

## 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>	Osborne Grove Nursing Home Development
<b>Service area</b>	Adult Social Care
<b>Officer completing assessment</b>	Emily Snelling
<b>Equalities/ HR Advisor</b>	Hugh Smith
<b>Cabinet meeting date (if applicable)</b>	June 2019
<b>Director/Assistant Director</b>	Charlotte Pomery

## 2. Summary of the proposal

*Please outline in no more than 3 paragraphs*

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

Osborne Grove Nursing Home 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 completed demonstrates that this land offers significant opportunity for development, increasing provision to a 70-bedded nursing unit. The feasibility study provides the council five potential development options for the future of the site at Osborne Grove which will be presented to cabinet in July 2019. The council therefore is seeking approval from cabinet to agree 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.

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

Each option would increase the supply of beds available in the borough and will create nursing placements fit to meet the increasingly complex needs of service users. During the building stage of the new nursing home - projected to last 3 years – there will be a

temporary reduction in the supply of nursing home beds in the borough. The proposal will affect current residents and the future recipients of nursing care in Haringey. This EQIA explores the potential impacts of the recommended options as there is a need for further information to be gathered through the detailed design phase consultation.

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

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

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

Protected group	Service users	Staff
Sex	Service data State of the Borough  <a href="https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough">https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough</a>	N/A
Gender Reassignment	Data not held	N/A
Age	Service data State of the Borough  <a href="https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough">https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough</a>	N/A
Disability	Service data State of the Borough  <a href="https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough">https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough</a>	N/A
Race & Ethnicity	Service data State of the Borough  <a href="https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough">https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough</a>	N/A
Sexual Orientation	Service data State of the Borough  <a href="https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough">https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough</a>	N/A
Religion or	Census 2011	N/A

Belief (or No Belief)		
Pregnancy & Maternity	Data not held	N/A
Marriage and Civil Partnership	Data not held	N/A

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

*Explain how you will overcome this within the proposal.*

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

<b>Protected Characteristic</b>	<b>% Service Users in Nursing Placements in Borough</b>	<b>% population in Haringey</b>
Sex	59% female; 41% male	49.3% Female; 50.7% Male
Gender Reassignment	Data not held	Data not held
Age	85% over 65; 15% under 65;	10% 65+
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
Sexual Orientation	Data not held	3.7% of Haringey's population are lesbian, gay or bisexual (LGB), which is the 9 <sup>th</sup> 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
Religion or Belief (or No Belief)	Data not held	45% Christian; 14% Muslim; 3% Jewish; 2% Hindu; 25% no religion
Pregnancy and Maternity	N/A	N/A
Marriage and Civil Partnership	Data not held	50% Married; 0.6% Civil Partnered

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 recommended options increase the supply of nursing beds in the long term, which will help meet the increased demand for older people's services in the future and will benefit people with protected characteristics, 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.

#### **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 Co-Design Reference Group which involves a range of stakeholders including family members, the Chair of the Older People's Reference Group, the Chair of Healthwatch, ward councillors, Trade Unions and the Lead Member for Adults and Health, in order to ensure the process incorporates a variety of perspectives was formed prior to the Feasibility Study phase of this development.

As noted, detailed design is due to be carried out following decision 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. It is therefore our intention to continue to consult with the Co Design Reference Group throughout the next design stage. The Council will continue to use the design principles, developed with stakeholders through a co-design process which was approved at Cabinet in June 2018;

- The design of the home is geared towards meeting the current and future needs of Haringey residents
- A financially viable and sustainable future for the continuation of nursing care provision on the site
- Recognition of the benefits of outstanding design to flexible care delivery now and into the future
- Aspiration for outstanding provision
- 'An open home', which is outward facing and supports engagement with the wider community, and health & care partners
- Partner and community engagement in supporting OGNH to operate to the full benefit of residents and other older people
- Focus on working in ways which build relationships and start from people's

strengths

- Increased access to the most enabling help even for those with high and complex needs.

Alongside the work of the Co-Design Reference Group, there will be continued engagement with a wider range of stakeholders over the coming months throughout the detailed design and planning processes

Views from stakeholders and the Co Design reference group will be gathered and used to help inform the design brief used by the Design Team whilst developing the final design plans for the development.

The Co- Design Group will also consider the full range of impacts on protected groups in the borough.

Following the selection of the preferred option, there will be consultation with residents and families directly affected by the proposal to ensure that their individual needs are met.

