

## 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

<b>Name of proposal</b>	Closure of Osborne Grove
<b>Service area</b>	Adults
<b>Officer completing assessment</b>	Caroline Humphrey
<b>Equalities/ HR Advisor</b>	Paul Green / Helen Gaffney
<b>Cabinet meeting date (if applicable)</b>	12 <sup>th</sup> December
<b>Director/Assistant Director</b>	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

The proposal is in regards to the potential closure of Osborne Grove Residential Home. This is as a result of significant concerns in regards to the quality of care that is provided at the Home and the sustainability of the Council being able to ensure the provision of safe care.

Key stakeholders that will be affected by the proposal are the 17 residents, their carers and family members. In addition, the staff that work in the Home will be impacted. Other partner organisations such as NHS and CCG will also be affected as a result of the reduction in available beds in the area for future placements.

Cabinet made the decision to consult on the potential closure of the Home. The consultation was originally due to run for 90 days from the 17<sup>th</sup> July to 15<sup>th</sup> October. This was extended to 12<sup>th</sup> November to enable interested parties to review new information following a further inspection by the CQC in July. This EqIA has since been updated to reflect the current status of residents and staff at the Home.

It is understood that all 17 residents will be negatively impacted in the short term by undergoing a move to a new home. To mitigate this, the council will develop all transition plans in conjunction with residents, family members, carers and the independent advocate (as appropriate) to ensure that assessments take account of individuals' personal ties and history, so that this can form part of the placement decision. Following the move, all residents will be provided with care that is better than the care they are currently receiving.

### 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	Data of residents of Osborne Grove; Census 2011	Data of permanent staff employed at the Home
Gender Reassignment	Equality and Human Rights Commission Trans Inequality	No data available

	report	
Age	Data of residents of Osborne Grove	Data of permanent staff employed at the Home
Disability	Data of residents of Osborne Grove	Data of permanent staff employed at the Home
Race & Ethnicity	Data of residents of Osborne Grove; Census 2011	Data of permanent staff employed at the Home
Sexual Orientation	No data available; ONS Subnational Sexual identity survey	No data available
Religion or Belief (or No Belief)	Data of residents of Osborne Grove	Data of permanent staff employed at the Home
Pregnancy & Maternity	N/A	Data of permanent staff employed at the Home
Marriage and Civil Partnership	Data of residents of Osborne Grove	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.*

## **Service Impact**

### **1. Sex**

Residents  
Female 82%  
Male 18%

Borough level

	Female	Male
Haringey	50.5%	49.5%
London	50.9%	49.1%
England	50.8%	49.2%

As expected, women are disproportionately represented in Osborne Grove because women are more likely to live longer than men and therefore will be impacted more by this decision. This is compared to the borough, London and national breakdown by sex. Moving residents due to the home's closure will have a negative impact in the short term on all residents, including women who are over-represented. However, the council will mitigate this impact by providing residents with care that is better than the care they are currently receiving.

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

## 2. Gender Reassignment

We do not hold data on the number of people who are seeking, receiving or have received gender reassignment surgery, and there is not national data collected for this protected characteristic. The Equality and Human Rights Commission estimate that there are between 300,000-500,000 transgender people in the UK. We will need to consider the inequalities and discrimination experienced for this protected group. If any resident of Osborne Grove or family member/carer is transgender we will ensure that no discrimination or harassment will occur.

## 3. Age

Age range of residents	
65 – 74	18%
75 – 84	18%
76 – 84	6%
85 – 94	47%
85 – 95	6%
95+	6%

Osborne Grove is an age related service for those aged 65 years old+ and therefore is not comparable with the wider Haringey population. As expected, older people make up the population of Osborne Grove because of the type of care it provides with the 85-94-year-old group the largest group. If the decision is to close, then all residents will be supported in sourcing a new Home that best meets their needs.

Moving residents due to the home's closure will have a negative impact in the short term on all residents. However, the council will mitigate this impact by providing residents with care that is better to than the care they are currently receiving.

We do not hold data on the age of carers and family members impacted by this decision. It is likely that older people will take on caring roles, as they are partners of residents as well as carers who are working age because they are caring for parents.

## 4. Disability

### Disability of residents

Dementia	47%
Mental Health Issues	35%
Physical Impairment	100%

Sensory Impairment	18%
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Due to the nature of the service, all residents have some form of disability or impairment. All residents have a physical disability with people with dementia and mental health issues being significantly represented. Due to the type of service Osborne Grove provides, a number of residents have multiple disabilities.

