



# Needs & Gaps Analysis Template

Commissioning Panel Submission  
Guidance

## Introduction to this template

The purpose of this template is to ensure a standardised process for producing needs and/or gaps analyses across Haringey Council

This template sets out:

- the different sections that should be included in these reports, with suggested word counts for each section.
- the content that should be included in each section of the report.

It is important to distinguish between a needs and/or gaps analysis. Please see the guide below for more information:

- **Needs analysis:** the aim is to identify the **nature and extent of need** within a population.  
*Example: a needs analysis might provide information about the rate of children in low-income families, or the rate of health conditions across the population.*
- **Gaps analysis:** looks at **service provision**, how sufficient it is and where there are gaps. To do this it is likely that a brief overview of the level of need will be required, however a gaps analysis should focus predominantly on the provision.  
*Example: a gaps analysis might set out the number and types of education providers in the borough and explore whether there are enough providers of each type to meet the demand for places.*

A gaps analysis can also be used where there is a significant **change to a process**, which might also include making changes around how officers work (including upskilling and/or amendments to local use guidance). In these instances, a gaps analysis will highlight the differences in the 'before' and 'after' processes and seek to ensure that the transition from one to the other is structured using standardised change and/or project management principles.

- **Needs and gaps analysis:** in many cases, these two types of report will be combined into a 'needs and gaps analysis'. This report will usually start with a detailed needs analysis and then cover the service provision and any gaps.

Before commencing a needs and/or gaps analysis, it is also necessary to consider who will be involved in creating the report. It is essential that the report is not completed solely by data practitioners, but also includes relevant stakeholders from across the service, including managers and operational staff. This will help to ensure that the report meets its purpose and is both needs-based and evidence led.

# Direct Award for Ourris Limited: Residential and Nursing Care Services

Residential and Nursing Homes

July 2026

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Commissioning Officer

Adult Social Care Commissioning

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## Introduction

The introduction should **briefly** set out **what the report is about**, state its **high-level purpose**, and give an overview of the **methodology**.

The introduction should make clear whether the report is a 'needs analysis', a 'gaps analysis' or a 'needs and gap analysis'. For more detail on each of these types of report, please see the introduction to this template document.

It is also important to be clear what is in **scope** for the report and what is not. This includes clearly defining the cohort that you are interested in, for example the age ranges and whether you are only looking at Haringey residents. Any acronyms that will be used in the report should be spelled out and explained if necessary.

This report provides a needs and gaps analysis of residential and nursing care provision for older people, particularly those aged 65 and over who require culturally appropriate care and support. The purpose is to assess whether the current provision delivered by Ourris Properties Limited and Ourris Residential Homes Limited continues to meet local need and whether there are gaps in the market that require a commissioning response.

Particular consideration is given to the needs of Greek, Cypriot and Turkish residents, whose cultural, language, dietary and community needs may not be met through mainstream provision. The analysis draws on commissioning information, market intelligence, service performance data and operational feedback to inform future commissioning decisions.

**Maximum word count: 100 words**

## Purpose and scope

This section should start by outlining the **overall objective** of the report. Common objectives of a needs or gaps analysis would be to improve understanding on a particular topic or to help inform a key decision.

There should then be more detail on the report's **specific aims**. For example, these could include providing up-to-date data of the current situation, assessing the cost and benefits of different options, and supplying recommendations of next steps.

This section should end with a **brief overview** of what would be accomplished if these aims were met. This is likely to refer to improving outcomes for children in the borough.

### Maximum word count: 200-300 words

The purpose of this report is to understand whether current Ourris provision remains necessary and whether there are suitable alternatives available within the market.

The report aims to:

- Review the current service and how it is performing.
- Assess ongoing demand for residential and nursing care placements for people over the age of 65.
- Examine the availability of alternative providers.
- Identify any gaps in provision
- Identify to what extent provision for adults aged over 65 meets our Equality Act duties, with regards to the cultural needs of residents in Haringey from the Cypriot, Greek and Turkish communities
- Understand the risks associated with changing or ending the current arrangements.
- Understand costs of this service and similar types of provision
- Inform future commissioning and procurement decisions.

Ourris currently provides a unique service which combines residential care, nursing care and culturally appropriate support for Greek, Cypriot and Turkish communities. This analysis considers whether those needs could be met elsewhere and what the impact would be if the service was no longer available.

Meeting these aims will help ensure residents from minority communities in Haringey continue to receive safe, appropriate, culturally-specific care while supporting effective use of council resources. It will also ensure that we secure this specialist provision at a pre-agreed rate with built-in, predictable uplift clauses that will ensure continuity of care, at predictable rates.

