

Strategic Commissioning and Investment
222 Upper Street

London N1 1XR

Report of: Executive Member for Health and Social Care

Meeting of: Executive

Date: 1 September 2022

Ward(s): All

Subject: Procurement Strategy for Residential Care Service for Older Men with Alcohol Misuse and Mental Health Care Needs

1. Synopsis

- 1.1. This report seeks pre-tender approval for the procurement strategy in respect of residential care home provision for older men with alcohol misuse and mental health care needs in accordance with Rule 2.8 of the Council's Procurement Rules.
- 1.2. The service to be procured will be for the provision of fifteen (15) residential care home beds for older adults with alcohol misuse and mental health care needs. The residential care service will be based in the borough and rated at least 'Good' by the Care Quality Commission (CQC).

2. Recommendations

- 2.1. To approve the procurement strategy for a residential care service for older men with alcohol misuse and mental health care needs as outlined in this report.

- 2.2. To delegate authority to award the contract related to this strategy to the Corporate Director of Adult Social Care following consultation with the Executive Member for Health and Social Care.

3. Background

- 3.1.1. Islington has the highest prevalence of serious mental illness (SMI) in London. SMI prevalence has been increasing in recent years, and if the current trajectory continues, we expect to have just over 4,000 individuals with diagnosed SMI in Islington by 2030, an increase of over 100 individuals.
- 3.1.2. The prevalence of alcohol dependence is also higher in Islington in comparison to the national rate across England; Islington has a rate of 17.9 per 1,000 of population compared to 13.7 for England. In 2020-21 The highest proportion of adults in alcohol treatment in Islington were within the 40-60 years age range (58%); 25% aged 40-49 years, and 33% were aged 50-59 years.
- 3.1.3. Given the local SMI and alcohol prevalence, it is projected that the current demand for residential care placements for those who have care and support needs relating to alcohol dependency and mental illness will remain.
- 3.1.4. The Council is ambitious about commissioning high quality residential care home provision to meet the needs of residents who cannot remain in their own homes or in other accommodation-based services. The council is keen to work with providers that offer high quality, personalised, enabling care and support. Our aim is that residential care homes are well-connected, at the heart of communities, active contributors to social value, and offer exciting employment opportunities.
- 3.1.5. Islington Council currently funds, via a block contract arrangement, 12 beds for residential care home provision for older men with alcohol misuse and mental health care needs. The current contract in place is due to end on 31 March 2023. This procurement strategy seeks approval to re-procure this provision and expand provision to appropriately meet local demand and ensure that a new contract is in place by 1 April 2023.
- 3.1.6. The service to be re-procured is a residential care service for men over the age of 45 with a significant history of alcohol misuse, homelessness, and mental illness. Many of the residents in the current commissioned service have cognitive impairments related to long-term alcohol dependency in addition to personal care needs. In terms of the Care Act, their primary need for care and support relates to alcohol use and mental health.
- 3.1.7. Some residents within the service may move from residential care to a less intensive accommodation setting within the community as they recover. However, the majority of residents in this service will require longer-term residential care due to deteriorating

cognitive functioning and may not make the transition to more independent living. On average one resident is stepped down from the service per annum.

