

**Report for:** Cabinet, 26 June 2018  
**Title:** Approval of the preferred option for the future of Osborne Grove Nursing Home

**Report authorised by :** Charlotte Pomery, Assistant Director Commissioning

**Lead Officer:** Sam Jacobson, Commissioning Manager

**Ward(s) affected:** All

**Report for Key/  
Non Key Decision:** Key Decision

## **1. Describe the issue under consideration**

- 1.1 Ensuring all adults lead healthy, long and fulfilling lives is a key priority of the Corporate Plan, Building a Stronger Haringey Together, 2015 – 2018. Whilst the Council continues to face a challenging financial climate over the coming years due to reducing funding, increasing need and growing demand, the approach continues to be ambitious focusing on improving outcomes for all residents, promoting independence and building choice and control.
- 1.2 Within the Council's Medium Term Financial Strategy, approved by full Council in February 2017, it was noted that an options appraisal on the future of Osborne Grove Nursing Home (the Home) was already underway. The options appraisal was paused in June 2017 following serious concerns about the quality of care being delivered at the Home and consultation on the proposals to close the Home on the grounds of quality of care and sustainability. Cabinet at its meeting on 12<sup>th</sup> December 2017 agreed to the closure of the Home and for the options appraisal on the future use of the site for nursing care to be completed and returned to Cabinet for a decision at the earliest opportunity.
- 1.3 The options appraisal was originally commissioned on the premise of the closure of the Home. Following the local election in May 2018, taking cognisance of the reduced number of residents (now 7) and despite the continued need for significant resources to maintain the safe care and support of existing residents, the new administration has asked that the options appraisal be remodelled with the option for existing residents to remain in situ in mind.
- 1.4 The options appraisal, the details of which are set out in this report, has now been completed. Cabinet is asked to consider the options on the future use of the Osborne Grove Nursing Home site and to make a decision on the preferred option. Cabinet is also asked to make a decision on whether the

Home should be kept open for the current residents only who choose to remain.

## **2. Cabinet Member Introduction**

- 2.1 I am delighted to present this report on the future of Osborne Grove Nursing Home. As set out, we are proposing to retain and expand the Home to meet the needs of older people in the borough, exploring in depth two high level options through detailed feasibility studies. We are committed to continuing to work closely with partners and stakeholders through a co-design process to ensure that we develop an approach which is affordable, sustainable and flexible enough to address current and future capacity challenges.
- 2.2 We are committed to enabling those of the current residents of the Home who want to stay there to do so and will ensure that any development plans accommodate the residents' best interests, noting that these may change over time. We recognise there is a significant amount of work to do but are proud to be exploring innovative models of care, supported by outstanding and flexible design, delivered in partnership. Through co-design, we will ensure that the various views of stakeholders are considered and incorporated into the design and planning as appropriate and will return to Cabinet in the Autumn to present the next phase of work for approval.

## **3. Recommendations**

- 3.1 Cabinet is asked to agree that:
- 3.1.1 The Council retain ownership of the OGNH site;
- 3.1.2 The site be used for the provision of residential and nursing care;
- 3.1.3 The draft design principles on the future development of the site at paragraph 7.2 be adopted;
- 3.1.4 Options 1b (resident in situ and new build of 70 bedded unit) and 2b (resident in situ and expansion/rebuild to a 64 bedded unit) be taken forward as set out in paragraph 3.1.7 below;
- 3.1.5 The establishment of the OGNH Co-Design Reference Group be confirmed and to act in an advisory and consultative role on the future of the Home and as set out in paragraph 6.7. The Group to be Chaired by the Lead Member for Adult and Health and the membership to include Ward Councillors, family members of residents, Haringey HealthWatch, Chair of the Older People's Reference Group, Trade Union representatives, the Clinical Commissioning Group and Council officers.
- 3.1.6 A design partner on the future residential and nursing care provision be procured;

- 3.1.7 Following procurement of the design partner, detailed design and feasibility work be undertaken with the active engagement of a range of stakeholders including the OGNH Co-Design Steering Group, partners, nursing care providers and officers, on Options 1b and 2b as set out at paragraph 7.5.1:

Option 1b: Maintaining a reduced-capacity service at Osborne Grove to allow the current residents (7) to remain and building a new 70-bed Nursing Home on site following demolition of the existing building; and

Option 2b: Maintaining a reduced-capacity service at Osborne Grove to allow the current residents (7) to remain and building an expanded 64-bed Nursing Home on site with the existing residents in situ.

The feasibility work to include the construction works to be undertaken, whether this can be undertaken with residents in situ, the risk to and likely impact on residents and whether and how residents can be safeguarded.

- 3.1.8 The outcome of the detailed design and feasibility work (referred to in paragraph 3.1.7) be brought to Cabinet for a decision on the preferred option for consultation with residents and other stakeholders;
- 3.1.9 The current provision at OGNH to remain open to existing residents only and who choose to remain; and
- 3.1.10 That officers work proactively with partners in the NHS, with the care sector and with neighbouring local authorities to develop a sustainable partnership approach to future delivery of care at Osborne Grove.

#### **4. Reasons for decision**

- 4.1 Osborne Grove Nursing Home is a 32-bedded nursing unit, with a day centre space, run directly by the Council. It is located on a site, owned by the Council, in Stroud Green which has a sizeable garden and a large car-park.
- 4.2 On 12<sup>th</sup> December 2017, the Cabinet made a decision to close the Home, following an extended period of consultation with residents, users, carers and other stakeholders. This was in the context of the seriousness of care quality issues raised through internal and external audits and inspections including those carried out by the Care Quality Commission, staff from the Brokerage and Quality Assurance Service of the Council and the Safeguarding and Quality Assurance function of the Clinical Commissioning Group (the CCG). An embargo, which can be placed on any care provider where there are concerns about the quality of care and it is not considered safe to place new residents, has been in existence since August 2016. This embargo on any new placements meant that numbers of residents in the Home have been falling since then and at the time of the December Cabinet paper there were only 17 residents in the Home. Following implementation of the closure decision and the planned and careful transfer of residents to new care homes, there are now only 7 residents living in the Home (down from 32 at

full occupancy). In order for the Council to maintain its focus on quality of care, there are no plans to increase the number of residents or for the current embargo to be lifted.