*Example: for a gaps analysis on child mental health provision, the overall objective might be to ascertain whether the mental health services that are currently available meet the needs of children in the borough. Within that overall objective, the aims of the report might be to:*

- *Map existing mental health provision, showing the locations where providers are based and the cohorts they serve.*
- *Evaluate the current cost of these services.*

- *Analyse gaps where existing services are not meeting the needs of children in the borough by mapping areas with the longest wait-times for services and the highest rates of emergency admissions for mental health.*
- *Explore potential options for improving the service to close these gaps, alongside a cost-benefit analysis of each option.*
- *Provide recommendations on the next steps for improving the mental health provision for children in Haringey.*

*This section could end with an overview of what will be accomplished, such as: 'in meeting these aims, this report will help to guide Haringey Council in improving the service provision for children with mental health needs in the borough.'*

## National Context

This section should provide an **overview of national trends** to help **benchmark** the situation in Haringey. It should also provide any **relevant narrative** which could help to **explain these trends**. This context might include any changes to national legislation, or events such as the Covid-19 pandemic or the cost-of-living crisis, if they impact on the trends discussed in the report.

Nationally, adult social care policy continues to promote independence, prevention and support at home wherever possible. However, residential and nursing care remain essential for people whose needs can no longer be viably and safely met through community-based services.

Across London and North Central London, demand for residential and nursing care continues to exceed available capacity in many localities, resulting in increasing competition for placements and upward pressure on fees. Nursing care is particularly important for people with complex health conditions, frailty, dementia and multiple long-term conditions.

Across North Central London (NCL), councils continue to face increasing demand and cost pressures within the residential and nursing care market. Benchmarking data shows that Haringey's use of residential and nursing placements is broadly in line with neighbouring boroughs and reflects similar levels of need. Fee comparisons also demonstrate that the rates paid to Ourris are consistent with those paid by neighbouring authorities. Notably, Enfield Council pays the same rates as Haringey for placements at Ourris, providing assurance that the Council is securing this specialist provision at a market-aligned price. Given the combination of residential care, nursing care and culturally responsive support provided by Ourris, this represents good value for money and helps ensure the Council can continue to meet the needs of residents who may benefit from care that reflects their language, cultural and community connections.

The Care Act 2014 places a duty on local authorities to ensure sufficient provision exists to meet eligible care and support needs while promoting wellbeing, choice and control. This includes consideration of cultural, linguistic and social needs when arranging care.

Whilst national policy seeks to support people to remain independent for as long as possible, residential and nursing care remain essential for people whose needs can no longer be safely supported in the community. In 2024/25, Haringey's rate of long-term support admissions for people aged 65 and over into residential and nursing care homes was 558 per 100,000 population (ASCOF Measure 2C, <https://app.powerbi.com/view?r=eyJrIjoiaWUyZTgxYjQNTY1My00NWlxLWE3YWQtNDhkZmMxYzY1MGNjliwidCI6IjM3YzM1NGlyLTg1YjAtNDdmNS1iMjlyLTA3YjQ4ZDc3NGVIMyJ9>), compared with an England average of 592.5. Haringey ranked 59th nationally, suggesting the borough is already supporting many residents to remain independent whilst maintaining access to residential and nursing care where required.

Although national policy seeks to reduce unnecessary admissions into long-term care, residential and nursing care remain essential services for individuals whose assessed needs cannot safely be met within community settings. The purpose of this

provision is not to increase reliance on care homes but to ensure appropriate support remains available for those who require it.

**Maximum word count: 200-300 words**

***To note:** every time figures are quoted, or data is used within the report, it needs to **clearly state the source** of that data. This will include: the officer or organisation the data comes from, when it was published, what date(s) the data refers to. This can be done using footnotes to avoid breaking up the flow of the narrative.*

*Example: 'in 2023 Haringey had a baseline figure of 352 Lone Parent families'<sup>1</sup> <sup>1</sup>(source: ONS Census 2021, published October 2023 [insert hyperlink to webpage]).*

*As well as benchmarking against national averages, it can also be helpful to include comparisons with similar local authorities. This helps to give the reader a more direct comparison for the situation in Haringey. There are different groups of local authorities that Haringey can be compared to. These include:*

- *Haringey's geographical neighbours (Barnet, Camden, Enfield, Hackney, Islington, Waltham Forest)*
- *All London boroughs.*

## Local Context

While the 'national context' section covers any additional information that helps the reader to understand trends at a national level, the 'local context' section should cover additional information **specific to Haringey**. This includes any **local demographic factors** that might influence the level of need, as well as any **local strategies or plans** that are relevant to the report.

