

Report for: Cabinet 9th July 2019

Title: Osborne Grove Nursing Home Feasibility Study

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Ward(s) affected: All

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

1. Describe the issue under consideration

1.1 Osborne Grove Nursing Home (the Home) is a 32 bed nursing home, owned and managed by the Council, which is currently under embargo and assessed as Requires Improvement by the Care Quality Commission, the health and care regulator. Following a Cabinet decision in June 2018, a detailed Feasibility Study has been carried out with the engagement of stakeholders and partners. This paper presents a preferred option for the future development of Osborne Grove Nursing Home and outlines next steps to delivering improvements to the fabric of the building.

2. Cabinet Member Introduction

2.1 This report presents the outcome of a detailed and comprehensive feasibility study into the future development of Osborne Grove Nursing Home, carried out with the engagement of stakeholders and partners. At a time when there is increased demand for local nursing care provision, and limited supply, it is with great pleasure that I recommend this report to Cabinet which confirms the preferred option for the future development of the Home to expand its capacity to 70 beds, to meet local need.

2.2 The active engagement of stakeholders in this process – and their anticipated future contributions – have strengthened the feasibility work and the current preferred option and I would like to take the opportunity to thank local residents and partners for their support for this work to date.

3. Recommendations

3.1 Cabinet is asked to:

- 3.1.1 Note the outcome of the Feasibility Study carried out with regard to the future development of Osborne Grove Nursing Home;
- 3.1.2 Agree to endorse Option 4 as the preferred option of the Feasibility Study: that is, to demolish the current building and rebuild a 70 bed nursing provision including the clinic site, ensuring that the use of the site overall is maximised;
- 3.1.3 Note that Option 4 allows for a number of uses, identified as examples in s. 6.2.8, aligned to the delivery of nursing care for older people to be accommodated on the site for which further design work is needed and delegate the oversight of this work to the Assistant Director of Commissioning in consultation with the Lead Member for Adults and Health;
- 3.1.4 Note that none of the future development Options including the preferred Option 4 can be safely commenced with the current residents in situ;
- 3.1.5 Note that a further report will be presented to Cabinet in September 2019 on proposals for consultation to close the Home (for the purpose of the development and other reasons) and relocate existing residents to suitable alternative accommodation that will meet their needs and promote their wellbeing;
- 3.1.6 Continue to support the active engagement of a range of stakeholders including the OGNH Co-Design Steering Group, partners, nursing care providers and officers;
- 3.1.7 Note the ongoing work by officers 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 The detailed Feasibility Study, concluded on 31st May 2019, demonstrates that this land offers significant opportunity for development, increasing provision to a 70-bedded nursing unit. The feasibility study provides the council four potential development options for the future of the site at Osborne Grove.
- 4.2 Further reviews of activity and demand for nursing care in Haringey and across North Central London have restated the continued 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 in the borough.
- 4.3 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.

- 4.4 The feasibility study, as requested in the brief, includes a plan demonstrating how the current residents (now two in number) could be rehoused on site during the construction by phasing the redevelopment. However, the design team have identified that it would not be advisable for the residents to remain on site during the development given the levels of disturbance, including noise and dust, that demolition and subsequent construction would inevitably have, particularly on vulnerable residents who have significant health needs.

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 detailed feasibility study was considered to be the most effective way to explore all viable options for the site. The alternative options are explored in detail in the Feasibility Study and in this report, which now seeks Cabinet approval to implement the preferred design option.
- 5.3 The option to retain a 32 bed dual registration residential/nursing home on the site was considered but rejected, primarily because it would not increase the registered nursing capacity within the borough and because it would not address a number of fundamental design issues with the current building which prevent it functioning effectively as a nursing home and which could not be fully addressed due to structural limitations of the building.

6 Background information

6.1 Local context

- 6.1.1 On 12th December 2017, 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 means that numbers of residents in the Home have been falling and at the time of the December Cabinet paper there were only 17 residents in the Home. Since that time, and bearing in mind the frailty and age of the current residents, there are now only 2 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.

6.1.2 The closure of the Home was made on the basis of serious care quality concerns, but the options appraisal on the future development of the Home was resumed in December 2017 and presented to Cabinet in June 2018. A set of recommendations were agreed which led to the carrying out of a Feasibility Study into the future development of the Home and also provided for the Home to remain open for existing residents who chose to remain. Two potential development options for the Osborne Grove site were identified:

- 1) Maintaining a reduced-capacity service at Osborne Grove to allow the current residents to remain and building a new 70-bed Nursing Home on site following demolition of the existing building; and
- 2) Maintaining a reduced-capacity service at Osborne Grove to allow the current residents to remain and building an expanded 64-bed Nursing Home on site with the existing residents in situ.