- 3.1.8. Demand for in-borough residential care placements exceeds our current block provision. The service being procured is currently delivered from a 29-bed residential care home; of which Islington currently purchases 12 beds on a block arrangement, which have been at full capacity throughout the contract length. In addition to the 12 block beds, Islington currently spot purchases six additional beds from the same service, bringing the total number of beds purchased in borough by Islington to 18. There has consistently been a need for at least three additional bed above the current block of 12 beds since 2015 (i.e. at least 15 beds occupied in total since 2015).
- 3.1.9. There is currently no other residential care provision in the borough specifically for adults with alcohol misuse and mental health care needs. The only other care home provision of this type in the borough was closed in Autumn 2021 due to provider failure. Following a Care Quality Commission (CQC) inspection, the provider was deemed 'inadequate' and not to be able to deliver the required level of care for adults with complex needs related to substance misuse and mental health needs.
- 3.1.10. In light of this, the council is seeking to increase the availability of in-borough commissioned provision through this procurement to ensure that:
- There is a reduction in the number of spot placements, which will secure placements for local people against competing demand from other boroughs, this should not create any voids.
 - Residents are enabled to stay close to home, their loved ones, and professional support;
 - Residents are provided with proactive and personalised support in a community setting, equipping them with the skills to reduce a decline in their health and to live healthier lives for longer;
 - Residents are proactively supported to gain the skills necessary to live more independently and/or move to less intensive support, where possible, thereby minimising the time spent living in a residential care setting;
 - Residents can benefit from the well-established Islington care home support infrastructure, this includes specialist cognitive impairment support from health;
 - The Council has enhanced oversight of quality and safeguarding matters when contract monitoring measures are in place and we are acting as the host safeguarding authority;
 - Spending on in-borough placements supports in-borough employment opportunities and delivery of social value that residents can benefit from;
 - Better value for money is being achieved; our local arrangements represent good value for money when compared with out of borough purchased provision – the costs of which can vary greatly – enabling long-term financial stability; and
 - Block contracts facilitate development of long-term relationships with providers and offer mutually beneficial stability for the local care market.

The residential care service will be based in the borough and rated at least ‘Good’ by the Care Quality Commission (CQC).

3.2. Estimated value

- 3.2.1. It is proposed that the council procures this service via block contracting, with the contract to start from 1 April 2023.
- 3.2.2. The majority of the current service in scope for this procurement is jointly funded by the London Borough of Islington (LBI) and NHS North Central London CCG (NCL CCG), with 51% funded by LBI and 49% funded by the CCG. The additional three beds will be funded directly from ASC budget, with contributions from health as determined on a case by case basis, via applications for Continuing Health Care or Joint Funding.
- 3.2.3. It is proposed that the duration of the contract will be for a period of seven years, with break clause options for the council to terminate the contract after years two, three, four, five and six. This approach will enable commissioners to build long-term partnerships with a provider and supports stability in the local care market. Additionally, this contractual arrangement will support seamless continuity of care for residents.
- 3.2.4. There is limited provision for this client group within North Central London (Barnet, Enfield, Haringey, Islington and Camden) with only one other provider known to operate in North Central London (NCL) outside of the Islington borough that offers residential care for older adults with alcohol misuse and mental health needs). Benchmarking data indicates that out of borough placements cost are significantly more than those currently commissioned within Islington for the service provision in scope for this procurement, as indicated in Table 1 below.

Table 1- Benchmarking costs

Description	Weekly unit cost (range) 22/23
Benchmarking rate for similar service provision based in NCL outside of Islington (across 17 people)	£1,078 - £1,672
Current in-borough rate for this commissioned service provision	£736
Current rate(s) for spot contracts in borough for this service provision	£757-£836 Average £800

- 3.2.5. The annual price of the current contract was £427,200 for 2020/21, with an uplift of 3% applied in 2021/22 to cover inflationary costs, and a further 4.5% uplift applied to the contract price for 2022/23, which results in a weekly cost of £736. The spot bed rate for 2022-23 is £836.83 (see Table 2 below). Financial modelling and care cost analysis has been undertaken and a viable cost to ensure a sustainable market for a block contract is estimated to be £815 per week, representing a 11% increase, on our current block price. While this seems high it should be noted that comparable costs outside of borough are significantly higher, and soft market testing has indicated that the procurement will fail without this increase.
- 3.2.6. The new service to be procured from April 2023 will be for 15 beds, an increase of three additional beds. Table 2 below outlines the annual expenditure over the past two years for current block and spot purchased beds alongside, the proposed annual cost for the new service to be procured (commencing on 1 April 2023).