It would also be useful to include information on whether the report sits within a wider scheme of work. This helps to provide necessary context to the report so that the reader can understand what is being done and why.

Published council policies and plans can be found here: [All council policies and plans | Haringey Council](#). It may also be worth checking local Shared Drives to see if there are other unpublished reports or strategies that could be relevant.

**Maximum word count: 200-300 words**

Haringey has a growing older population and increasing demand for services that support people with frailty, dementia, complex health conditions and other age-related care needs. The borough had approximately 27,700 residents aged 65 and over in 2022, representing around 11% of the population, and this number is projected to increase by almost 40% to 40,000 residents by 2031. Haringey has experienced a 24% increase in residents aged 65 and over since the 2011 Census, making older people one of the fastest growing population groups in the borough.

The increasing older population is expected to result in higher levels of age-related health and care needs. The JSNA identifies significant projected growth in dementia, diabetes, frailty and other long-term conditions commonly associated with residential and nursing care. Across North Central London, Haringey has one of the highest estimated levels of frailty, with approximately 14% of residents aged 50 and over estimated to be living with frailty, dementia, complex health conditions and other age-related care needs, which is equivalent to around 10,290 people, compared with 11% across North Central London overall.

Haringey is also one of London's most diverse boroughs and is home to long-established Greek, Turkish and Cypriot communities. The Council's Adult Social Care Strategy and Market Position Statement recognise the importance of ensuring services are culturally responsive and able to meet residents' language, faith, dietary and cultural needs.

The Market Position Statement specifically identifies a need for residential and nursing care provision that includes culturally appropriate care for people with complex health conditions and dementia.

Ourris currently provides Haringey with 39 block-purchased beds on behalf of the Council, comprising 18 residential beds and 21 nursing beds across Autumn Gardens and Anastasia Lodge. Both homes are rated Good by the Care Quality Commission and provide a specialist model of care designed to support Greek, Cypriot and Turkish residents whilst remaining open to people from all backgrounds. The service therefore contributes to the Council's wider objective of maintaining sufficient, high-quality and culturally appropriate residential and nursing care provision for an increasingly ageing population.

The recommissioning of this contract also aligns with a concurrent strategy under discussion, where we will be looking to secure current occupied beds in residential and nursing care through block arrangements going forward, rather than the current spot arrangements that are in place.

The proposal aligns with the Adult Social Care Strategy [Adult Social Care Strategy: Supporting Adults in Haringey | Haringey Council](#), Market Position Statement [Adult social services market position statement | Haringey Council](#) and wider commissioning intentions, which recognise the importance of maintaining sufficient residential and nursing care capacity whilst ensuring services are personalised, culturally responsive and focused on improving outcomes for residents.

## Current Need/Situation

This purpose of this section is to provide information on the **current level of need**, to help inform recommendations and decisions.

- List current services, providers, and delivery models.
- Summarise service capacity, coverage, and accessibility.
- Include performance data (e.g., KPIs, satisfaction scores, waiting times).
- Identify strengths, challenges, and areas of underperformance.
- Note any recent changes or innovations in service delivery.

Demand for residential and nursing care continues, alongside wider strategic efforts to support people to remain independent of commissioned care for longer. The Council currently commissions 39 block-purchased beds through Ourris and continues to require access to residential and nursing care capacity for residents with complex health needs, frailty and dementia, as described above. The projected growth in Haringey's older population suggests that demand for this type of provision will continue over the medium to long term, in addition to other kinds of support, such as home care.

Performance information demonstrates a stable and effective service. Contract monitoring undertaken throughout 2023/24 and 2025/26 demonstrates that Autumn Gardens and Anastasia Lodge continue to perform well against the Council's contractual requirements. Key findings include:

- Both homes continue to hold a Good CQC rating.
- Resident satisfaction consistently met or exceeded the Council's 90% target.
- Carer satisfaction consistently met or exceeded the Council's 90% target.
- 100% of care and support plans were reviewed in line with contractual requirements.
- No medication errors were reported at either service during the monitoring period.
- Occupancy remained consistently high, generally ranging between 95%-100% at Anastasia Lodge and 96%-100% at Autumn Gardens, demonstrating ongoing demand for the provision.
- Staffing remained stable, with no agency staff reported and permanent staffing levels increasing over the monitoring period.
- Complaints remained low, compliments continued to be received from residents and families, and safeguarding concerns were limited with appropriate actions taken where required.

These indicators provide assurance that the service continues to deliver safe, effective and culturally responsive care, with positive outcomes for residents and families.