Moving residents due to the home's closure will have a negative impact in the short term. However, the council will mitigate this impact by providing residents with care that is better to the care they are currently receiving. All residents will be supported to source a new Home that best meets their needs, in particular in regards to their disabilities, including adapted homes.

We do not hold data on the disabilities of carers and family members impacted by this decision. However, the council will take into consideration any impact of carers who have some form of disability or impairment to ensure that it does not make their disability or impairment worse.

## 5. Race and ethnicity

### Ethnicity of residents

Black/African/Caribbean	47%
White / White British	41%
White Other	6%
Asian / Asian British	6%

### Borough Ethnic Profile

	Haringey	London	England
White; English/Welsh/Scottish/N.Irish/British	34.68%	44.89%	79.75%
White Irish	2.75%	2.15%	0.98%
White; Gypsy or Irish Traveller	0.15%	0.10%	0.10%
White; White Other	22.97%	12.65%	4.58%
Mixed; White and Black Caribbean	1.90%	1.46%	0.78%
Mixed; White and Black African	1.02%	0.80%	0.30%
Mixed; White and Asian	1.47%	1.21%	0.63%
Mixed; Other mixed	2.10%	1.45%	0.53%
Asian/Asian British; Indian	2.33%	6.64%	2.62%
Asian/Asian British; Pakistani	0.75%	2.74%	2.10%
Asian/Asian British;	1.73%	2.72%	8.23%

Bangladeshi			
Asian/Asian British; Chinese	1.47%	1.52%	0.72%
Asian/Asian British; Other Asian	3.19%	4.88%	1.55%
Black African	9.04%	7.02%	1.8%
Black Caribbean	7.10%	4.22%	1.1%
Black Other	2.63%	2.08%	0.52%
Other Ethnic group; Arab	0.87%	1.30%	0.42%
Other Ethnic group; Any Other Ethnic	3.85%	2.14%	0.62%

While the Census collects more detailed categories, it is clear that individuals from Black/African/Caribbean communities are disproportionately over-represented amongst residents at Osborne Grove. If the decision is to close, it is likely that individuals from these communities will be impacted. Moving residents due to the home's closure will have a negative impact in the short term on all residents, including women who are over-represented. However, the council will mitigate this impact by providing residents with care that is better than the care they are currently receiving. In addition, consideration of any cultural requirements will be taken into account when working with residents and their support network to enact a personalised transfer plan.

We do not hold the ethnicity of carers and family members impacted by this decision. However, it is likely that they will be of a BAME background due to the ethnic profile of residents.

## 6. Sexual Orientation

We do not hold resident or borough level data on sexual orientation, and it is not collected nationally through the Census. However, the ONS estimates that 3.7% of Haringey's population are lesbian, gay or bisexual (LGB), which is the 15<sup>th</sup> 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. If any resident of Osborne Grove or family member/carer is lesbian, gay or bisexual we will ensure that no discrimination or harassment will occur.

## 7. Religion or belief

### Religion of service users

Christian	76%
Catholic	18%
Baptist	6%

### Borough religious profile

	<i>Haringey</i>	<i>London</i>	<i>England and Wales</i>
Christian	45.0%	48.4%	59.3%
Buddhist	1.1%	1.0%	0.4%

Hindu	1.8%	5.0%	1.5%
Jewish	3.0%	1.8%	0.5%
Muslim	14.2%	12.4%	4.8%
Sikh	0.3%	1.5%	0.8%
Other religion	0.5%	0.6%	0.4%
No religion	25.2%	20.7%	25.1%
Religion not stated	8.9%	8.5%	7.2%

Different denominations of Christianity make up the population of residents at Osborne Grove. There are no residents with other religions that are prominent in the borough, including Muslim and no religion. If the decision is to close Christians will be impacted. All residents will be supported in sourcing a new Home that best meets their needs, and consideration will be to ensure that residents can still practise their religious beliefs. Moving residents due to the home's closure will have a negative impact in the short term on all residents. However, the council will mitigate this impact by providing residents with care that is better to than the care they are currently receiving.

We do not hold data on the religion of carers and family members impacted by this decision. If carers are family members, it is likely that they will be Christians.