Table 2 Total spend for residential care for adults with alcohol dependency and mental health care needs, and projected cost of the new contract

	2021-2022	2022-2023	Projected costs for 2023-2024 if only 12 beds are procured via block contracting arrangements	Projected contract cost 2023-2024 for procurement of 15 beds
Block spend per annum	£440,020 For provision of 12 beds at unit cost of £703.27 per week	£460,707 For provision of 12 beds at unit cost of £736.33 per week	£509,929 For provision of 12 beds at unit cost of £815 per week	£637,412 For provision of 15 beds at unit cost of £815 per week
Spot bed spend per annum	£250,327 For provision of 6 spot placements Average weekly cost £800 (Range - £765.50 - £836.83)	£261,794 For provision of 6 spot placements at unit cost of £836.83 per week	£261,794 For provision of 6 spot placements at unit cost of £836.83 per week*	Not included in this procurement, however there is likely to be three initially, but the figure is subject to change over the course of the contract.
Total spend per annum	£690,347	£722,501	£771,723	£637,412

- 3.2.7. The estimated annual value of the contract to be awarded following completion of a competitive procurement process from 1 April 2023, will be up to £637,412 per annum and £4,461,881 across the contract's maximum period of seven years (total global contract value).
- 3.2.8. The projected contract cost has been developed based on benchmarking with current block contracts in Islington and in comparative London boroughs and based on intelligence gathered via soft market testing with existing providers in borough. As indicated in Section 3.1 above, the current block unit cost for this service is considerably lower than residential care spot beds for adults with substance misuse and mental health care needs within the North Central London (NCL) footprint. The new proposed unit cost of £815 per week is still significantly lower than NCL spot beds.
- 3.2.9. The increased unit price and total contract price reflects the council's commitment to drive up the quality of residential care provision, and to pay a fair cost of care in the borough. The current provider has indicated that delivering this service at the current contract value beyond March 2023 is not financially viable. Benchmarking and market engagement activity to date has indicated that the price of the contract should be increased to provide a more financially viable service model that supports the delivery of strength-based care and support and ensures ongoing provision of high quality. This service was last procured via competitive tender in 2014/15; care market prices have increased during this time and therefore, it is recommended that the contract price is increased to reflect a fair market rate, a core component of the Care Act, and will enable the council to continue to meet its aspirations for providing high quality care closer to home.

3.3. **Timetable**

- 3.3.1. The anticipated timetable is as follows:

Key Milestone	Indicative completion date
Invitation To Tender published	September 2022
Evaluation	October 2022
Contract award	December 2022
Implementation	January - March 2023
New contract start date	April 2023

3.4. **Options appraisal**

- 3.4.1. Four options have been explored for procuring residential care provision – a summary is set out below.

Option 1: Do not reprocure block bed provision and purchase placements via spot contracts only	
Description	Do nothing and needs are met via spot purchasing of placements.
Benefits	This would enable the council to purchase individual packages of care as required, with no commitment to any fixed costs that are associated with block contracts or in-house provision.
Dis-benefits	Needs analysis shows continuing and increased demand and there has been good utilisation of the residential care beds this procurement aims to replace. Spot placement availability and costs are more variable than that of block provision and there is no other similar provision offered in-borough for residents with both alcohol use and mental health care needs – meaning more residents are likely to be placed in spot placements, some out of borough where costs are likely to be higher. The Council has less oversight and influence over spot placements compared to blocks, therefore there is a lesser degree of quality assurance, and it is less likely the Council can shape the market constructively (e.g., on London Living Wage).
Recommended	No
Option 2: Deliver in-house	
Description	Adult Social Care In-House services develop residential care provision to meet needs.
Benefits	The Council is committed to delivering services in-house wherever feasible. In house residential care home provision would maintain provision within the borough. It would also enable residents to benefit from Islington’s social care and health services, and quality monitoring. It would provide opportunities for local recruitment, fair terms and conditions for the workforce. The Council would have greater control over the quality of provision and the contribution the service makes to wider council ambitions including environmental and community wealth building priorities. The Council retains full control to drive efficiencies/economies of scale With a suitable building and time to develop expertise in delivering specialist mental health residential care home provision this may be a feasible consideration in the future.