And the decision was made to procure a design partner to undertake a detailed feasibility study into these potential options for future residential and nursing care provision on the site of Osborne Grove. It was agreed that the feasibility work would 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.

6.1.3 The future of Osborne Grove is of critical importance to the Local Authority and a number of contextual factors shaped the feasibility study, the process of determining the preferred option and the implementation of the agreed way forward. The contextual factors shaping the feasibility study were identified as set out below in the June 2018 Cabinet paper, informed the brief for the Feasibility Study and have continued to influence the preferred option being placed before Cabinet today and include quality; local provision; community facing; co-design; sustainability; delivery model; affordability.

6.1.4 In addition, the current premises were noted to have a number of shortcomings which have been confirmed through the Feasibility Study, although the scheme was a new build only completed in 2008. 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.
- Department for Health: Care Homes for older people national minimum standards/care home regulation 3rd edition's guidance for the provision of all new build nursing homes that Bedrooms should exceed 12sq metres of usable floor space excluding ensuite facilities. The bedrooms in the current building inclusive of ensuites are 15.5m² which means the rooms fall short of current standards for new build

older peoples care homes. In practical terms, this means that care staff cannot access the beds from both sides, but only from one side.

- 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.
- The building is not built to withstand progressive collapse. Current building guidance states that only residents who are able to mobilise would be able to reside in these rooms therefore this limits which residents the council could place in these beds.
- Structural walls limiting design team ability to adjust room composition.

6.1.5 Finally, a recent review of activity and demand in Haringey has confirmed the need for increased nursing bed capacity in the area. There are currently 191 over 65-year-old Haringey service users in receipt of nursing care and this figure is projected to grow to around 250 by 2022/23. 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 72% 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 20% 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.

6.1.6 With Haringey's over 65 population expected to grow by 59% by 2035 and numbers of residents aged over 90 expected to increase by 73%, it is projected that there will be a 60% increase in residents requiring residential and nursing

care therefore. Therefore, it is imperative to increase available provision for Haringey residents allowing service users to remain close to their support networks.

6.2 Feasibility Study

6.2.1 Following the Cabinet decision in June 2018 to explore 3 potential design options for the future development of Osborne Grove, stakeholders were involved in co-designing the feasibility brief to ensure that it met all the design and other requirements identified. The feasibility brief was then used as the core of a competitive procurement process to select a design team with a track record in this area, following which the Frederick Gibberd Partnership were appointed to lead the feasibility study. A Quantity Surveyor, Currie and Brown, was also appointed to ensure the costs and financial modelling input was as robust as possible.

6.2.2 The design team engaged with stakeholders and made several visits to the site as well as meeting with technical experts and appointing a range of consultants to input into the study itself. One of the first visits by the design team to the Home and its wider site, led to the identification of the potential to include adjoining land (also in the Council's ownership) located to the front of the property, where currently a clinic is sited. It is on this basis, therefore, that the feasibility options being presented to Cabinet are:

Option 1: Extension of the current building to 70 nursing home beds (not including the clinic site).

Option 2: Extension of the current building to 70 nursing home beds (including the clinic site).

Option 3: Demolition of current building and build 70 bedroom nursing home (not including the clinic site).

Option 4: Demolition of current building and build 70 bedroom nursing home (including the clinic site).

6.2.3 In order to guide and shape the appraisal of the feasibility options, the Council has used a set of design principles, developed with stakeholders through a co-design process and approved at Cabinet in June 2018

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

- Focus on working in ways which build relationships and start from people's strengths
- Increased access to the most enabling help even for those with high and complex needs

6.2.4 The brief for the design team was in summary to develop a high quality provision to improve outcomes for residents through a model of nursing care which is responsive to current and future local need. The proposed provision was described as follows:

- A) Nursing Beds, Learning Disabilities/Autism: 10 Beds
- B) Complex Care Nursing Needs: 10 Beds
- C) Nursing Beds 1, Dementia and/or Challenging Behaviour: 25 Beds
- D) Nursing Beds 2, Physical Frailty: 15 Beds
- E) Inpatient Nursing Rehabilitation Beds: 10 Beds

In addition, the brief was to support provision for bed-based intermediate care and therapies with space for non-resident community uses including day opportunities and hire by local residents.

