+ are overrepresented among service users relative to the population of Haringey. The Option that is being consulted on is to demolish the current building and rebuild a 70 bed nursing provision including clinic site. Ensuring that the use of the site is maximised would be positive for older people who need nursing services as it will increase the supply of nursing beds in Haringey and will ensure these nursing beds are fit for purpose. This option would increase in-borough nursing capacity, allowing service users to remain close to their support networks. People aged 65+ will be the primary beneficiaries of this change.

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. 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 in either Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply. Those affected by this are most likely to be aged 65+ and the short-term impact is likely to be negative overall.

Residents

The recommended option of relocation of the home's current residents to alternative Nursing homes will affect more residents over 65. Due to the nature of the service provision all residents are over 65 years of age.

While we understand that moving can have an initial negative impact, residents will be provided better quality care than they are currently. OGNH is currently rated as Requires Improvement by the Care Quality Commission. Residents would only be placed in homes rated Good or Outstanding by the CQC. All residents would have the services of an

independent advocate who would support individuals and their families. Advocates would have regard to individual risk assessment and risk management plans and work in a person centred way to support individuals.

In order to mitigate any adverse impact, the Managing Care Home Closures Guidance along with a checklist has been developed to through work with, and input from, a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers.

The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change. Moves to higher quality settings are associated with improved outcomes.

Although we do not have data on the protected characteristics of carers, we are aware that it is likely that older people are likely to take up caring roles as partners of residents, as well as those of working age caring for a parent. Carers will be engaged through the consultation so that we can better understand the impact of the recommended option on carers and plan measures to mitigate any negative impacts accordingly.

Staff

Due to the high proportion of older staff the impact on this group is expected to be negative and they may find it more difficult to seek employment. All staff will be supported through the process in accordance with the council’s redeployment policy.

Positive	X	Negative	X	Neutral impact		Unknown Impact	
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4. Disability

People with disabilities are overrepresented among service users. A high proportion of recipients of nursing care in Haringey have a physical or neurological disability. The recommended option that will be consulted on is to demolish the current building and rebuild a 70 bed nursing provision including clinic site. Ensuring that the use of the site is maximised would be positive in the long-term for people with disabilities who need nursing services as it will increase the supply of nursing beds in Haringey and will ensure these nursing beds are fit for purpose. 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 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 nursing provision will be delivered on site. 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 in either Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply. Individuals with disabilities are likely to be over-represented among those affected and the impact is likely to be negative overall.

Residents

The recommended option of relocation of the home’s current residents to alternative Nursing homes will affect more residents with a disability.

All of the residents of OGNH have some form of disability. While we understand that moving can have an initial negative impact, residents will be provided a better form of care than they are currently experiencing. OGNH is currently rated as Requires Improvement by the Care Quality Commission. Residents would only be placed in homes rated Good or Outstanding by the CQC. All residents would have the services of an independent advocate who would support individuals and their families. Advocates would have regard to individual risk assessment and risk management plans and work in a person centred way to support individuals.

In order to mitigate any adverse impact, the Managing Care Home Closures Guidance along with a checklist has been developed to through work with, and input from, a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers.

The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change. Moves to higher quality settings are associated with improved outcomes.

Although we do not have data on the protected characteristics of carers, some carers may have disabilities or impairments themselves. Carers will be engaged through the consultation so that we can better understand the impact of the changes for carers and plan measures to mitigate any negative impacts..

Staff

Due to the high proportion of staff declaring they have a disability the impact on this group is expected to be negative. All staff will be supported through the process in accordance with the council’s redeployment policy, reasonable adjustments will additional support will be provided as required to suit individual needs.

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 higher proportion of recipients of

nursing care in Haringey are Black British/Black African/Black Caribbean than the population of Haringey as a whole. The long-term impacts of the option to be consulted on would include ensuring that the use of the site is maximised and increasing Haringey's ability to place clients within borough, close to their support networks. Therefore, the option would proportionately benefit Black British/Black African/Black Caribbean residents.

In the short term, developing a new unit will lead to a period of three years where no nursing provision will be delivered on site. 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 in either Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply. As a higher proportion of service users are from BAME communities, these groups are more likely to be affected than White British residents and the impact is likely to be negative overall.