Dis-benefits	<p>The Council does not have sufficient estates, staffing, the requisite CQC registration, nor clinical governance in place to enable delivery from April 2023.</p> <p>Establishing Council mental health and alcohol dependence residential care provision would have significant financial and resource implications in an already challenging financial context.</p> <p>While the Council provides training and development for staff delivering residential care in-house currently, this is not for the same cohort of needs. It therefore does not have the necessary skills, or qualified staff to deliver training and development to the standard of specialist residential care for complex mental health and alcohol use needs. This is a highly specialised form of care.</p> <p>Delivering the service in-house would reduce opportunities for developing long term relationships and opportunities for collaboration with providers to meet council priorities.</p> <p>Establishing Council run residential care would require a specialist aspect to our work above any that we are currently providing.</p> <p>The Council would have to source an appropriate property and to date no suitable properties have been identified in the borough which meet the needs of the service and within the required timeframe.</p> <p>Delivery of in-house residential care home provision comes with increased reputational, financial and operational risks to the council should the service fail to deliver good quality provision.</p> <p>At this time, in-house mental health and alcohol use residential care provision is not feasible.</p>
Recommended	No
Option 3: Procure external block provision in collaboration with other boroughs	
Description	Commissioners procure residential care beds on a block basis from an external provider that meets the criteria, in collaboration with other London boroughs who currently purchase spot placements in Islington.
Benefits	<p>It would enable more residents to stay closer to home (in-borough or within North Central London area) – in line with resident choice.</p> <p>It would enable residents to benefit from Islington’s Multi-Disciplinary Quality Team (provided it was in-borough), and quality monitoring associated with strategically commissioned provision.</p>

	<p>Ensures services share Islington’s vision and take a strengths-based approach to transform outcomes.</p> <p>Commissioning externally run provision would enable the council to tap into existing provision in a borough where access to buildings suitable for care home delivery are limited. The Council would also benefit from a provider who has experience of delivering residential care provision for this client group and have the necessary expertise, CQC registration and governance.</p> <p>It provides greater value for money than spot provision, in part due to spot provision on average costing more, but also due to the calibre of staff as a result of stipulations the council can make in the contract.</p> <p>External procurement can promote inclusive economy and social value priorities through a specification that stipulates measures such as payment of the London Living Wage and advertising jobs locally through iWork as well as a tender process that gives 20% weighting to social value.</p>
Dis-benefits	<p>Engagement with other boroughs has indicated no interest in jointly procuring at this time.</p> <p>External procurement provides the council with less direct control over quality.</p> <p>It also provides less control over the level of contribution towards the council’s environmental, social value and community wealth building priorities than if the council were to deliver in-house.</p> <p>Not guaranteed to meaningfully change the marketplace of providers and landlords available in the borough.</p> <p>Reciprocal arrangements with other boroughs are challenging to set up and maintain due to complexity, and fluctuating demand in other boroughs. There are five other boroughs that currently spot purchase places from the existing service provision (not all of which are boroughs based in NCL) in Islington. To undertake a collaborative procurement with another borough/other boroughs with different governance arrangements would not be possible in the timescale available.</p> <p>It would not guarantee the service being located in-borough.</p>
Recommended	<p>Not at this time. However, Islington commissioners will continue to engage with other boroughs within North Central London to explore if there is interest in carrying out a joint procurement in the future.</p>

Option 4: Procure external block provision as a single borough	
Description	Commissioners procure residential care beds on a block basis from an external provider that meets the criteria.
Benefits	<p>Retaining/expanding the in-borough block bed base via procurement would meet the identified commissioning requirements on bed type/quality by April 2023.</p> <p>It would also enable more residents to stay close to home – in line with resident choice.</p> <p>It would enable residents to benefit from Islington’s Multi-Disciplinary Quality Team, and quality monitoring associated with strategically commissioned provision.</p> <p>Ensures services share Islington’s vision and take a strengths-based approach to transform outcomes.</p> <p>Commissioning externally run provision would enable the council to tap into existing provision in a borough where access to buildings suitable for care home delivery are limited. The Council would also benefit from a provider who has experience of delivering residential care provision for this client group and have the necessary expertise, CQC registration and governance. The providers in this market are registered charities.</p> <p>It provides greater value for money than spot provision, in part due to spot provision on average costing more, but also due to the calibre of staff as a result of stipulations the council can make in the contract.</p> <p>It provides greater flexibility to support future commissioning intentions for this service provision; break clauses within the contract term support allowing early termination to the contract to allow joint re-procurement to be undertaken in the future should other boroughs within NCL express interest in jointly procuring this service provision.</p> <p>It provides greater flexibility to support future commissioning intentions for this service provision; tender documentation will include details of how any voids, should they occur throughout the life course of the contract, will be managed to ensure that the contract delivers value for money throughout its life term.</p> <p>External procurement can promote inclusive economy and social value priorities through a specification that stipulates measures such as payment of the London Living Wage and advertising jobs locally through</p>