6.2.4 In responding to the brief, the design team undertook a wide range of studies and assessments, including an Ecology Study, Environmental Assessment and Fire Safety assessment. The design team attended the Co-Design Steering Group in February to gain initial feedback and an extended stakeholder event was held at Osborne Grove on 27th March, with all stakeholders involved in the work at the Home, followed up by a meeting with clinical and quality leads from the council and the clinical commissioning group and local care home staff members to collect further insights from professionals in relation to the new design. The responses from these intensive meetings were collated into a specification for the design team detailing what stakeholders would like to retain, what stakeholders would like to change, and what stakeholders would aspire to in the new Osborne Grove. This specification was shared with the design team in a handover meeting on 11th April which was the deadline for consultation during this phase of the project. Feedback included:

- Make home more prominent in the community -relocate clinic?
- Cloister/Quadrangle design reflecting original street layout
- Bigger rooms with en-suite wet rooms
- Space for healthcare professionals/therapy areas
- Increase visibility of staff within households
- Improve sight lines/monitor remote areas with CCTV
- Separate Dining and Lounge Areas
- No Corridors
- Flexible/Adaptable Community Space
- Clinical standard rooms for storage/preparation of medication
- Better storage for supplies and equipment
- Laundry facilities to ensure residents clothes are kept separate
- Parking for minibus in lieu of cars

6.2.5 A further meeting with stakeholders was held on 15th May again at the Home, in which the design team set out how they had responded to the initial brief and

set out the high level options for consideration. In summary, these points are set out below:

- 6.2.5.1 Pair households together with similar need for flexibility of staffing and response: 'Swing zones' allow a proportion of bedrooms to be allocated to either household at any given time
- 6.2.5.2 Distribute households vertically based on ability to access garden areas include terraces where possible
- 6.2.5.3 Optimise size of bedrooms to meet or exceed current standards:
 - All ensembles to be wet rooms
 - Make room doors wider
 - Opportunities for personalisation
 - Integrate hoist tracks
 - Alter proportions of windows
 - Wifi, comms, entertainment
 - Some storage outside of rooms
- 6.2.5.4 Lounges arranged to serve cluster subgroups within larger households for max 10 residents:
 - Separate dining rooms for whole households.
 - Lounges open to corridors (subject to fire regulations). Glazing to corridors
 - Dining in dedicated rooms, sited to allow distribution from main kitchen, and control food smells.
- 6.2.5.5 Reminiscence rooms as multipurpose activity spaces or quiet zones
- 6.2.5.6 Staff bases within each household and centralised workspace for therapist teams:
 - Open format desks for staff
 - Related where possible to treatment rooms
 - Precautions to ensure patient confidentiality
 - Active and passive surveillance measures
 - Flexible open plan office space with confidential interview space on each floor
- 6.2.5.7 Corridors
 - Wide enough to move easily
 - Remove pinch points in existing corridors
 - Opportunities to sit
 - Natural lighting, sun pipes, roof windows
 - Ability to 'wander' safely
- 6.2.5.8 Bathrooms and Showers
 - All residents have private showers
 - Accessible bathrooms/showers 1 per household or 1 per 15 residents max in largest unit
 - Staff showers and changing

- Separate kitchen staff changing

- 6.2.5.9 Reprovide/optimize day opportunities
- Access to be controlled by main reception
 - Use sliding walls to create flexible space to support a range of activities
 - Optimize use for handovers, training sessions and other uses
 - Separate residents cafe with garden access
- 6.2.5.10 Gardens
- Secure access to a central greenspace
 - The garden as 'an outdoor room'
 - Combination of hard/soft landscape to support range of activities
 - Green perimeter, low maintenance 'living walls' to boundaries
 - Permeable paving to service areas
- 6.2.5.11 Infection control: separate rooms in rehabilitation area, barrier laundry design
- 6.2.5.12 Fire Strategy
- stairs relocated to perimeter
 - planned for horizontal evacuation
 - sprinklers
 - divided into max 10 bedded compartments
- 6.2.5.13 Security: Consultation carried out with 'Secure By Design'
- 6.2.5.14 Use of car park
- Subject to planning, reduced number of parking spaces to increase garden space or other uses on the site
 - Improved access for emergency vehicles
 - Adequate turning space for delivery of supplies
- 6.2.5.15 BREEAM: Building Research Establishment Environmental Assessment Method
- A well-insulated envelope
 - a combined heat and power plant
 - energy efficient appliances and controls
 - underfloor heating underfloor heating to optimize space usage for residents by eliminating radiator space

For Options 1 and 2: Refurbishment rated BREEAM Very Good, with potential for Excellent

For Options 3 and 4: New Build rated BREEAM Very Good, with potential for Excellent

- 6.2.6 The design team was also asked to consider how the existing residents (2) could be accommodated on site during the works. Two options from a design perspective were put forward, which are subject to appraisal below.