- 4.3 A recent review of activity and demand in Haringey and across North Central London has confirmed the need for increased nursing bed capacity in the area. The site, owned by the Council, offers considerable potential for expansion of nursing care capacity which would help to meet the increased demand for nursing care both in the borough and in the wider sub-region. In the context of established and increasing demand, there is a pressing need to grow capacity across the whole of North Central London and capitalise on opportunities to do this wherever they appear. No longer can Haringey rely on excess capacity in NCL to meet its demand as the number of nursing home beds continues to fall and all boroughs in NCL are experiencing higher demand. Out of NCL, there is increasing cross-authority competition for beds which creates an upward pressure on prices.
- 4.4 The options appraisal has been pursued in order to consider whether and how this potential should best be delivered. The decision to explore further two options is being presented following an options appraisal which has already taken into account the range of factors set out in section 6 and which has considered a number of options for the future of the site. This options appraisal is set out in section 7 of this report.
- 4.5 The proposed approach aims to develop a high quality provision to improve outcomes for residents through a model of nursing care which is responsive to need. The existing site is demonstrably not fit for purpose with a number of design issues making the provision of high quality care particularly challenging for an increasingly frail resident population. The approach to quality will be developed to better address future demand, whilst also mitigating the quality of care issues that led to the previous decision to close the home under current management by the local authority.
- 4.6 The proposal to retain those of the current 7 residents who wish to remain in situ to do so reflects the current wishes of a number of stakeholders. Their ability to remain in the Home will be subject to risk assessments to ensure that this continues to be in their best interests and will support their continued wellbeing during the course of any works. These risk assessments will be considered by the Care Quality Commission in their continued regular inspections of the Home. Further consultation has been highlighted as necessary in light of the fact that the options currently being presented for further work are fundamentally different from the proposals initially consulted upon. It has therefore been considered fair that the residents and stakeholders be consulted on the preferred option following the outcome of the detailed design and feasibility work and before a final decision is made by Cabinet. Following the final decision on the preferred option, full consultation will be held with all residents and we will make clear through risk assessments that any decision will be made in the best interests of residents.

## **5. Alternative options considered**

- 5.1 The option to close the Home and not to revisit an options appraisal for future use of the site was identified but discarded early on as the Home is an asset of great value to local residents and to the Council.
- 5.2 A full options appraisal was considered to be the most effective way to explore all viable options in relation to the home post-closure and to seek Cabinet approval to start the next phase of implementing the preferred option.

## **6. Background to the options appraisal**

- 6.1 The future of Osborne Grove is of critical importance to the local authority and a number of contextual factors shape the options appraisal, the process of determining the preferred option and the implementation of the agreed way forward.

### **6.2 The premises**

- 6.2.1 The Home, currently run directly by the local authority, has a 32-bed capacity, significantly smaller than most nursing homes, which on average operate with between 60 and 80 beds.
- 6.2.2 Although the scheme was a new build only completed in 2008, there are elements of the building that are not suitable for the designation of the site as a nursing home. The building was originally designed as a residential care home, but has been used as a nursing home as the acuity of needs of residents has increased. The design of the building is unsuitable to cater for the needs of an increasingly frail resident population. Below is a list of some, though by no means all, of these issues:
  - The building only has one lift located some distance away from a large proportion of residents' bedrooms. The lift is not wide enough for a hospital bed which creates significant problems from a mobility perspective and to ensure bed bound residents have an opportunity to move with some ease around the building or in an emergency.
  - There is a lack of en-suite wet rooms in the building which impedes the ability of residents to wash within their own rooms (as opposed to washing in assisted bathrooms) or independently should they be able to.
  - The width of the doors in a number of bedrooms is not sufficient for a hospital bed or for residents with mobility issues.
  - The layout of the building creates numerous 'blind-spots' which necessitate a more intensive staffing structure than that generally associated with schemes of the current size. Each wing comprises 8-beds and there is a separate nursing station for each wing within the unit. This compares with most

purpose-built nursing homes where there is a nursing station for every 12-15 beds.

- There are a number of additional fire safety concerns with the property which the Council has been addressing with the London Fire Brigade relating to the building's ability to withstand heat for an adequate length of time in the event of a fire.

### **6.3 Need and demand**

6.3.1 A recent review of activity and demand in Haringey has confirmed the need for increased nursing bed capacity in the area. There are currently 168 over 65-year-old Haringey service users in receipt of nursing care and this figure is projected to grow to around 250 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.

6.3.2 On the supply side, there are only 2 nursing homes (including Osborne Grove) in Haringey. It has not, therefore, been possible for local demand for nursing care to be met in borough for some time and Haringey purchases over 80% of its nursing care out of borough. Traditionally, Haringey's demand for nursing care would have been met by nursing homes in North Central London but increasingly, Haringey is having to look beyond the sub-region to meet this demand with 19% of nursing beds purchased out of North Central London at present. The reason that Haringey now purchases beds across a wider geographical area is that – despite the widely reported and increasing demand – the capacity in the market-place for nursing and residential care is shrinking. For example, there were 56 nursing homes across North Central London (Barnet, Camden, Enfield, Haringey and Islington) in 2015 and now there are 48. A number of other providers are restricting access only to self-funders or reducing the proportion of local authority placements they are willing to accept. This means that the absolute capacity of nursing care beds available for Haringey to commission is decreasing. This is a national picture reflecting the fragility of this sector of the social care market, the uncertainty over future funding mechanisms and the challenge of delivering nursing care to frail, older people with complex needs.

### **6.4 Quality**

6.4.1 The wellbeing and safety of residents at the Home, now and into the future, is of primary concern to the Council which is the only council in the country directly to deliver nursing care, a specialist, clinical function

6.4.2 Haringey's approach to quality starts from the premise that it will commission nursing care placements only from providers rated good or outstanding by the regulator, the Care Quality Commission (CQC). The regulator offers an

independent view of the quality delivered in a setting based on nationally determined criteria and is relied on by all authorities as a trusted indicator of the quality of service delivery. The approach can lead to localised, short to medium term capacity issues as an embargo can be placed on admissions to individual establishments as a result of care quality failings and where the CQC assessment falls below Good. This can be particularly acute where there is limited supply in a particular geographic area, as has been experienced with the embargo placed on new placements at Osborne Grove Nursing Home and the Requires Improvement rating by the CQC.