	iWork as well as a tender process that gives 20% weighting to social value.
Dis-benefits	External procurement provides the council with less direct control over quality. Though the council would have robust quality monitoring processes in place. It also provides less control over the level of contribution towards the council's environmental, social value and community wealth building priorities than if the council were to deliver in-house.
Recommended	Yes.

3.5. Key Considerations

Key Consideration	Notes
Social Value	20% of the award criteria will be allocated to social value for the new contract. This will provide a range of benefits for the borough including: <ul style="list-style-type: none"> • Commitment from the provider to supporting local recruitment – including in partnership with the iWork Service; • Commitment from the provider on training and upskilling of staff, including via apprenticeship and formal qualifications; • Commitment from the provider to using local supply chains; • Community engagement commitments from the provider; • Provision of student placement and volunteering opportunities within the service, including peer support/volunteering opportunities for people with lived experience; • Commitment from the provider to staff wellbeing – for example via adoption of specific workplace health initiatives; and • Commitment from the provider on delivering environmental and bio-diversity improvements within the service, reducing waste, use of sustainable resources, and limiting energy consumption.
London Living Wage (LLW)	<ul style="list-style-type: none"> • Payment of at least LLW to all staff working on Islington contracts will be mandated as a condition of the new block contract.
TUPE/Staffing	<ul style="list-style-type: none"> • TUPE may apply.
Best value	<ul style="list-style-type: none"> • The service will implement a robust performance-monitoring framework so that value for money, quality, outcomes, and cost effectiveness can be assessed. The monitoring framework will include activity levels, evidence of outcomes achieved, as measured against the desired service KPIs outcomes in the service specification and individual support plans. Expenditure against the service budget will also be required.

Key Consideration	Notes
	<ul style="list-style-type: none"> Regular contract monitoring reviews will take place and the provider will submit information on the service on a quarterly basis. This process allows for continuous improvement and service development. The service specification will include provisions to ensure the provider offers continuous improvement against delivery targets and works with commissioners and service users to co-produce a service where innovations can be quickly implemented.

3.6. Evaluation

The tender will be conducted in one stage, known as the Open Procedure, as the tender is 'open' to all organisations who express an interest. The Open Procedure includes minimum requirements which organisations must meet before the rest of their tender is evaluated. The council will reserve the right to award the contract on the basis of initial tenders without negotiation where this offers value for money. The council also reserves the right not to make an award of contract at all.

Bids will be evaluated on the basis of 80% quality of which 20% will be allocated to social value, and 20% price.

Quality criteria (80%) will be split as outlined below:

the price and ability to deliver the contract as set out in the evaluation criteria below:

	Weighting %
Quality	80%
Service model and delivery	25%
Social value	20%
Safeguarding and risk management	15%
Workforce and staffing	10%
Service user engagement and involvement	10%

These criteria have been selected to ensure providers are able to deliver a safe, well-led, high quality, person-centred offer to Islington residents.

The evaluation panel will include professionals with a range of experience including from NHS mental health Trust.