- 6.2.7 The outcome of the study was that each of the four options set out at 6.2.2 is feasible to deliver on the site, given the brief, the physical constraints of the site and the input from a wide range of stakeholders. Appraisal of the Study, therefore, considers all four options, presenting a preferred option for consideration based on testing the options against a set of criteria.
- 6.2.8 On receipt of the Feasibility Study, and prior to the Appraisal detailed at 6.3, the design team and colleagues from across the Council considered the intensity of use on the site and agreed that there are opportunities to increase usage on the site, focused on the needs of older people, particularly in relation to Option 4. By making use of the whole site, and intensifying usage, the prospect of delivering additional services on the site – for the benefit of older residents and the wider community – is generated. Early ideas include the provision of a small intensive rehabilitation scheme, a co-housing offer or a specialist extra care sheltered housing scheme. Whilst these would add costs to the scheme overall, they would also ensure local residents have access to a wider set of provisions which are complementary to the offer at the Home. Care staff at the Home could also deliver into these additional provisions should that be appropriate to increase the value for money of such options. Additional provision in this vein would support the overall impact of the offer for older people at Osborne Grove and enable older people to move into the Home from such an additional setting.

6.3 Appraisal of feasibility study

- 6.3.1 The appraisal of each feasibility 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
 - The benefits of each option and integrity to the brief
 - The intensity of use on the site
- 6.3.2 At this stage, based on the above criteria and as detailed in the appraisal below, the preferred option for further design and subject to approval by Cabinet, is option 4: Demolish current provision and new build 70 bed nursing home including the site of the current clinic, for the following reasons:
- 6.3.2.1 It is 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 is designed to meet the future needs of Haringey residents and allows for a more manageable cost of care.
- 6.3.2.2 Residents will benefit from the space standards in each bedroom and from the communal and community offers in place.
- 6.3.2.3 The financial modelling demonstrates that over a 45 year period there is a return on investment which both allows for repayment of the capital loan required to undertake the works and for revenue savings to be made. The increased efficiency of the building and the site overall affects life cycle costs as well as enabling for more efficient use of health and care staff on this site.

- 6.3.2.4 This option allows consideration be given to intensifying usage on the site to ensure quality of design and care to Haringey residents and best value in terms of potential savings to the local authority.
- 6.3.2.5 The current scheme is based on achieving a BREEAM rating of Very Good, however a rating of Excellent can potentially be achieved. Going for a rating of Excellent will have a financial impact on the scheme which is projected to increase by circa 5% of the construction costs. Options for increasing the rating to Outstanding have been explored but not deemed feasible due to constraints within the site.
- 6.3.2.6 Whilst this is the most expensive scheme in terms of capital and construction costs, it delivers the optimal scheme from a number of perspectives including:
- 6.3.2.6.1 Overall design and ability to blend with the current frontage onto the streetscape
- 6.3.2.6.2 Community facing aspect of a nursing home provision
- 6.3.2.6.3 Improved access to outdoor space for all users of the Home
- 6.3.2.6.4 Multiplicity of aligned uses on the site to the benefit of older residents and the wider community
- 6.3.2.6.5 Future proofing to ensure the long-term sustainability of the Home over the next 50 – 70 years
- 6.3.3 As noted above, the feasibility study has considered the viability of the current residents (2) in the home remaining during the construction of the design and there are two potential options for accommodating current residents onsite during the construction phase. However, in appraising these options, officers and the design team consider it inadvisable for current residents to remain on site from a safeguarding perspective, due to the impact that construction works would have on the health and wellbeing of this vulnerable patient group. Highlighted impacts include but are not limited to:
- Noise
 - Health and Safety
 - Construction Dust impacting on air quality.
 - Relocating residents twice

The preferred option therefore is for alternative nursing provision to be sought for the 2 existing residents, within Haringey or neighbouring boroughs. In light of the previous Cabinet decision, and as reflected in the recommendation at 3.1.5, any proposals to close the Home, whether they be for the purpose of the development or other reasons, would be subject to formal consultation. Cabinet decisions would be needed both to launch and to make a decision based on the outcome of such a consultation in order to determine the future of the Home.

6.3.4 The following tables set out the appraisal of each of the four options, demonstrating their overall compliance with the brief and highlighting benefits and risks.

6.3.4.1 **Option 1:** Extension of the current building to 70 nursing home beds (not including clinic site).