6.4.3 Since December 2016, there have been three CQC inspections of Osborne Grove, an internal audit carried out by Mazurs, three Establishment Concern meetings and regular assessment visits by the Quality Assurance functions of both the CCG and the Council. The key issues raised during these inspections and audits are as set out in summary form below:

- Clinical Policies and Procedures: Absence of clear clinical policies and procedures. Presenting significant safeguarding risks.
- Care Plans: there were either not of a suitably high standard and or not being reviewed appropriately putting residents at risk. These were not person centred and so failing to provide personal care.
- Record Keeping: No clear record keeping of care provided or critical well-being information to ensure appropriate care being given and action taken as appropriate.
- Safeguarding issues: Failure to act appropriately in identifying and addressing safeguarding risks, leading to life threatening issues i.e. pressure ulcers, hydration and nutrition and failure to address constipation issues.
- Meal Plans and Fortified Nutrition: Failure to provide suitably nutritional and varied meals, taking account of personal preferences.
- Activities: Failure to provide suitable personal and group activities for residents of the Home impacting on their wellbeing.
- Facilities: failings in key critical equipment required to provide safe care i.e. hoisting equipment, pressure equipment, suitable seating, call alarm system.
- Management Policies and Procedures: Failure to maintain and implement adequate systems.
- Training: staff training was not up to date.

6.4.4 The Home is currently rated as Requires Improvement by the CQC and no new placements have been commissioned at the Home since the embargo was imposed in 2016. The Home remains non-compliant with regard to one of the four CQC Warning Notices: delivering Person Centred Care. Sustaining high quality provision at OGNH is an essential factor in the options appraisal

## **6.5 Local provision**

6.5.1 There is only one other nursing care home in the borough and, as set out above, increasing demand for nursing care. It is important to many families

who live in the borough that their relative is able to continue to live in Haringey and to be supported to maintain their existing networks of support, friendship and activities. Local provision will be easier for many families to visit and from a neighbourhood perspective it facilitates a mixed and cohesive community where older people are respected members of the wider diversity of the borough.

- 6.5.2 From a commissioning perspective too, there is real value in nurturing high quality in-borough nursing provision where the local authority and local CCG are the primary commissioners of care and can build a strong relationship with the provider. This approach does not reduce the need for strong, collaborative approaches with other boroughs across North Central London given the importance of out of borough provision to meeting current need and future demand. Rather having good capacity in borough will strengthen Haringey's participation in sub-regional work. Whilst it reduces reliance on out-of-borough placements where there is greater cross-borough competition for beds, which is an upward pressure on prices, it makes the Council a contributor to wider sub-regional provision.

## **6.6 Community facing**

- 6.6.1 A consistent feature of Good and Outstanding nursing care homes is that they operate as part of the wider community and Open Care is the concept being developed by the OGNH Co-Design Reference Group to describe this approach.
- 6.6.2 In such a model there could for example be: use of volunteers to support the activities of the home, inter-generational activities to build community engagement and new relationships between generations and fuller use of the communal spaces – subject to the active wishes of the residents for whom this is their home – for wider community activities, from which residents would benefit

## **6.7 Co-Design**

- 6.7.1 The Council is committed to co-design and engaging with the local community to improve outcomes and seek solutions and has already involved a range of stakeholders in developing the options appraisal. An Osborne Grove Co-Design Reference Group has been established which has met three times and will include the Lead Member as Chair, Ward Councillors, at least two family members, Haringey HealthWatch, the Chair of the Older People's Reference Group, Trade Union representatives, the Clinical Commissioning Group and Council officers.
- 6.7.2 The Co-Design Reference Group is in the process of co-designing Terms of Reference and agreeing its role going forward but in essence it will act in an advisory capacity to ensure the views of a wide range of stakeholders are included in formulating the recommendations for the future of the Home. The views of the Group will be reported as part of Cabinet meetings regarding the

Home. Its overall purpose is intended to be to co-design the strategic approach to developing the overall programme of work associated with the future of Osborne Grove Nursing Home.

- 6.7.3 The Council is keen to continue to involve stakeholders throughout the life of the project, and not just during the options appraisal to enrich future quality and service provision. Stakeholder views represent both current and future residents of the home as well as bringing a wider perspective to the consideration of the project.

## **6.8 Sustainability**

- 6.8.1 Whilst there are short and medium term issues to consider in this work, the long-term sustainability of the approach equally needs to be developed. The Council will need to ensure good access for local residents to high quality and affordable care – which ensure good outcomes for older residents of the borough and their families – for the long term.

- 6.8.2 A factor is price and affordability for the Council. The average weekly cost of nursing when the Home was operating at full capacity (at approximately £1,400 p/w) was significantly higher than the average market rate for nursing care (at approximately £900 p/w). As demand and competition for beds increases the price of nursing care also increases. Haringey has seen prices grow by 13% since April 2014 and, interestingly, outside North Central London the costs of nursing packages average approximately £90 per week more than inside North Central London. This reflects national capacity pressures and competition with a broader range of commissioning authorities as well as the importance of local relationships in negotiating price.

- 6.8.3 In addition, there are increased costs from changes to the National Living Wage and National Insurance for example and, of equal concern, the difficulties in recruiting and retaining suitably qualified and trained staff are leading to wage inflation. At a regional level, the five North Central London Councils and CCGs are seeking to work with the sector to develop a sustainable approach to fees and to support workforce development whilst ensuring good value for money and promoting consistent commissioning practice between the given placing authorities.

- 6.8.4 There are also wider factors at play with regard to the uncertainties about the future funding model for adult social care at a national level and the impact of Brexit on the workforce.

- 6.8.5 Haringey is seeking a sustainable approach, which will deliver a fair cost of care and ensure that front line care workers work in environments that offer good terms and conditions, enable career progression and secure retention levels, whilst ensuring that services continue to offer value for money and can meet increasing demand.