The service currently provides 39 block-purchased beds across two CQC-rated Good care homes, comprising 18 residential beds at Anastasia Lodge and 21 nursing beds at Autumn Gardens. Haringey's population aged 65 and over is projected to increase by 40% by 2031, while local frailty levels remain amongst the highest in North Central London. This demographic growth, combined with ongoing demand for residential, nursing and dementia care placements, indicates a continuing need for the provision. Ourris plays an important role within the Council's commissioned care-home market

and provides a unique culturally responsive service for Greek, Cypriot and Turkish communities that is not readily available elsewhere.

#### Current Residential and Nursing Care Providers Used by Haringey (65+)

| Provider                            | Care Type   | Current Placements (65+) | Borough Location | Notes                                                        |
|-------------------------------------|-------------|--------------------------|------------------|--------------------------------------------------------------|
| Sunbridge Care Home                 | Residential | 24                       | Out of Borough   | One of the most frequently used residential providers.       |
| Murrayfield Care Home               | Nursing     | 23                       | Out of Borough   | High level of nursing placement activity.                    |
| Stamford Care Home                  | Nursing     | 19                       | Out of Borough   | Significant nursing capacity utilised by the Council.        |
| Autumn Gardens (Ourris)             | Nursing     | 17                       | In Borough       | Specialist culturally responsive nursing provision.          |
| Peregrine House                     | Residential | 15                       | Out of Borough   | Frequently used residential provider.                        |
| Priscilla Wakefield House Block     | Nursing     | 14                       | Out of Borough   | Regular nursing placement provider.                          |
| Heathgrove Lodge Care Home          | Residential | 12                       | Out of Borough   | Frequently commissioned residential care.                    |
| Eliza House                         | Residential | 12                       | Out of Borough   | Regularly used residential provider.                         |
| Anastasia Lodge (Ourris)            | Residential | 11                       | In Borough       | Specialist culturally responsive residential care provision. |
| Abbey Ravenscroft Park Nursing Home | Nursing     | 10                       | Out of Borough   | Frequently commissioned nursing care.                        |

Maximum word count: 1000 words

## Gaps Analysis

The purpose of this section is to demonstrate where there are **gaps** in current service provision, by comparing the current level of need with the availability of provision. This can be broken down in more detail such as by geographical area or by cohort.

- Highlight gaps in service provision
- Identify groups experiencing inequalities or barriers.
- How much of the service or good is needed
- Include findings from stakeholder engagement or user feedback.
- Prioritise needs based on urgency, impact, and feasibility.

This section should also outline **why** this need is not currently being met, as this will help the reader understand the potential barriers. It is **essential** that this section includes input from relevant stakeholders within the service to ensure that the data presented reflects the reality of the situation and any necessary context is provided. Additional narrative provided by stakeholders should be supplied alongside the data.

The review identified a significant gap in the availability of culturally responsive residential and nursing care for older people from Greek, Greek Cypriot and Turkish communities.

Ourris currently provides 39 block-purchased beds on behalf of the Council, comprising 18 residential beds at Anastasia Lodge and 21 nursing beds at Autumn Gardens. Contract monitoring demonstrates consistently high occupancy levels, generally ranging between 95% and 100%, indicating continued demand for the provision.

Market intelligence, operational feedback and commissioning reviews have not identified another provider within approximately 50 to 75 miles that offers the same combination of residential care, nursing care and culturally specific support for Greek, Cypriot and Turkish communities. Whilst alternative care homes exist across North London, these services do not generally provide the same level of language support, cultural understanding or community connections. This represents a clear market gap should the current arrangement cease.

The review also identified a potential equality issue. Older people whose first language is not English can experience barriers when accessing residential and nursing care, particularly where providers are unable to meet language, cultural, dietary or faith-related needs. Feedback gathered through contract monitoring and commissioning activity demonstrates that residents and families value services that enable them to maintain their language, cultural identity, religious practices and community links. The availability of culturally responsive provision helps reduce social isolation and supports positive wellbeing outcomes.

Evidence reviewed as part of this analysis included contract monitoring reports, complaints and compliments data, safeguarding information, placement activity, operational feedback and resident and family feedback. These sources consistently indicate that the service is performing well and meeting local need. Contract monitoring demonstrates achievement of key performance indicators, including resident and carer satisfaction targets, 100% completion of care plan reviews and no reported medication errors during the monitoring period. Complaints and safeguarding

concerns remained low, whilst staffing remained stable with no reported use of agency staff. Occupancy levels remained consistently high, demonstrating ongoing demand for the service.