Design Summary	This option involves the remodelling and refurbishment of the existing building within the limits of the original site. The existing wings are linked by a new extension to form a quadrangle enclosing a garden courtyard and a third storey is added on all aspects of the building. The east and west stairs are relocated and arranged to discharge directly to the perimeter in the event of an emergency. A small wheelchair lift is included adjacent to the east stair to enable access from the upper floors to the garden.
Size	4,219m ²
Capacity	70 Nursing Beds
Risks	<p>Satisfies brief but there would be no innovation. However, the existing building has a number of outstanding design issues which affect its functioning as a nursing home which could not be fully addressed by an extension. Whilst the design would attempt to minimise these issues (visibility, width of corridors and doors etc.) cannot be addressed owing to the structural limitations of the building.</p> <p>With this design there would be some limitation on use of rooms as the structure of the current building is not built to withstand progressive collapse in the event of a fire therefore it would not be possible to accommodate bedbound residents in bedrooms located in the existing structure . Only residents who able to mobilise would be able to reside in these rooms. If the residents health subsequently deteriorates and they are no longer able to mobilise they would be required to move, to either an alternative room within the new build part of the home or alternatively if this wasn't available to another nursing home provision.</p> <p>The size of the bedrooms located in the existing structure cannot be adjusted and therefore 26 rooms would remain at 15.5m² which is smaller than current new build guidance. This could potentially cause equity issues in terms of the sizes of rooms provided as rooms in the new parts of the building will be larger as they are required to meet statutory requirements of new build care home provision set out by Department of Health</p>

	<p>standards.</p> <p>Similarly the size of the proposed wet rooms in the older parts of the building can be provided as per specification however, the size of these rooms would be limited due to the current structure of the building this could potentially have impact on the quality of care and dignity of resident whilst showering due to the limited space available to staff to assist with self care tasks.</p> <p>Construction of a second floor and its impact on the Perth Road properties due to proximity with the south west boudary, not withstanding that the new roof would be below the ridge line of the existing buildin g maybe a planning concern.</p>
Benefits	<p>Flexibility of building to ensure future proofing and meet demand by introducing flexible walls that can increase/decrease the size of households to respond to needs of residents or demand</p> <p>Improved communal spaces such as separate living and dining rooms within each household.</p> <p>Small Cafe space that could improve homes links to the community and offer space for relatives and friends to visit with residents.</p> <p>current residents could remain in situ during redevelopment.</p> <p>A new trolley/bed lift is included outboard of the existing structure and the existing lift retained.</p> <p>Integrated Hoists between bed and bathroom in bedrooms within 60 bedrooms where structurally possible to provide.</p> <p>Improved infection control through provision of handwash stations, staff facilities, flooring and wall coverings that support cleaning regime.</p>
Timetable	August 2022
Recommendation	Not Recommended on the basis that this design cannot meet existing quality standards and would deliver 26 rooms at a smaller size than is optimal.

6.3.4.2 **Option 2:** Extension of the current building to 70 nursing home beds (including clinic site).

Design Summary	This option takes in the clinic site and existing wings are linked by a new extension to form a quadrangle enclosing a garden courtyard and avoids the need for building an additional storey over the whole site as seen in Option One. It allows the formation of a three storey block on Upper Tollington Park with the clinic on the ground floor, and the creation of more generous pedestrian entrance outside the existing Day Centre.
Size	4,440m ²
Capacity	70 Nursing Beds
Risks	<p>With this design there would be some limitation on use of rooms as the structure of the current building is not built to withstand progressive collapse in the event of a fire therefore it would not be possible to accommodate bedbound residents in bedrooms located in the existing structure . Only residents who able to mobilise would be able to reside in these rooms. If the residents health subsequently deteriorates and they are no longer able to mobilise they would be required to move, to either an alternative room within the new build part of the home or alternatively if this wasn't available to another nursing home provision.</p> <p>However, the existing building has a number of outstanding design issues which affect its functioning as a nursing home which could not be fully addressed by an extension. Whilst the design would attempt to mimimise these issues (visibility, width of corridors and doors etc.) cannot be addressed owing to the structural limitations of the building.</p> <p>The size of the bedrooms located in the existing structure cannot be adjusted and therefore 17 rooms would remain at 15.5m² which is smaller than current new build guidance. This could potentially cause equity issues in terms of the sizes of rooms provided as rooms in the new parts of the building will be larger as they are required to meet statutory requirements of new build care home provision set out by Department of Health standards.</p> <p>Similarly the size of the proposed wet rooms in the older parts of the building can be provided as per specification however, the size of these rooms would be limited due to the current structure of the building this could potentially have impact on the quality of care and dignity of resident whilst showering due to the limited space available for staff to assist with self care tasks.</p>