## **6.9 Approach to delivery of care**

- 6.9.1 Starting from the premise that nursing care would be delivered on the site and that the Council would seek the best possible provider, skilled and experienced in delivering high quality nursing care, options for future delivery of care are also being explored. The overarching aim is for a long-term and sustainable solution to delivering the best outcomes for local residents in need of nursing care.
- 6.9.2 In summary, a partnership approach to future delivery is being explored which would be based on a public and not for profit sector model. Discussions are being held with a range of stakeholders including the NHS, registered providers, the third sector and local government about opportunities for collaboration around the delivery of care at OGNH in a future model. As part of this work, there is a commitment to workforce development including London Living Wage and skills development as elements of a sustainable long-term approach.

## **6.10 Financial situation**

- 6.10.1 A further factor to be taken into account in the background to the options appraisal, is the Council's financial position which is under extreme pressure both from a revenue and capital perspective. In light of this, and the considerable additional burden placed on budgets by the Home's care failings, consideration of all options has been required.
- 6.10.2 The set budget of the Home is £1m per annum but the Council is currently spending £2.5m per annum to support the running of the Home which has 7 residents. This is not in itself sustainable. The overspend is largely comprised of expenditure on supernumerary staff to support quality improvement, clinical practice and day to day operations at the Home. In addition, the Home is not receiving income it would have previously received from client contributions and CCG funding due to the low numbers of residents. The pause on the implementation of the closure plans led to a pause on the staff changes planned to reduce the establishment to better fit the number of residents currently in the Home.
- 6.10.3 Changes to the existing staff levels can be implemented, should the current pause on the implementation of the closure decision be lifted. On that basis, the actual cost of staffing required to maintain 7 residents in the current setting is £1.1m per annum and total costs including premises costs is £1.3m per annum – the financial impact therefore of further pausing staff changes in order to implement closure plans is £24k per week.

## **6.11 Conclusion**

- 6.11.1 In light of the above analysis, there is a need for the options appraisal to be considered from a number of perspectives and to seek to address a number of shortcomings in the current arrangements for nursing care delivery at the

Home in order to ensure older people in the borough are well served by local provision in the future.

6.11.2 In addition, in the context of established and increasing demand, there is a pressing need to grow capacity across the whole of North Central London and capitalise on opportunities to do this wherever they appear. No longer can Haringey rely on excess capacity in NCL to meet its demand as the number of nursing home beds continues to fall and all boroughs in NCL are experiencing higher demand. Out of NCL, there is increasing cross-authority competition for beds which creates an upward pressure on prices.

6.11.3 The proposed approach aims to develop a high quality provision to improve outcomes for local residents, to stem the reduction in capacity and to ensure stability in costs. The existing site however is demonstrably not fit for purpose and needs to be developed to better address future demand, whilst also mitigating the staffing and management issues that led to the previous decision to close the home under current management by the local authority.

## **7. Options Appraisal**

7.1 The options appraisal focused initially on four core elements of the future use of the site:

- a. the retention of the site – should the Council dispose of or retain the site?
- b. if retained, should the site be used for nursing care or alternative uses?
- c. the capacity of the site – if nursing care is to be delivered from the site in the future, is there an opportunity to increase nursing care capacity there?
- d. the nature of delivery – were the decision taken to increase nursing capacity there, how should the site be developed? And how should care be delivered in the long-term?

7.2 In order to guide and shape the appraisal, the Council has used a set of design principles which are being developed by the Co-Design Group which involves a range of stakeholders with an interest in the present and future development of the Home. These principles remain draft at this stage but have supported the appraisal of the different options (presented in detail below), and are intended to guide the whole programme of work to develop the home. Any feasibility study activity following the Cabinet decision in relation to this report will place these design principles at the forefront. Cabinet is being asked to consider and agree these design principles:

- 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

### **7.3 The Retention of the Site:**

With regard to the first element, the retention of the site, the Council considered two options: Dispose of the site; Retain the site.

7.3.1 In considering these options, the demand and capacity for a number of uses was considered as well the financial implications for the Council of disposal or retention. The Council would receive a capital receipt of approximately £1.6m were the site to be disposed of on the open market. This £1.6m is an average of low density capital receipt estimates (£1.1m) and high density capital receipt estimates (£2.1m) completed by the Council's property team. Such a disposal, however, would mean the Council's options for developing provision for nursing care or other pressing demand led services such as temporary accommodation or supported living in the borough, would be compromised. Whilst these options therefore have taken into account the demand and capacity issues with regard to nursing care, they have also considered the benefits to the Council of disposing of the site and of retaining the site for alternative uses, such as temporary accommodation or other forms of housing.

7.3.2 Moreover, if the Council were to explore other alternative sites for the construction of a nursing home in a different location, unless a site is found within Haringey it is likely that the capital outlay would be greater. DHCLG (Department of Housing, Communities and Local Government) analysis of land values across England highlights that Haringey has the least expensive land values per hectare than any of the other North Central London boroughs (£5.5m cheaper per hectare than the 2<sup>nd</sup> least expensive, Barnet).<sup>1</sup> Taking this point further, if the Council secures land with its neighbours in another North Central London borough, the cost of both securing land and developing the site may be greater as a result of the comparative land value of land outside of Haringey.

7.3.3 It is therefore proposed that the Council retain the site.

<sup>1</sup> <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2015>

#### **7.4 The Use of the Site:**

In comparing alternative uses of the site were the Council to retain it, the modelling demonstrates that nursing care has the greatest financial impact as it is the most expensive to deliver on a weekly basis. It is also more challenging to find adequate sites from which to deliver nursing care in the borough than sites from which to deliver other uses because of the overall space required, the need to be near public transport and the preference for a site located near a primary care centre. This also means, however, that unless the commissioning and financing model are clear the level of risk for the Council in retaining the site for nursing care are higher than the other options in this first stage.

7.4.1 It is therefore proposed that the site be used for nursing care.

#### **7.5 The Capacity of the Site:**

Having reached these conclusions, the options appraisal then considered a range of different options for the capacity of nursing care on the site based on engagement with a broad range of partners and an initial options modelling report completed by the former architect Potter Raper in January 2017. From section 7.5.4 to 7.5.11 these options are summarised and modelled separately in order to compare revenue and capital implications and summarise savings/cost implications.