Residents

While we understand that moving can have an initial negative impact, residents will be provided better quality care than they are currently. OGNH is currently rated as Requires Improvement by the Care Quality Commission. Residents would only be placed in homes rated Good or Outstanding by the CQC. All residents would have the services of an independent advocate who would support individuals and their families. Advocates would have regard to individual risk assessment and risk management plans and work in a person centred way to support individuals.

In order to mitigate any adverse impact, the Managing Care Home Closures Guidance along with a checklist has been developed to through work with, and input from, a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers.

The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change. Moves to higher quality settings are associated with improved outcomes.

Although we do not have data on the protected characteristics of carers, we are aware that it is likely that carers will be from an ethnic minority community due to the ethnic diversity in both the borough and the Home. Carers will be engaged through the consultation so that we can better understand the impacts of the proposed changes and plan measures to mitigate any negative impacts.

Staff

Due to the high proportion of staff within the BME group, the impact on this group is expected to be negative. All staff will be supported through the process in accordance with the council's redeployment policy.

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 identify as lesbian, gay, or bisexual. However, the ONS estimates that 3.7% of Haringey’s population are lesbian, gay or bisexual (LGB), which is the 9th largest LGB community in the country. It is therefore likely that LGB individuals will be affected by the decision. The long-term impact of the option that is being consulted on would be positive due to increased capacity for nursing placements in the borough. The short-term impact may be negative as no nursing provision will be delivered on the OGNH site for three years, meaning that LGB people who need nursing services will not be able to receive them there. However, the Council will see to mitigate this by endeavouring to make placements in either Haringey or neighbouring boroughs during this period, including the introduction of block booking of available beds in the borough to boost the supply.

Residents

We do not hold data on this protected group. We do not have any information relating to the impact of carers and family members

We do not envisage any disproportionate impact on this protected group. We will ensure that should any resident, family member or carer be lesbian, gay or bisexual we will endeavour to minimise discrimination, harassment or victimisation for this protected group.

Staff

We do not hold data on this protected group. We will ensure that should any member of staff be lesbian, gay or bisexual we will try to minimise discrimination, harassment or victimisation for this protected group. There would be a further consultation with staff if there is decision to close and will use the consultation to identify any equality issues for this protected group.

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

A higher proportion of Haringey residents are from Muslim and Jewish communities, relative to the populations of London or the UK. It is therefore likely that residents from these faith groups, as well as those from Christian communities and those with no religion, will be affected by the decision. In the long-term, residents from faith communities and those with no belief will benefit from additional supply of nursing beds and increased in-borough nursing capacity. The council and any providers will ensure that service provision is compliant with the Council’s Public Sector Equality Duty.

Resident

We do not envisage disproportionate impact on service users and will endeavour to prevent discrimination, harassment, and victimisation

While we understand that moving can have an initial negative impact, residents will be provided better quality care than they are currently. OGNH is currently rated as Requires Improvement by the Care Quality Commission. Residents would only be placed in homes rated Good or Outstanding by the CQC. All residents would have the services of an independent advocate who would support individuals and their families. Advocates would have regard to individual risk assessment and risk management plans and work in a person centred way to support individuals. This will take into account the specific needs of individuals relating to their religious beliefs and/or faiths.

In order to mitigate any adverse impact, the Managing Care Home Closures Guidance along with a checklist has been developed to through work with, and input from, a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers.

The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change. Moves to higher quality settings are associated with improved outcomes.

Although we do not have data on the protected characteristics of carers, we will engage carers through the consultation to better understand any impacts based on this protected characteristic and plan measures to mitigate any negative impacts.

Staff

We do not hold data on this protected group and will use the consultation to identify any equality issues for this protected group. We will ensure that should any member of staff have a religious affiliation we will try to minimise discrimination, harassment or victimisation for this protected group.

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

Due to the age group affected by the decision, there is no reason that pregnant women or mothers with young children will be directly affected by the decision.

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

Residents

Due to the age of residents, there are no residents who fall under this protected group. However, it was recognised, there could be family members and carers that are impacted that fall under this group. We will use the consultation to identify any potential impact and plan measures to mitigate any negative impacts.