Benefits	<p>Flexibility of building to ensure future proofing and meet demand by introducing flexible walls that can increase/decrease the size of households to respond to needs of residents or demand</p> <p>There would be an improvement to street frontage of property improving the homes link to the community.</p> <p>Improved communal spaces such as separate living and dining rooms within each household</p> <p>Small Cafe space that could improve homes links to the community and offer space for relatives and friends to visit with residents.</p> <p>A new trolley/bed lift is included outboard of the existing structure and the existing lift retained</p> <p>Integrated Hoists between bed and bathroom in bedrooms within 60 bedrooms where it is structurally possible to provide.</p> <p>Improved infection control through provision of handwash stations, staff facilities, flooring and wall coverings that support cleaning regime.</p>
Timetable	September 2022
Recommendation	Not Recommended on the basis that this design cannot meet existing quality standards and would deliver 26 rooms at a smaller size than is optimal.

6.3.4.3 **Option 3:** Demolition of current building and build 70 bedroom nursing home (not including clinic site).

Design Summary	This envisages the demolition of the existing nursing home and the reprovision of the service in its entirety. This would follow the quadrangle plan but with a larger garden courtyard, and accommodation confined to two storeys apart from the wing located behind the clinic which would extend to three storeys.
Size	4,084m ²
Capacity	70 Nursing Beds
Risks	The clinic building will remain at the front of the property which will continue to reduce community integration of the home.

	<p>The garden space is limited to a relatively small courtyard in comparison to Option 4.</p> <p>This option requires the current building to be demolished despite the fact that the current building was only built 11 years ago.</p>
<p>Benefits</p>	<p>Relocation of Plant and services to car park side offers improved vehicular access for deliveries and increases the numbers of residents able to outlook over the garden space.</p> <p>Improved size of bedrooms and wet rooms in line with current standards for older peoples care homes new builds.</p> <p>Improvement in size of Day opportunities space which would now be community facing.</p> <p>Intermediate Care area on top floor with flexible therapy space and access to roof terrace for short term placements (up to 6 weeks).</p> <p>Flexibility of building to ensure future proofing and meet demand by introducing flexible walls that can increase/decrease the size of households to respond to needs of residents or demand</p> <p>Cafe space that could improve homes links to the community and offer space for relatives and friends to visit with residents overlooking garden space.</p> <p>Entire building meets standards from progressive structural collapse therefore all rooms would be able to accommodate bedbound patients.</p> <p>Improved communal spaces such as separate living and dining rooms within each household</p> <p>Improved infection control through provision of handwash stations, staff facilities, flooring and wall coverings that support cleaning regime.</p> <p>2 trolley/bed lift are included within new build design.</p> <p>Improved width of doors and corridors which includes turning spaces from rooms for wheelchairs and beds. corridors allow residents to wander safely and have opportunities to sit along corridors allowing mobile residents to rest.</p> <p>Provision of integrated hoists between bed and</p>

	ensuites in all rooms.
Timetable	February 2023
Recommendation	Not recommended on the basis that this design does not make best use of the site and deliver the integrated option possible.

6.3.4.4 **Option 4: Demolition of current building and build 70 bedroom nursing home (including clinic site).**

Design Summary	<p>This would take in the clinic site and be a new development which maximised the potential for the central garden courtyard. It would be generally two stories in height but with the frontage to Upper Tollington Park increased to correspond to the streetscape of the terraces fronting the original Osborne Grove.</p> <p>This option allows for the development of an additional older people's offer, as set out in paragraph 6.3.8 by using the land currently occupied by the NHS Clinic to the front of the site. This generates a wider mix of uses on the site, whilst offering flexibility in the care offer.</p> <p>There is further design work required to finalise the form of this option.</p>
Size	4,759m ²
Capacity	70 Nursing Beds
Risks	<p>This option requires the current building to be demolished despite the fact that the current building was only built 11 years ago.</p> <p>This option would require the largest capital investment.</p>
Benefits	<p>A re-build would address all 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 with a community building with prominent frontage.</p> <p>Improve size of garden, communal and garden spaces and 2 storey building on back end of property would improve light into garden space.</p> <p>Relocation of Plant and services to car park side offers</p>