7.5.1 The options considered were:

- Option 1a – New build a) Progress with the closure of the home and once decanted, re-build the home into a 70-bedded unit set over 3 floors
- Option 1b – New build b) continue to pause closure and deliver a reduced capacity service on site for the 7 current residents, moving the current residents into a single wing away from planned demolition and construction works; in parallel build a new 70-bedded unit on site.
- Option 2a – Expansion of existing home a) Progress with the closure of the home and then expand the home once decanted into a 64-bedded unit via building an extension in the garden courtyard of the site and adding a 2<sup>nd</sup> floor to the existing building
- Option 2b – Expansion of the existing home b) continue to pause closure and deliver a reduced capacity service on site from a single wing for the 7 current residents; in parallel expand the home with residents in situ into a 64-bedded unit via building an extension in the garden courtyard of the site and adding a 2<sup>nd</sup> floor to the existing building
- Option 3 – Retain the building as is

7.5.2 The appraisal of each option looked at the following:

- The capital cost implications of each option.
- The revenue cost implications of each option – comparing the costs of provision being public-sector run and run by an external partner.
- The impact on existing residents.

- The impact on nursing care capacity.

7.5.3 At this stage, based on the financial options modelling below the preferred options for further feasibility and design and subject to approval by Cabinet, are options 1b and 2b

- Option 1a or 2a are the most viable in terms of securing the most value out of the site and allowing for the development of a well-designed nursing home which allows for a more manageable cost of care. Either of these options would involve a lower capital outlay than options 1b and 2b
- Option 2a and 2b would address some of the borough’s capacity issues for nursing care in borough; however, expanding on the current site would not address some of the design issues which contribute to a higher than average cost of care (specifically the size of and visibility within each wing).
- 1b and 2b would allow for existing residents to remain in situ, thereby reducing the level of disruption placed on existing residents. But this should be balanced against the impact of maintaining the home within a building site. These options would be contingent on residents potentially being moved within the home to a specific wing when building works start (2019) to allow for the remainder of the home to be closed and construction works to progress. These options have significant safeguarding and cost implications. First, safeguarding the wellbeing of fragile residents living on what would be in effect a building site for a period would be challenging and require careful planning and implementation. The same, although to a lesser degree would apply to staff employed at the Home. Second, these options would increase revenue costs to the Council because the Council would have to continue to employ a (reduced) staffing pool to continue to provide a service to the 7 residents.

7.5.4 Whilst there are the preferred options from a capacity perspective, there will need to be some flexibility on the final scope of the design as following the decision of Cabinet to pursue these, the Council will commission a detailed feasibility and design study to develop, in partnership with CQC, health and care partners and residents, a preferred final design for development.

7.5.5 Options have been modelled based on the capital outlay being fronted by the Council as a loan. The borrowing rates for local authorities are more advantageous to those available to private providers.

7.5.6 Option 1a – Build a 70 bed nursing home; demolish the existing building and redesign the site.

Summary	Progress with the closure of the home and once decanted, re-build the home into a 70-bedded unit set
---------	--

	over 3 floors
Timetable	Planning/Procurement/Scoping – completion by start of 2019/20  Build completion/service go-live – by start of 2022/23
Revenue Implications	In the period 2018/19 to 2022/23, gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £20.9m which represents a potential reduction of (£4.1m) against the costs of current provision.
Capital Implications	<ul style="list-style-type: none"> <li>• Feasibility study costs of £0.2m</li> <li>• Build costs of £6.7m (to be financed via borrowing)</li> <li>• £0.5m professional fees</li> <li>• £0.5m redundancy and pension costs</li> </ul>
Savings	From 2022/23, annual gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £3.9m which represents a reduction of (£0.8m) against the costs of current provision.
Risk/Benefits	<p>The principal issue with this option is that it would necessitate full closure of the home and moving the remaining 7 residents in alternative accommodation.</p> <p>In the short term this would however yield revenue savings to the Council, and allow the Council to rebuild the home in line with good design standards for nursing homes.</p> <p>This option would also be the most effective in the long-term in addressing the shortage of nursing care beds in Haringey.</p>
Overall Judgement	Not recommended

7.5.7 Option 1b – Pause closure and run smaller care home for current 7-residents whilst rebuilding site into purpose-built 70-bedded unit

Summary	Continue to pause closure and deliver a reduced capacity service on site for the 7 current residents, moving the current residents into a single wing away from planned demolition and construction works; in parallel build a new 70-bedded unit on site.
Timetable	Planning/Procurement/Scoping – completion by start of 2019/20  Build completion/service go-live – by start of 2022/23
Revenue Implications	In the period 2018/19 to 2022/23, gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £23.1m which

	represents a potential reduction of (£1.8m) against the costs of current provision.
Capital Implications	<ul style="list-style-type: none"> <li>• Feasibility study costs of £0.2m</li> <li>• Build costs of £6.7m (to be financed via borrowing)</li> <li>• £0.5m professional fees</li> <li>• £0.5m redundancy and pension costs</li> </ul>
Savings	From 2022/23, annual gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £3.9m which represents a reduction of (£0.8m) against the costs of current provision.
Risk/Benefits	<p>This option would allow the existing residents to remain in situ if they so wish, whilst re-build works took place.</p> <p>A re-build would address the structural issues with the building and facilitate a reduction in the unit cost of care. Re-building the site also represents a strong opportunity to re-design the site to support good, community-facing care.</p> <p>There would be risks to be managed whilst construction work is undertaken with residents in situ. A full feasibility study would be needed to understand these risks in more detail. In practice, residents may be required to move from the current to the new unit during build completion/demolition.</p> <p>The principal issue with this option is the short-term financial pressure of keeping a smaller service open. The costs of keeping the home open for 7 residents, whilst representing a reduction on the current spend would still be relatively expensive compared to alternative provision in other care homes. The unit cost per week would be approximately £2,500pw for each resident in a reduced capacity 8-bedded unit.</p>
Overall Judgement	A recommended option

#### 7.5.8 Option 2a – Close home and then expand/refurbish unit into 64-bedded care home

Summary	Progress with the closure of the home and then refurbish and expand the home once decanted into a 64-bedded unit via building an extension in the garden courtyard of the site and adding a 2 <sup>nd</sup> floor to the existing building
---------	--