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

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

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

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

- The design of the home is geared flexibly towards meeting the current and future needs of Haringey residents
- A financially viable and sustainable future for the continuation of nursing care provision on the site
- Recognition of the benefits of outstanding design to flexible care delivery now and into the future
- Aspiration for outstanding provision
- 'An open home', which is outward facing and supports engagement with the wider community, and health & care partners
- Partner and community engagement in supporting OGNH to operate to the full benefit of residents and other older people
- Focus on working in ways which build relationships and start from people's strengths
- Increased access to the most enabling help even for those with high and complex

needs

The draft design principles take into account the specific needs of individuals and groups who share the protected characteristics, most notably older residents and those with disabilities and/or long-term health conditions.

The co-design reference group and identified key stakeholders have been consulted throughout the feasibility study process facilitated by the design team, project team and commissioning team. Consultation with identified stakeholders and local residents will continue throughout the detailed design and planning stage

## **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 long-term impact of moving to the next design phase. A variant of Option 4 of the Feasibility Study to demolish the current building and rebuild a 70 bed nursing provision including clinic site. Whilst ensuring that the use of the site is maximised would be positive for women who need nursing services as in the long term 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 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. 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.

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

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

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.

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 long-term impact of moving to the next design phase. A variant of Option 4 of the Feasibility Study to demolish the current building and rebuild a 70 bed nursing provision including clinic site. Whilst 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. All those affected by this are aged 65+.

The recommended option of relocation of the home's current residents to alternative Nursing homes will affect more residents over 65.

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 have a physical or neurological disability. The long-term impact of moving to the next design phase. A variant of Option 4 of the Feasibility Study to demolish the current building and rebuild a 70 bed nursing provision including clinic site. Whilst ensuring that the use of the site is maximised would be positive 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.

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

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 impact of moving to the next design phase with a variant of Option 4 of the Feasibility Study to demolish the current building and rebuild a 70 bed nursing provision including clinic site, whilst ensuring that the use of the site is maximised would increase Haringey's ability to place clients within borough, close to their support networks. Therefore, 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.

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

Data is unavailable on the number of service users who have undergone gender reassignment. However, the ONS estimates that 3.7% of Haringey's population are lesbian, gay or bisexual (LGB), which is the 9th largest LGB community in the country. It is therefore likely that LGB individuals will be affected by the decision. Any LGB resident will be treated the same as if they were heterosexual. The council and any providers will ensure that service provision is compliant with the Council's Public Sector Equality Duty.

Positive		Negative		Neutral		Unknown	X
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				impact		Impact	
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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 provider's will ensure that service provision is compliant with the Council's Public Sector Equality Duty.

Positive	X	Negative		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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### 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.

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

- Could the proposal result in any direct/indirect discrimination for any group that shares the protected characteristics?
- Will the proposal help to advance equality of opportunity between groups who share a protected characteristic and those who do not?

This includes:

- a) Remove or minimise disadvantage suffered by persons protected under the Equality Act
  - b) Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups
  - c) Encourage persons protected under the Equality Act to participate in public life or in any other activity in which participation by such persons is disproportionately low
- Will the proposal help to foster good relations between groups who share a protected characteristic and those who do not?

Any decision to increase nursing capacity for Haringey clients in borough will have a long term positive impact on 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.

### 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. 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
<b>Adjust the proposal:</b> the EqlA 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
<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.	N

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

Impact and which	Action	Lead officer	Timescale
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<b>protected characteristics are impacted?</b>			
<p>The preferred option in the cabinet report: To proceed option 4 to the next stage of design: Demolishing existing building and building new 70-bed nursing home provision. The proposed development to include the site of clinic with a view to intensifying usage of the site, This will lead to a period of up to 3 years where there will be no nursing capacity on site. This will affect older people, mostly women, and people with disabilities disproportionately as the Council may need to secure provision out of borough.</p> <p>The feasibility study identified that it would not be advisable for the current residents(2) 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 Noise, Health and Safety concerns, Construction Dust impacting on air quality and required Relocation of residents twice during construction phase.</p>	<p>Haringey Council will continue to endeavour to place residents in Haringey or within neighbouring boroughs through proactive engagement with providers to secure placements.</p> <p>Haringey Council will also be seeking to establish block contracts with care homes in Haringey and within neighbouring boroughs to secure beds for use by Haringey residents. This will help to mitigate the impact of the short-term loss of supply in Haringey.</p>	Charlotte Pomery	2019/20–2021/22

**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.

**7. Authorisation**

EqlA approved by: Charlotte Pomery, Assistant Director  
Commissioning.....

Date 17/06/2019  
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**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.