	<p>improved vehicular access for deliveries and increases the numbers of residents able to outlook over the garden space.</p> <p>Improved size of bedrooms and wet rooms in line with current standards for older peoples care homes new builds.</p> <p>Improvement in size of Day opportunities space which would now be community facing.</p> <p>Intermediate Care area on top floor with flexible therapy space and access to roof terrace for short term placements (up to 6 weeks).</p> <p>Flexibility of building to ensure future proofing and meet demand by introducing flexible walls that can increase/decrease the size of households to respond to needs of residents or demand</p> <p>Cafe space that could improve homes links to the community and offer space for relatives and friends to visit with residents overlooking garden space.</p> <p>Entire building meets standards from progressive structural collapse therefore all rooms would be able to accommodate bedbound patients.</p> <p>Improved communal spaces such as separate living and dining rooms within each household.</p> <p>2 trolley/bed lift are included within new build design.</p> <p>Improved width of doors and corridors which includes turning spaces from rooms for wheelchairs and beds. corridors allow residents to wander safely and have opportunities to sit along corridors allowing mobile residents to rest.</p> <p>Provision of integrated hoists between bed and ensuites in all rooms.</p> <p>Improved infection control through provision of handwash stations, staff facilities, flooring and wall coverings that support cleaning regime.</p>
Timetable	March 2023
Recommendation	Recommended option ensuring that the use of the site is maximised.

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

6.3.6 The table below shows a summary of total estimated capital expenditure over five years for each option:

	2019/20	2020/21	2021/22	2022/23	Total
Option1	1,259,454	1,091,686	15,812,134	5,850,326	24,013,600
Option 2	1,278,883	1,108,611	17,109,556	4,909,195	24,406,245
Option 3	1,422,341	1,233,581	14,525,655	10,123,867	27,305,443
Option 4	1,597,057	1,385,781	15,112,190	12,741,323	30,836,351

6.3.7 Sprinkler system

The Options have been designed in accordance with the applicable parts of Regulations 2018 for an unsprinklered facility. The least mobile residents would be accommodated on the ground floor to obviate evacuation by mattress, evachair or lift, in the event of an emergency. Should the sprinklers be required the Extra over Constructions Costs for each option are as follows

Option	Area (m2)	All up construction costs
1	4,219	£310,000
2	4,440	£325,000
3	4,084	£300,000
4	4,759	£385,000

6.4 Health and Care Delivery model

6.4.1 In line with the decision made by Cabinet in June 2018, the revenue costs for the delivery of health and care on site have been drawn up for delivery by a public sector partnership led by the NHS. This is in recognition of the fact that the care delivered at Osborne Grove in the future will continue to be at its core nursing care, for older people with very complex health needs, rather than residential care. This requires clinical staff on site at all times, to oversee and monitor medication, to ensure appropriate health care, to provide treatment and to intervene appropriately to avoid hospital admissions and to improve the health of residents and older people in the wider community. In order to build the revenue model summarised in the table below, staffing and other costs have been calculated in line with the NHS Agenda for Change pay scales. The Council will continue to take forward discussions with NHS Partners on the delivery of care at the site, which may extend to the wider uses identified in 6.2.8 above.

7 Contribution to strategic outcomes

- 7.1 The Borough Plan 2019-2023, sets out the vision and priorities for the Council and partners in Haringey over the next four years.
- 7.1.1 The development of Osborne Grove Nursing Home contributes to Priority 2: People, Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.
- 7.1.2 Osborne Grove Nursing Home development links directly with Outcome 7: All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe and connected in their communities.
- a. Objective 7b: People will be supported to live independently at home for longer.
Increased intermediate care provision will enable more people to regain the skills and confidence they require to live independently in the community and will deliver the following outcomes for residents:
- More people are supported to avoid going into hospital unnecessarily
 - More people are supported to remain as independent as possible after a stay in hospital
 - More people are prevented from moving into residential care unnecessarily
- b. Objective 7d: Adults with multiple and complex needs will be supported to achieve improved outcomes through a coordinated partnership approach.
- 7.2 This work is also aligned to the Better Care Fund plan, a joint plan between the Council and the Clinical Commissioning Group, the aim of which is for people in Haringey to be healthier and have a higher quality of life for longer. It aims to give people more control over the health and social care they receive, for it to be centred on their needs, support their independence and be provided locally wherever possible.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1 Finance

- 8.1.1 The report is informing Members of the outcome of the feasibility study undertaken at the Osborne Grove Nursing Home and is recommending that option 4 of the feasibility study is progressed. Each of the options were assessed against a range of criteria and option 4 is the one that scored the highest.

8.1.2 Capital Implications

- 8.1.2.1 The OGNH scheme was included within the approved capital programme as a self-financing scheme with a budget estimate of £10.750m and was subject to the completion of a satisfactory business case. At this stage, high level capital costs have been estimated and will be firmed up as the option is developed.

As set out below, any of the four options generate savings so the business case for investment in a new OGNH is made even at the higher capital expenditure

level. Once the detailed design has been tendered the business case will be refreshed and, subject to the outcome of the refreshed business case, a revised capital budget will be included in the capital programme. The total capital costs for each option are set out below.