Timetable	<p>Planning/Procurement/Scoping – completion by start of 2019/20</p> <p>Build completion/service go-live – by start of 2021/22</p>
Revenue Implications	In the period 2018/19 to 2022/23, gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £21.2m which represents a potential reduction of (£3.7m) against the costs of current provision.
Capital Implications	<ul style="list-style-type: none"> <li>• Feasibility study costs of £0.2m</li> <li>• Build costs of £8.0m (to be financed via borrowing)</li> <li>• £0.8m professional fees</li> <li>• £0.5m redundancy and pension costs</li> </ul>
Savings	From 2022/23, annual gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £4.2m which represents a reduction of (£0.5m) against the costs of current provision.
Risk/benefits	<p>This option would significantly increase capacity on the site and therefore increase the number of Haringey nursing care beds available to residents in the future.</p> <p>However, the building has a number of outstanding design issues which affects its functioning as a nursing home and which could not be fully addressed. Whilst the home could be refurbished to add in an additional lift and widened doors; other issues with the design of the home (visibility, number of beds per wing, width of corridors etc.) cannot be addressed owing to the structural limitations of the building.</p> <p>As a result of the structural issues with the current building, any extension would maintain the structure (in terms of wing size) of the existing unit. This means that the cost of care at Osborne Grove would be continue to be higher than the average cost of other nursing homes in North Central London.</p>
Overall Judgement	Not recommended

7.5.9 Option 2b – Deliver a reduced capacity service for the remaining 7-residents, whilst simultaneously expanding the home to a 64-bedded unit.

Summary	Continue to pause closure and deliver a reduced capacity service on site from a single wing for the 7 current residents; in parallel refurbish and expand the home with residents in situ into a 64-bedded unit via building an extension in the garden courtyard of the site and adding a 2 <sup>nd</sup> floor to the existing building
---------	---

Timetable	<p>Planning/Procurement/Scoping – completion by start of 2019/20</p> <p>Build completion/service go-live – by start of 2021/22</p>
Revenue Implications	<p>In the period 2018/19 to 2022/23, gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £23.5m which represents a potential reduction of (£1.5m) against the costs of current provision.</p>
Capital Implications	<ul style="list-style-type: none"> <li>• Feasibility study costs of £0.2m</li> <li>• Build costs of £8.0m (to be financed via borrowing)</li> <li>• £0.7m professional fees</li> <li>• £0.5m redundancy and pension costs</li> </ul>
Savings	<p>From 2022/23, annual gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £4.2m which represents a reduction of (£0.5m) against the costs of current provision.</p>
Risk/benefits	<p>This option would significantly increase capacity on the site and therefore increase the number of Haringey nursing care beds available to residents in the future.</p> <p>Pursuing this option would also allow existing residents to continue living in the home, and reduce the revenue costs of staffing the home as is by adjusting staffing levels to reflect reduced occupancy.</p> <p>There would be risks to be managed whilst construction work is undertaken with residents in situ. A full feasibility study would be needed to understand these risks in more detail, but one mitigating action could be to move residents into one wing away from planned extension works.</p> <p>In the short-term, the revenue costs associated with supporting 32 residents (in and outside Osborne Grove) would increase because the costs of staffing an 7-bedded service at Osborne Grove would be relatively high.</p> <p>Moreover, as a result of the structural issues with the current building, any extension would maintain the structure (in terms of wing size) of the existing unit. This means that the cost of care at Osborne Grove could continue to be higher than the average cost of</p>

	other nursing homes in North Central London in the long-term.
Overall Judgement	A recommended option

#### 7.5.10 Option 3 – Retain the building as is

Summary	Continue to pause closure and deliver a reduced capacity service on site from a single wing for the 7 current residents; in parallel refurbish the current building to address the design faults in the current premises.
Timetable	Planning/Procurement/Scoping – full completion of works by end of 2019/20
Revenue Implications	In the period 2018/19 to 2022/23, gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £24.9m
Capital Implications	Costs of the works necessary to improve the fabric of the existing building are estimated at approximately £1m
Savings	From 2022/23, annual gross costs of providing a total of 70 nursing placements, including those at OGNH, are modelled at £4.7m
Risk/benefits	<p>This option would not change the capacity on the site and would therefore not increase the number of Haringey nursing care beds available to residents in the future.</p> <p>The building has a number of outstanding design issues which affects its functioning as a nursing home and which could not be fully addressed. Whilst the home would be refurbished to add in an additional lift and widened doors, other issues with the design of the home (visibility, number of beds per wing, width of corridors etc.) would be more challenging to address owing to the structural limitations of the building.</p> <p>In this option, the cost of care at Osborne Grove would continue to be higher than the average cost of other nursing homes in North Central London as a 32 bed home is less economically viable than other, larger, homes.</p>

All the financial assumptions above will require further work and detailed modelling as part of the proposed feasibility studies.

7.5.11 The table below shows a summary of total estimated capital expenditure for each option:

option	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	total £m
1a	-	-	0.2	4.1	3.6	7.9
1b	-	-	0.2	4.1	3.6	7.9
2a	-	-	0.2	4.7	4.3	9.2
2b	-	-	0.2	4.7	4.3	9.2
3	-	1.0	-	-	-	-

**7.6 The Delivery Model:**

The fourth element of the options appraisal, the delivery model – for both development of the site and long term provision of care – remains under consideration. As in other scenarios where the Council is commissioning activity, only providers rated good or outstanding by the Care Quality Commission would be considered a potential partner for the development of the site and the delivery of the care provision. Regardless of the delivery model agreed, any commissioning arrangement will stipulate that the provider is required to provide a service to local authority-funded and CCG-funded residents.

7.7 The options appraisal considered the potential benefits of in-house provision as well as seeking evidence of Haringey’s current capability to deliver an effective and high quality provision.

7.8 It is recognised that in-house provision does have the potential to increase the Council’s control over the development of the site and of the service delivery, over access to beds and over important factors such as the establishment’s admissions policy for example. It also has inherent workforce benefits by giving employees public sector rates of pay and associated protections including established support from trade unions, a focus on health, safety and wellbeing at work, a drive to reduce inequalities in the workplace and opportunities for career progression in a framework of equal opportunity. The provision itself should be developed in the spirit of a public sector ethos which focuses on person-centred care and values of public service. Whilst in the past financial constraints and the need to remain cost neutral have not been issues in in-house provision, it is fair to note that the increasing pressures on local government budgets mean that provisions must be able to operate within budget and there is limited scope to take risks on cost increases.