### 8. Pregnancy and Maternity

Due to the age of residents, there are no residents who fall under this protected group. However, there could be family members and carers that are impacted that fall under this group

### 9. Marriage and Civil Partnership Status

17% of residents are married and 0% are in a civil partnership. Should any family member, carer or suitable professional be in a civil partnership, they will be treated the same as if they are married.

### Staff Impact

There are 53 permanent members of staff employed at the Home.

#### 1. Sex

Gender	OGNH	Council Wide
Female	91%	68%
Male	9%	32%

As expected, women are disproportionately represented in Osborne Grove because women are more likely to work in a care role. 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	4%	15%
35 – 44	21%	24%
45 – 54	23%	37%
55 – 64	43%	21%
65+	9%	2

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

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	28%	10%

There is a significantly larger proportion of staff that have declared a disability than council wide. 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. Reasonable adjustments will be provided to ensure that disabled people can access these services.

## 5. Race and ethnicity



	OGNH	Council Wide
Black	77%	36%
Asian	4%	9%
Mixed	2%	4%
Other	2%	3%
White minorities	9%	17%
White	4%	29%
Not Declared	2%	2%

Individuals from a BME background make up the largest proportion of staff, 85% 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.

#### **7. Religion or belief**

We do not hold any data relating to religion or belief and cannot determine the impact.

#### **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.

**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 external consultation ran from 17<sup>th</sup> July to 12<sup>th</sup> November.

The consultation involved a number of different mechanisms for engagement.

There were;

- Online survey
- Paper surveys
- Consultation meetings at OGNH
- Mail box for questions and comments
- Contact details and phone numbers to call directly
- Independent advocates was offered to all residents and their families and carers.

No further equality monitoring data was forth coming in the consultation.

Staff consultation:

Whilst there are inevitably additional implications for staff if the Home closes, following discussions with the Unions the consultation with staff focussed on the proposal to close the Home. If the decision to close is made, then there will be a requirement for a further consultation with staff. The following mechanisms were used for the staff consultations

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

**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 key findings of the consultation were:

Equality issue (including protected characteristic)	Mitigating action
Loss of maintained established friendships and relationships with other residents and staff. This could have an impact on fostering good relations with different groups.	All transition plans will be developed in conjunction with residents, family members, carers and the independent advocate as appropriate, to ensure that assessments take account of individuals

<p>(Protected Characteristics: Women, BAME, disability, older people, Christian)</p>	<p>personal ties and history, so that this can form part of the placement decision.</p>
<p>Concerns over having to find a new home and stress it would cause  Concerns over transport for carers to new locations</p> <p>Cost of private nursing homes</p> <p>(Protected Characteristics: Women, BAME, disability, older people, Christian)</p>	<p>It is recognised that Care homes are people’s homes and that wherever practicable and safe, people should be supported to live there as long as possible. Unfortunately, this may not be achievable for a number of reasons and as a result a best practice guide along with a checklist has been developed to help support potential closures.</p> <p>This guidance has been developed 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.</p> <p>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.</p> <p>There are a number of essential principles that apply in care home closure situations, endorsed by stakeholders. These are:</p> <ul style="list-style-type: none"> <li>• Communication and Engagement. We will inform service users and their families/carers of Cabinet’s decision and the steps to be taken to implement the decision. We will work with service users, their families/carers and advocates to develop an implementation plan which would include necessary</li> </ul>