3.7. Business risks

Risk	Mitigation
<p>Providers not applying for the tender, resulting in failed tender procedure.</p>	<p>Market engagement has been carried out with potential providers to ensure the tender is viable and attractive to potential applicants. A Prior Information Notice will be issued in advance of the ITT being published.</p> <p>The new contract value proposed takes into account feedback from soft market intelligence and benchmarking, ensuring that the service will be financially viable and sustainable for a provider to deliver.</p>
<p>TUPE implications, which may impact on the timescale required to mobilise a new contract.</p>	<p>TUPE may apply to this procurement, therefore sufficient time has been factored into the mobilisation period to take this into account.</p>
<p>A transition to a new service/new service provider could have a detrimental impact on resident wellbeing and mental health.</p>	<p>If there is a change in provider, the transition to any new service will need to be carefully managed to ensure continuity of support and to manage any service user anxieties arising from a change in support provider. Consequently, the transition to a new service would be carried out in conjunction with service users, carers, and family members (where appropriate).</p> <p>As part of the tender submission bidders will be required to provide a robust mobilisation and implementation plan to support the new service go live.</p> <p>Commissioners will also undertake significant engagement activity with residents and their families pre-tender and in the development of the new service specification.</p>

3.8. The Employment Relations Act 1999 (Blacklist) Regulations 2010 explicitly prohibit the compilation, use, sale or supply of blacklists containing details of trade union members and their activities. Following a motion to full Council on 26 March 2013, all tenderers will be required to complete an anti-blacklisting declaration. Where an organisation is unable to declare that they have never blacklisted, they will be required to evidence that they have 'self-cleansed'. The Council will not award a contract to organisations found guilty of blacklisting unless they have demonstrated 'self-cleansing' and taken adequate measures to remedy past actions and prevent re-occurrences.

3.9. The following relevant information is required to be specifically approved in accordance with rule 2.8 of the Procurement Rules:

Relevant information	Information/section in report
1. Nature of the service	As outlined in section 3.1
2. Estimated value	<p>The estimated value per year is up to £637,412.</p> <p>The duration of the contract is proposed for a period of seven years, with break clause options available for the council to terminate the contract after years two, three, four, five and six.</p> <p>See section 3.2</p>
3. Timetable	<ul style="list-style-type: none"> • Advert published – September 2022 • Evaluation – October 2022 • Contract Award – December 2022 • Implementation - January - March 2023 • New contract start date - April 2023 <p>See section 3.3</p>
4. Options appraisal for tender procedure including consideration of collaboration opportunities	<p>Proposal to procure external block provision.</p> <p>See section 3.4</p>

Relevant information	Information/section in report
5. Consideration of: <ul style="list-style-type: none"> • Social benefit clauses; • London Living Wage; • Best value; • TUPE, pensions and other staffing implications 	See paragraph 3.5
6. Award criteria	Bids will be assessed on the basis, 80% Quality of which 20% will be allocated to social value, and 20% Price. The award criteria price/quality breakdown is more particularly described within the report. See paragraph 3.6
7. Any business risks associated with entering the contract	See paragraph 3.7
8. Any other relevant financial, legal or other considerations.	See paragraph 4.

4. Implications

4.1. Financial Implications

- 4.1.1. The current budget for the service in scope of this procurement sits within the Mental Health Commissioning Pool within the Adult Social Care Budget. This is a S75 arrangement between the London Borough of Islington and Islington CCG. The Council contributes £224,410 (51%) and the CCG contribute £215,610 (49%). The budget for this service for 2021-22 was £440,020.

- 4.1.2. The contract amount has been uplifted as previously agreed by £20,687 for 2022/23. Therefore, the budget for 2022-23 is £460,706.
- 4.1.3. The new contract value following procurement will be a maximum of £637,412 per annum for 15 beds, which is an increase of three beds. There are three residents in spot-purchased beds costing £130,897 that are currently funded within the Placements budget. These beds will transfer from the spot-purchased arrangement to this block contract. The budget and the cost of these beds will be moved to the Mental Health Commissioning budget in 2023-24.
- 4.1.4. The additional £45,807 will be funded within the Mental Health Commissioning Pool contract inflation allocation in 2023-24. Therefore, this will not create a budgetary pressure on the Mental Health Commissioning Pool or the Adult Social Care budget.
- 4.1.5. The value of this contract over the seven-year period based on the maximum contract value will be £4,461,884.
- 4.1.6. Payment of London Living Wage is a requirement of the contract and should not result in any additional costs.
- 4.1.7. Any TUPE cost implications that may arise from this tender will have to be met by existing resources outlined above.