Staff

There are no members of staff on maternity leave and we are not aware of any staff being pregnant. Therefore, do not anticipate any impact on this group. If anyone that is pregnant is identified, then they will be supported accordingly.

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.

Staff

We do not hold data on this protected group. We do not envisage any disproportionate impact on this protected group

Positive		Negative		Neutral impact	X	Unknown Impact	
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10. Groups that cross two or more equality strands e.g. young black women

Residents

Due to the nature of those receiving care those affected are more likely to be affected are those with disabilities and over the age of 65 years old, who are also women.

Staff

The staff group are predominantly female and/or BAME and there are a significant proportion with disabilities.

While we understand that moving can have an initial negative impact, residents will be provided better quality care than they are currently. OGNH is currently rated as Requires Improvement by the Care Quality Commission. Residents would only be placed in homes rated Good or Outstanding by the CQC. All residents would have the services of an independent advocate who would support individuals and their families. Advocates would have regard to individual risk assessment and risk management plans and work in a person centred way to support individuals.

In order to mitigate any adverse impact, the Managing Care Home Closures Guidance

along with a checklist has been developed to through work with, and input from, a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers.

The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change. Moves to higher quality settings are associated with improved outcomes.

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 residents aged 65+, a greater proportion of whom are likely to be women, BAME, and/or have disabilities, by increasing the availability of nursing provision in-borough, and reducing the proportion of Haringey clients that have to be placed out of borough. No direct/indirect discrimination is anticipated, and the increase in provision will help to advance equality of opportunity by taking steps to meet the needs of residents with protected characteristics where these are different from those of other groups.

In the short-term, the preferred option would be to cease capacity at OGNH for a 3-year period. Mitigating actions will be taken to ensure that the wellbeing of those current residents are safeguarded.

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.

Residents

Any decision to close the site will affect those currently residing in the Home but the feasibility study identified that it would not be advisable for the current residents to remain in situ during the construction phase of development. This is due to the significant disruption and potential risks to individual residents' health and wellbeing due to being exposed to noise, health and safety concerns, construction dust impacting on air quality and required relocation of residents twice during construction phase. The option to be consulted on would prevent these negative impacts.

We do not have any data regarding the protected characteristics of carers. However, we have identified that there will be some impact for carers and family members of residents. This is likely to have a disproportionate impact on women, BAME communities, disabled people, , older people and people of working age.

The council will seek to mitigate the negative impact of transfer on residents by co-designing with residents, their families, carers and advocates a personalised transition plan, and ensuring that the care residents receive following the move is equal or better to the care they currently receive.

Staff

If the decision to close the Home is made, then all of the members of staff will be affected. As the staff group is significantly female and BAME and a significant number have declared a disability.

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 EqIA guidance

Outcome	Y/N
No major change to the proposal: the EqIA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. 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.	Y
Adjust the proposal: the EqIA identifies potential problems or missed opportunities. Adjust the proposal to remove barriers or better promote equality. Clearly set out below 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

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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
This will affect older people, mostly women, and people with disabilities disproportionately as the Council will need to secure provision that may be out of borough.	Any proposed move will be undertaken in accordance with the Managing Successful Care Home Closure Guidance.	Head of Adults and Safeguarding	Dates will be dependent on decisions been made and will be updated accordingly.
	Independent advocate support will be offered and provided.	Head of Adults and Safeguarding	
	Only Homes that have secure Good or Outstanding will be considered.	Head of Brokerage	

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.

N/A

6 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:

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 the Public Sector Equality Duty under the Equality Act 2010 and this duty will be monitored in their contracts.

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 groups, through the established Co-Design Reference Group.

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 Osborne Grove Nursing Home. This will be through the day-to-day service provision, the Reference Group and in the plans for tasks to be undertaken on the future provision on the site.

In regard to any potential move if the decisions to consult then close is made, the move progress will be overseen and monitored through the OGNH Steering Group that is chaired by the Director of Adults and Health and membership includes, service representation, including Safeguarding, HR and Brokerage and CCG representation.

7. Authorisation

8. Publication

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

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