	<p>safeguards and a personalised transition plan.</p> <ul style="list-style-type: none"> <li>• As part of the implementation plan, there will be a review or re-assessment of the care and support needs of service users and with a view to identifying an alternative provision.</li> <li>• Brokerage to work with service users and carers to access alternative provision.</li> <li>• Engage with providers and other stakeholders to ensure a joined up approach to meeting the needs of service users affected by the proposal.</li> <li>• There will be monitoring and on-going review by the Quality Assurance Board.</li> </ul> <p>The guide sets out key issues that need to be addressed, underpinned by a detailed checklist of actions to ensure people are at the heart of the process. It is proposed that this best practice guide and checklist would be used in managing any closure.</p> <p>Whilst it is recognised that any closure will have significant impacts there is evidence also that carefully planned and managed closures are linked to better outcomes than disorderly relocations. Moves to higher quality settings are also associated with improved outcomes.</p> <p>A key element of the plan requires thorough assessments, both needs and risks, on an individual basis and for individual plans to be developed accordingly. This means that no timescale for closure can be given until the completion of the assessments and understanding of the care and support planning requirements</p>	
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<p>Impact on care resources for an aging population</p> <p>(Protected Characteristics: Women, BAME, disability, older people, Christian)</p>	<p>It is recognised that there is a growing requirement for good quality nursing care to meet the needs of residents of the borough as the older population continues to live longer and therefore to increase overall. A recent review of activity and demand in Haringey has confirmed the need for access to increased nursing bed capacity. There are currently 168 over 65-year-old Haringey service users in receipt of nursing care and this figure is projected to grow to 253 by 2021/22. In a piece of work to support the social care element of the Sustainability and Transformation Plan for North Central London, this demand picture is replicated across the five boroughs in the sub-region (Camden, Islington, Haringey, Barnet and Enfield) with each noting increasing demand for nursing care beds, particularly for older people with dementia and to a lesser extent for older people with frailty.</p> <p>The Council is working collaboratively with the five authorities across North Central London to ensure that the model of nursing care across the sub-region is fit for purpose and benefits from consistent clinical input and expertise and also to ensure that there is sufficient sub-regional capacity to meet the identified need. This involves working across sectors to develop the workforce, to ensure consistency of model and to increase capacity.</p> <p>80% of nursing care is currently commissioned externally. OGNH is a 32 bed facility and we have 17 residents placed in external provision. The Council remains committed to sourcing good quality nursing care for its residents and in recognition of this need had commenced the development of an options appraisal, all of which looked at maintaining nursing provision on the site. This was paused pending the quality concerns at OGNH.</p>
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	<p>A completed options appraisal will now be brought to Cabinet for consideration at the earliest opportunity.</p>
<p>Significant improvement in the quality of care since the last CQC Report</p> <p>(Protected Characteristics: Women, BAME, disability, older people, Christian)</p>	<p>We fully appreciate that a number of residents and carers feel that the staff at the Home provide caring responses to their needs. However, the detailed audits and considerable range of safeguarding alerts connected with the Home confirm that providing good care is not the same as being caring. Whilst there have been many positive comments about staff and them caring, there have also been significant issues raised by residents, families and clinical professionals about standards of care failing including concerns about personal care, facilities, nutrition, bed sores, medication administration, case records, appropriate use of hoists and the visibility and availability of staff on each shift.</p> <p>Whilst residents are now safe in the Home this is as a result of extensive oversight by management and following up in detail following a comprehensive range of audits. These are clearly demonstrating that there are still significant issues with the care being provided and that staff are not delivering the standards of responsive and comprehensive care required without prompting and continual input from management and quality assurance staff.</p>
<p>Loss of resources in residential nursing homes</p> <p>(Protected Characteristics: Women, BAME, disability, older people, Christian)</p>	<p>Safeguarding of the residents always has been and continues to be the primary concern for the Council. Significant resources have been and continue to be spent in OGNH. This has predominantly been staff but also has includes considerable spend on equipment and the building. The expenditure in the Home has also been affected by the loss of income as a result of the Embargo that was put in place by Establishment Concerns Joint Group. This was as a result of the significant safeguarding issues in the Home that had been</p>

	<p>identified.</p> <p>Whilst management believe that residents are safe, this is as a result of the additional resources and the extensive management oversight that is ensuring that all care is in place and that issues are identified and actioned in a timely way.</p> <p>The risk associated with reducing the resources currently deployed would be significant given competency/skills gap identified and that to remove the embargo and place further residents in the Home at this time would also significantly increase the risk to residents.</p>
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**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 Residents**

The majority of residents are female. 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, a best practice guide along with a checklist has been developed to help support potential closures.

This guidance has been developed 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 and issues have been raised regarding the impact the move will be for carers through the consultation.

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

**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, none were identified through the consultation.

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**

**Residents**

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 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, a best practice guide along with a checklist has been developed to help support potential closures.

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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. Issues have been raised in the consultation regarding the negative impact the move will be for carers.

**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		Negative		Neutral impact	X	Unknown Impact	
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**4. Disability Residents**

All of the residents have varying levels 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, a best practice guide along with a checklist has been developed to help support potential closures.

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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. Issues have been raised regarding the negative impact the move will be for carers and therefore consideration will be needed to ensure the move does not make their disabilities worse.