Overall, the evidence suggests there is not currently a gap in the quality of provision delivered by Ourris. The primary gap is in the wider market, where there is no identified alternative provider able to deliver the same combination of residential care, nursing care and culturally responsive support. The loss of this provision would reduce choice for residents and families and make it more difficult for the Council to meet the needs of some of its older residents.

**Maximum word count: 1000 words**

### Stakeholder views

- Include feedback from service users, carers, and families.
- Summarise views from service providers, voluntary sector partners, and professionals.
- Note any consultation activities (e.g., surveys, workshops, interviews).
- Identify areas of consensus and divergence among stakeholders.
- Highlight suggestions for improvement or innovation.

#### Maximum word count: 300 words

Feedback from operational teams is consistently positive and highlights the provider's ability to meet the cultural, language and social needs of residents.

Contract monitoring information indicates high levels of resident and family satisfaction, with performance consistently exceeding the Council's target of 90%. Complaints are low and safeguarding concerns are not a recurring issue.

Professionals involved in arranging placements report that identifying comparable alternative provision would be challenging due to the specialist nature of the service.

There is broad consensus amongst stakeholders that culturally responsive residential and nursing care remains important for a cohort of Haringey residents. The principal challenge identified is the limited availability of alternative providers capable of delivering equivalent support. Feedback from operational teams is consistently positive. Staff report that the provider understands the needs of residents and their families and delivers care that reflects cultural preferences, language requirements and community connections.

## Recommendations/Options

This section provides recommendations or options as to the next steps the Council should take. In most cases, a needs or gaps analysis will provide **multiple alternative options** for senior colleagues to review and choose between. The options should cover a range of cost brackets and levels of achievability. In other words, if the first-choice option is likely to be intensive in terms of time, money or skills, the alternative options should be less time and resource intensive, in case the first option is not viable. The option of 'do nothing' or 'maintain business as usual' should be included to provide a comparison with the other options.

It is also useful to set out the potential benefits and risks of each option. Among other things, this could include factors such as the expected cost; time; resources; skills needed; or dependencies on other organisations.

While it is not recommended to use a table to display the options in the report due to the formatting constraints, the below table may be useful in showing what should be included for each option:

| Option                | Outcome | Actions | Benefits | Risks |
|-----------------------|---------|---------|----------|-------|
| 1. Preferred option   |         |         |          |       |
| 2. Alternative option |         |         |          |       |
| 3. Do nothing         |         |         |          |       |

It should also be made clear whether the options proposed are **mutually exclusive** (i.e. only one of the options should be implemented), or whether **multiple options** could be implemented simultaneously.

Each option should be clearly separated and should state the anticipated result, as well as the actions setting out how we can get to this goal. The actions within each option should follow the **SMART objective framework**. This means the actions listed should be Specific, Measurable, Achievable, Realistic, and Time-bound.

It can be helpful to contextualise these goals and actions by explaining how they relate to market trends, competitors, other local authorities, or emerging technologies. The recommendations should also include a reference to the individuals or teams who would be involved in this work.

### **Option 1: Direct Award and Contract Renewal (Recommended)**

#### **Outcome**

Continuation of culturally appropriate residential and nursing care provision.

#### **Actions**

- Complete needs and gaps analysis.
- Obtain governance approvals.
- Finalise direct award process.
- Implement revised contract and performance framework.

#### **Benefits**

- Maintains continuity of care.
- Preserves resident choice.
- Protects specialist provision.
- Reduces risk of placement disruption.

#### **Risks**

- Continued reliance on a single specialist provider.

### **Option 2: Full Procurement Exercise**

#### **Outcome**

Market tested provision and potential identification of alternative providers.

#### **Actions**

- Develop specification.
- Complete market engagement.
- Undertake competitive procurement.

#### **Benefits**

- Demonstrates market testing.
- May identify additional providers.

#### **Risks**

- Limited market response.
- Potential disruption to residents.
- No guarantee of equivalent culturally specific provision.

### **Option 3: Do Nothing**

#### **Outcome**

Current arrangements end with reliance on spot purchasing.

#### **Actions**

- No contract renewal.

#### **Benefits**

- No long-term contractual commitment.

#### **Risks**

- Loss of specialist provision.
- Reduced resident choice.
- Increased placement instability.
- Potential increase in costs through spot purchasing.

### **Recommendation**

Based on the evidence available, Option 1 represents the most proportionate response to the identified need and market gap. It maintains access to specialist culturally responsive residential and nursing care, supports continuity of care and reduces the risks associated with service disruption, whilst continuing to deliver value for money and positive outcomes for residents.

**Maximum word count: 300 words**