4.2. **Legal Implications**

- 4.2.1. The Council has a general duty under the Care Act 2014 to meet the needs of a person who needs care and support. The council may enter into contracts with providers to secure the provision of mental health and alcohol use residential care services under section 1 of the Local Government (Contracts) Act 1997). The Executive may provide Corporate Directors with responsibility to award contracts with a value over £2,000,000 (Procurement Rule 18.1.3).
- 4.2.2. The social care services being procured are subject to the light touch regime (Light Touch Services) set out in Regulations 74 to 77 of the Public Contracts Regulations 2015 (the Regulations). The threshold for application of this light touch regime is currently £663,540. The value of the proposed contract is above this threshold. The council's Procurement Rules for Light Touch Services require competitive tendering for contracts over the value of £500,000.

- 4.2.3. The proposed procurement strategy, to advertise a call for competition and procure the service using a competitive tender process, is in compliance with the principles underpinning the Regulations and the council's Procurement Rules.
- 4.2.4. On completion of the procurement process the contract may be awarded to the highest scoring tenderer subject to the tender providing value for money for the council.
- 4.3. **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**
- 4.3.1. Care homes are contractually required to have adequate systems in place for the storage, disposal and documentation associated with any clinical waste produced.
- 4.3.2. There are several environmental implications for care homes. These include energy use in the building for heating, cooking and appliances, water use and waste generation by residents. These can be mitigated by ensuring the building is well-insulated and uses an efficient heating system, ensuring appliances in the building have a good energy rating, that bathroom and kitchen fittings are water efficient, and that recyclable or compostable waste is separated and disposed of appropriately.
- 4.3.3. The council is committed to engaging residents and partner health sector organisations in their drive to meet emission reductions as part of the Net Zero Carbon 2030 Programme. The provider will be asked to demonstrate in the tender how they intend to minimise the environmental impact of the service and recommended environmental improvements at the care home will be introduced, where feasible.
- 4.3.4. The Council will encourage measures that mitigate environmental impact and promote the council's ambitions, assessed as part of the 20% social value evaluation criteria.
- 4.4. **Equalities Impact Assessment**
- 4.4.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take

account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

- 4.4.2. An Equality Impact Assessment Screening Tool has been completed for this service, a summary of which is included below.

The contract is for a service specifically for older residents in the borough (45+). It is intended to have a positive impact on this group by offering care home placements to those with complex needs who can no longer live at home. Such services are for some of the most vulnerable in our communities and by accessing them people can expect to:

- improve their quality of life
- reduce their risk of social isolation and exclusion
- reduce their risk of harm.

The contract is for a service specifically for older residents who have severe and enduring mental health conditions and are alcohol-dependent, therefore it is intended to have a positive impact on residents of the borough with a disability or long-term conditions.

- 4.4.3. For all the other protected characteristics, the contract is deemed to be equality neutral in the category as all groups are treated with equality of opportunity by the service.

- 4.4.4. The full Equalities Impact Assessment Screening Tool is appended.

5. Conclusion and reasons for recommendations

- 5.1. This report recommends commissioning fifteen (15) residential care home beds for adult males with care needs related to alcohol use and mental illness, based in the borough, rated at least 'Good' by the CQC. Procurement of this contract will be through open tender.

- 5.2. The council has a current block contract with one provider for 12 residential care beds which expires on 31 March 2023. Additionally, the council currently purchases six spot placements with the current provider for Islington residents. This procurement aims to maintain much needed mental health residential care bed capacity, with alcohol misuse specialism in borough when the current contract comes to an end and deliver better value for money through increasing

commissioned block provision. It will deliver value for money for the council, will facilitate development of long-term relationships with the successful provider, and offer mutually beneficial stability for the local care market.

Appendices:

- Equalities Impact Assessment Screening Tool

Background papers: None

Final report clearance:

Signed by:

A handwritten signature in black ink, appearing to be 'Alice Clark', written over a light blue horizontal line.

Executive Member for Health and Social Care

Date: 3 August 2022

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