**Staff**

Due to the high proportion of staff declaring they have a disability the impact on this group is expected to be negative, and may find it more difficult to seek new employment. 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		Negative		Neutral impact	X	Unknown Impact	
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**5. Race and ethnicity**

**Residents**

The majority of residents are BME, particularly Black/African/Caribbean.

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, a best practice guide along with a checklist has been developed to help support potential closures.

This guidance has been developed 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. Issues have been raised regarding the negative impact the move will be for carers.

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

**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 and none were identified through the consultation.

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 try to minimise discrimination, harassment or victimisation for this protected group. We will treat a same sex couple the same as if they were in a heterosexual couple.

**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	X	Unknown Impact	
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**7. Religion or belief (or no belief)**

**Resident**

The initial impact of this option is likely to be negative as would require moving existing clients to alternative accommodation, as all residents are Christian.

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, a best practice guide along with a checklist has been developed to help support potential closures.

This guidance has been developed 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 Christian due to family connections with residents of the Homes. Issues have been raised regarding the negative impact the move will be for carers.

**Staff**

We do not hold data on this protected group and will use the consultation to identify any equality issues for this protected group.

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. None were identified as part of the consultation.

**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	X	Unknown	
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				impact		Impact	
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## 9. Marriage and Civil Partnership

### Residents

Impact for those that are married or in a civil partnership would experience the same impact. All family members, particularly spouses / partners would be supported and involved in the process for identifying a new placement.

### 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

The home is predominately made up of people with the disability characteristic and over the age of 65 years old, who are also women and/or BAME and share the Christian faith.

### Staff

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

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, a best practice guide along with a checklist has been developed to help support potential closures.

This guidance has been developed 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?**

**Residents**

All of the service users at OGNH are over 65 and have varying needs that require nursing care. All residents share the Christian faith and there is a large female and BAME representation.

Any decision to close the site will affect those in need of nursing care, this includes those residents that are currently in the Home, and any future potential residents requiring nursing care of this nature. However, this decision has been taken due to the standard of care in their current location. Investment to improve the nursing home to the required standard of care has failed to produce results.

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, Christians, older people and people of working age.

Any decision to reduce nursing capacity for Haringey clients in borough will have a negative impact on this client group by reducing the availability of nursing provision in-borough particularly in the context of an aging population, potentially increasing the proportion of Haringey clients that may have to be placed out of borough.

Safeguarding of the residents always has been and continues to be the primary concern for the Council. Significant resources have been and continue to be spent in the Home. This has predominantly been staff but also has included considerable spend on equipment and the building. The expenditure in the Home has also been affected by the loss of income as a result of the Embargo that was put in place by Establishment Concerns Joint Group. This was as a result of the significant safeguarding issues in the Home that had been identified.

The current position is not sustainable; a safe environment is being provided at an

escalated level of costs. This in itself is risky as there is an over reliance on auditing and management oversight to ensure residents are safe rather than good daily practice.

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. A further consultation with staff would be required to take place.

**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
<b>No major change to the proposal:</b> 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>	No major change to the proposal
<b>Adjust the proposal:</b> 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	
<b>Stop and remove the proposal:</b> the proposal shows actual or potential avoidable adverse impacts on different protected characteristics. The decision maker must not make this decision.	

**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
Redundancies impact on groups that are	Undertake the redundancy/restructure process including a	<i>Ilona Zeqiri</i>	<i>Completed and would be included in</i>

disproportionately represented in the staff, including: older people, women, BAME communities.	restructure EqIA and signpost to appropriate employment support		<i>next phase if decision to close is made.</i>
Equality factors as part of any rehoming	<i>Ensure the assessment process takes account of all equality issues.</i>	<i>Jeni Plummer</i>	<i>best practice approach to be adopted that requires full assessment of all needs. Future options appraisal will incorporate these requirements.</i>

**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.**

### **Residents**

If the decision to close the Home is made, then alternate placements will be required to be found for all of the current residents.

This will be done in conjunction with the residents (independent advocates will be appointed as required), family and friends and key partners (MDT, Commissioning, CCG). This will incorporate the needs based upon different protected groups, such as adaptive properties to meet needs related to disability.

### **Staff**

The Council Redeployment Policy will apply to all staff which will involve looking for alternate roles in the council. 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 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:**

See above.



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**7. Authorisation**

EqIA approved by .....	Date
(Assistant Director/ Director)	.....

**8. Publication**

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

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