7.9 In terms of Haringey’s capability to develop out a site for nursing care, it is noted that specialist skills are required to develop out a site for nursing care. This is not expertise or capability which the Council currently has in-house and it would in any event need to commission additional, specialist, external expertise at a considerable level and at considerable cost to support officers.

7.10 In terms of Haringey’s capability to deliver an effective in-house nursing home provision, it needs to be recognised that Haringey is the only local authority in the country to run a

nursing home directly. Nursing care is not primarily a social care provision – it requires clinical leadership from medical and nursing consultants and service input due to the medical, and often complex, needs of residents. The Council does not run any other nursing or indeed residential care homes or clinical services in-house, and subsequently does not have the requisite clinical leadership to effectively manage a nursing or residential home in the long-term. It is particularly hard for the Council to manage a nursing home within a very small direct services portfolio where there is limited capacity to manage issues across a range of provider services. This means that currently, where issues arise in the safety and quality of clinical practice, the Council has to draw on additional expertise externally at extra cost, effectively commissioning these resources, which reduces the benefits of having direct service control and renders the existing model unsustainable in the current financial climate.

- 7.11 Options for the future of Osborne Grove have been shared with UNISON, and the revised options appraisal will also be shared. UNISON have expressed reservations about any option where the Council does not directly provide the care on the grounds of concerns with the quality of voluntary, private or not for profit sector services. However, as noted above, the Council commissions new activity only with providers rated good or outstanding by the CQC. The service as delivered in-house is currently rated 'requires improvement'. All the suppliers that the Council has engaged with in developing the options appraisal are either rated 'Good' or 'Outstanding' by the Care Quality Commission and this would be set as a requirement in any procurement exercise.
- 7.12 In terms of the market, and as noted in section 6 above, the market for social care is not robust and it is facing a number of issues both locally and nationally which affect both capacity and quality. The workforce and capacity issues which affect local authority provision do to varying degrees affect the wider market.
- 7.13 The Council has a heavy reliance on the external provider market for care and values the significant contribution it makes to ensuring the wellbeing and safety of local residents. In light of this, the Council is now keen to ensure that a long-term and sustainable approach is developed which supports a new model taking into account some of the longer term pressures on workforce and capacity.
- 7.14 In early 2017, soft market testing was conducted with a number of care organisations in the voluntary and not for profit sectors, and with local businesses and enterprises operating in Haringey and North London as well as with the NHS and other local authorities. It is clear that there is significant interest amongst these organisations in the future of Osborne Grove and that potential providers and partners have a preference for being involved in the project from inception. This is in order for them to be part of designing the site in accordance with their approach to care and to ensure the efficient delivery of care at the provision for the longer term.
- 7.15 In summary therefore, it is not considered that the Council, alone and as currently organised, has either the specialist expertise to develop out a site for the provision of a nursing care home or the capability to provide the clinical leadership and oversight required to deliver a high quality nursing care home service. A partnership approach

bringing together the NHS, the not for profit sector and neighbouring local authorities offers a new model with long-term benefits built on a wide range of skills and expertise.

7.16 The benefits of adopting a model whereby both the development of the site and the management of the home are developed together and in partnership are considered to be therefore:

- Osborne Grove would be developed from the outset by a partnership with a track record and expertise in developing reliable and high quality buildings for the provision of care, recognising the design elements critical to the delivery of high quality care
- Osborne Grove would be managed through a partnership focused around direct delivery of care services, notably nursing care services, bringing in expertise to the borough
- The Council would benefit from the infrastructure and resources provided by a partnership, including a provider with a track record of delivering nursing care to respond to quality and delivery issues
- Leadership and management of delivery would be carried out through a partnership with expertise and a track record in developing sites for the delivery of nursing and of social care and with a track record in that delivery
- A partnership approach would ensure the expertise of those with experience of delivering more innovative models of care would be brought to Haringey, bringing in learning and expertise from key players across the public and not for profit sectors
- There would be opportunities to commission for outcomes and to deliver wider community and social benefits

7.17 There is more work to be carried out on the delivery model with partners including the NHS and neighbouring authorities.

## **8. Contribution to strategic outcomes**

8.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council. Its underpinning principles of empowering communities to enable people to do more for themselves and enabling all adults to lead healthy, long and fulfilling lives align well with the proposals for changes to the current meals on wheels offer as set out for consultation in this paper.

## **9. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).**

### **9.1 Comments of the Chief Finance Officer**

9.1.1 This proposal is presented to members to consider four alternative options from the current delivery model at Osbourne Grove Nursing Home. Two of the options are proposals for a new build 70 bed provision with the other two proposals for an expansion of the current building to the 64-bed option. Presently the costings provided are indicative, pending further direction.

- 9.1.2 All options have capital and revenue expenditure implications and whilst the modelling options are based on sound assumptions, it is probable that they will need to be refined further once direction is given and therefore subject to greater scrutiny.
- 9.1.3 However, all assumptions are calculated on a consistent basis to allow for a true cost comparison of each option and the tables in the report reflect those costs from 2018/19 to 2022/23.
- 9.1.4 It should be noted, that no options are currently included in the medium term financial strategy or the capital programme. Therefore, whichever option is ultimately chosen, the financial implications will need to be included.

## **9.2 Procurement – Head of Procurement**

- 9.2.1 Strategic Procurement notes the contents of this report and is supportive of an approach whereby the Council retains and enhances its assets in this sector. Market conditions in this sector are particularly challenging; therefore a solution whereby the Council increases its portfolio of assets in this area, will assist in securing long term sustainability as demand in this area increases.
- 9.2.2 Depending upon the decision taken by Cabinet in respect of the preferred option, Strategic Procurement will provide the necessary support (if required) in relation to procuring external service providers or seeking alternate placements for any displaced residents.