OGNH Capital Costs				
	Option 1	Option 2	Option 3	Option 4
Construction Costs	17,128	17,412	19,513	22,072
Furniture & ICT	2,589	2,632	2,947	3,330
Fees and Contingency	4,296	4,362	4,845	5,434
Total	24,013	24,406	27,305	30,836

8.1.3 Revenue Implications

8.1.3.1A detailed revenue income and expenditure account has been modelled for the four development options at Osbourne Grove Nursing Home

8.1.3.2In calculating the net revenue cost of each of the options (which include the cost of the capital financing charge) and comparing it to the available budget, the available budget has been calculated by adding together the recurrent net budget of the OGNH and the current cost of the care placements for current clients. In each case the development of the OGNH generates savings against the current budgetary provision. The operating model of the OGNH will be refined and further reported upon.

8.1.3.3From 2022 the Council will only place clients in settings that are LLW employers. Accordingly, the costings set out below assume the LLW will be paid. Also, as the model is one using NHS staff, staffing and other related costs have been calculated in line with the NHS Agenda for Change pay scales.

8.1.3.4The financing cost has been calculated using an asset life of forty five years. It ranges from £0.945m for option one to £1.215m for option four and are included within the gross cost line in the table below.

	Option 1	Option 2	Option 3	Option 4
Financial summary by option	Redevelopment			
	£'000s	£'000s	£'000s	£'000s
Gross cost	5,268	5,283	5,217	5,356
Gross income	(2,309)	(2,317)	(2,294)	(2,370)
Net cost	2,959	2,966	2,922	2,986
Cost of placements externally	2,510	2,510	2,510	2,510
OGNH budget	1,175	1,175	1,175	1,175
Saving (Cost of placements less net OGNH cost plus current OGNH budget)	(726)	(718)	(762)	(699)

8.2.3.4 The revenue budget to operate the new Osborne Grove Nursing Home will be refreshed at the time that tenders for the construction of the facility are returned. The savings identified in the table above, along with the adjustment required to account for the capital financing charges, will be factored into the MTFS.

8.2 Strategic Procurement

8.2.1 Strategic Procurement (SP) acknowledges the contents of this Report.

8.2.2 SP has no objection to the approval of the recommendations highlighted in section 3 of this report.

8.3 Legal (Assistant Head of Legal, Stephen Lawrence-Orumwense)

8.3.1 Cabinet is being asked to make a decision on the preferred option for the future development at the Osborne Grove Nursing Home 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 were 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 including those recommended are within the legal powers of the Council in the discharge of its social services functions under the Care Act 2014.

8.3.2 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. The Department of Health has issued statutory guidance under the Care Act 2014 named Care and Support Statutory Guidance (The 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.*"

8.3.3 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. 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.*”

- 8.3.4 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).
- 8.3.5 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 likely to be affected by the recommended option, the Council must continue to meet their eligible needs and promote their wellbeing.
- 8.3.6 Section 8 of the Act (*How to meet needs*) enables the Council to meet an adults needs for care and support by, amongst others, the provision of accommodation in a care home. The recommended option would facilitate the discharge of this duty.
- 8.3.6 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 future development works. The Council also owe a common law duty of care to residents if in situ during future development works not to cause them harm or injury.
- 8.3.7 The report acknowledge that the future development works cannot be undertaken with current residents in situ. This may require closure of the Home and that residents are moved into alternative nursing accommodation. There is a legal duty to consult the residents and stakeholders on any proposals to close the Home and relocate residents before a decision is made by Cabinet.

8.3.8 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 B and at section 8.4 of the report.

8.4 Equality

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- 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.

8.4.2 The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

8.4.3 An Equality Impact Assessment has been completed for the future development of Osborne Grove Nursing Home, and is included as Appendix A to this report, and uploaded on to the Haringey Council website.

8.4.4 The recommended option is to to demolish the current building on the Osborne Grove Nursing Home site and rebuild a 70 bed nursing provision. The objective is to increase in-borough capacity to support older residents in need of nursing care, noting that there is currently a shortage of nursing care in the borough. This represents a course of action to meet the needs of older residents, and particularly those with long-term health conditions and/or disabilities, where these are different to the needs of other groups, thereby advancing equality of opportunity. The EqIA notes that women and BAME residents are over-represented among the current service user profile, and so these groups can be reasonably expected to benefit from expansion of in-borough nursing care capacity. It is not expected that proceeding with the recommended option will

have any negative impacts on individuals or groups who share the nine protected characteristics.

9. Use of Appendices

9.1 Equality Impact Assessment

10. Local Government (Access to Information) Act 1985

10.1 Feasibility Study produced 31st May 2019