## **9.3 Assistant Director of Corporate Governance**

- 9.3.1 Cabinet is being asked to make a decision on options for the future provision of residential and nursing care at the OGNH site. The options are on the premise that: a) the design of the current building is unsuitable for residents; b) there is an increased need and demand for nursing care beds; c) there are historical and current concerns about the quality of provision at the home and consequently the safety and wellbeing of residents; and d) there is a pressing need to grow capacity and develop a high quality provision locally. The options include demolishing the current building for a new built or an expansion/refurbishment of the current building with existing residents in situ. The options including those recommended are within the legal powers of the Council in the discharge of its social services functions under the Care Act 2014.
- 9.3.2 Section 1 of the Care Act 2014 (*Promoting individual well-being*) requires the Council when exercising its care and support functions in respect of an individual, to promote the individual's wellbeing. "Well-being", in relation to an individual, means that individual's (a) personal dignity (including treatment of the individual with respect); (b) physical and mental health and emotional wellbeing; (c) protection from abuse and neglect; (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided); (e) participation in work, education, training or recreation; (f) social and economic well-being; (g) domestic, family and personal relationships; (h) suitability of living accommodation; and (i) the individual's contribution to society.

- 9.3.3 In exercising its care and support function in the case of an individual, the Council must have regard to, amongst others, a) the individual's views, wishes, feelings and beliefs; b) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist; c) the importance of the individual participating as fully as possible in decisions relating to the care and support and being provided with the information and support necessary to enable the individual to participate; d) the need to protect people from abuse and neglect; and (h) the need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. The Department of Health has issued statutory guidance under the Care Act 2014 named Care and Support Statutory Guidance which the Council must have regard to in exercising its function under the Act. The guidance at Paragraph 1.13 provides that *“Although the wellbeing principle applies specifically when the local authority performs an activity or task, or makes a decision, in relation to a person, the principle should also be considered by the local authority when it undertakes broader, strategic functions, such as planning, which are not in relation to one individual. As such, wellbeing should be seen as the common theme around which care and support is built at local and national level.”*
- 9.3.4 Section 5 of the Act (*Promoting diversity and quality in provision of services*) requires the Council to promote an efficient and effective market in services for meeting care and support needs with a view to ensuring service users (a) has a variety of providers and services to choose from; (b) has a variety of high quality services to choose from; and (c) has sufficient information to make an informed decision about how to meet the needs in question. In performing this duty, the Council must have regards to, amongst others, the need to ensure it is aware of current and likely future demand for such services and how it could be met; and the importance of ensuring the sustainability of the market. This is often referred to as the duty to facilitate and shape the market for care and support.
- 9.3.5 The Guidance provides that *“4.2. The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.”*
- 9.3.6 The Council must ensure that there is sufficiency of provision *“in terms of both capacity and capability – to meet anticipated needs for all people in their area needing care and support – regardless of how they are funded”* (Paragraph 4.43 of the Guidance).
- 9.3.7 When an adult is found to have care and support needs following a needs assessment under section 9 of the Act (or in the case of a carer, support needs following a carer's assessment under section 10), the Council must determine whether those needs are at a level sufficient to meet the “eligibility criteria” under section 13 of the Act. Sections 18 and 20 of the Act set out the duty of Council to meet those adult's needs for care and support and those carer's needs for support which meet the eligibility criteria. For residents at the

Home or affected by the options, the Council must continue to meet their eligible needs and promote their wellbeing.

- 9.3.8 Section 42 of the Act (*Enquiry by local authority*) places a duty on the Council to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse, including financial abuse. The purpose of the enquiry is to establish with the individual and/or their representatives, what, if any, action is required in relation to the situation; and to establish who should take such action. This safeguarding duty apply to an adult who: a) has needs for care and support; b) is experiencing, or at risk of, abuse or neglect; and c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. This duty apply to residents at the Home and where there is a risk of harm from the construction works. The Council also owe a common law duty of care to residents in situ during construction works not to cause them harm or injury.
- 9.3.9 The residents should decide whether to remain at the Home during the construction works. Where it appears that residents lack mental capacity to make such decision, a mental capacity assessment must be undertaken and in accordance with the Mental Capacity Act (MCA) 2005 and the Mental Capacity Act Code of Practice. If a resident lacks capacity to make the decision to remain in situ, the decision made for or on behalf of the resident must be in her best interest (Section 1 MCA). In determining what is in the resident best interest, all the relevant circumstances must be considered, including the resident's past and present wishes and feelings, beliefs and values and the views of other people who are close to the resident (Section 4 MCA). Where there are disputes about whether the decision is in the best interest of the resident, the case can be referred to the Court of Protection for a best interest welfare decision.
- 9.3.10 Options 1b and 2b recommended to be taken forward requires the Home to be kept opened for current residents only during the constructions works for the new or refurbished building. This is fundamentally different from the proposals initially consulted upon. Fairness demands that the residents and stakeholders be consulted on the preferred option following the outcome of the detailed design and feasibility work and before a final decision is made by Cabinet.
- 9.3.11 As part of its decision making process on the options, the Council must have "due regard" to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have "due regard" to the need to eliminate unlawful discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Council is required to give serious, substantive and advance consideration of the what (if any) the options would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration. In line with its equalities duties, the Council have undertaken an Equality Impact Assessments

(EQIA) of the options on the protected groups and are set out in Appendix 1 and at section 9.4 of the report together with the steps to mitigate the impact of the proposals.

## **9.4 Equality**

9.4.1 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

9.4.2 An Equality Impact Assessment (EqIA) has been carried out and is set out at Appendix 1. The EqIA recognises that any decision to increase nursing capacity for Haringey residents will have a long term positive impact by increasing the availability of nursing provision in-borough and thereby reducing the number of people placed out of borough. It is noted that, in the short-term, the preferred option would reduce capacity at OGNH for a period of up to 3 years. Whilst the impact of this can only be mitigated to some extent, the future benefits of additional local capacity are felt to override any negative impact. 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.

9.4.3 The preferred options are to be the subject of detailed feasibility work to consider the impact on residents remaining in situ during construction works. Also, consultation with residents and stakeholders on the final preferred option. These tasks would further inform the equalities impact and any mitigating actions.

9.4.4 Overall, seeking to increase the supply of available nursing care in Haringey will have a positive impact on older people, women and people with age-related disabilities who disproportionately access these services.

## **10. Use of Appendices**

10.1 Appendix 1: Equality Impact Assessment

## **11. Background Reports**

11.1 [Link to 12<sup>th</sup> December 2017 Cabinet decision on Osborne Grove and EQIA: https://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MIId=8292&Ver=4](https://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MIId=8292&Ver=4)

**12. Local Government (Access to Information) Act 1995**