

Equality Impact Assessment: Screening Tool

Summary of proposal

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| Name of proposal | Procurement of Residential Care Service for Men with Alcohol Misuse and Mental Health Care Needs |
| Reference number (if applicable) | |
| Service Area | Strategic Commissioning and Investment, Adult Social services |
| Date screening completed | March 2022 |
| Screening author name | Alice Clark |
| Fairness and Equality team sign off | Sydney Alexander |
| Authorising Director/Head of Service name | Jill Britton |

Before completing the EQIA Screening Tool please read the guidance and FAQs. For further help and advice please contact equalities@islington.gov.uk.

Please provide a summary of the proposal.

Please outline:

- What are the aims/objectives of this proposal?
- Will this deliver any savings?
- What benefits or change will we see from this proposal?
- Which key groups of people or areas of the borough are involved?

This proposal relates to the procurement of 15 residential care home beds for older men 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).

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. Approval is being sought 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.

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.

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 beds above the current block of 12 beds since 2015 (i.e., at least 15 beds occupied in total since 2015).

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.

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.

Financial modelling and care cost analysis has been undertaken and the new contract unit cost represents an 11% increase on the current unit cost for this service. It should be noted that 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 NCL footprint. The new proposed unit cost of £815 per week is still significantly lower than NCL spot beds.

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.

On whom will the proposal impact? Delete as appropriate.

| Group of people | Impacted? |
|-----------------------------------|-----------|
| Service users | Yes |
| Residents | No |
| Businesses | No |
| Visitors to Islington | No |
| Voluntary or community groups | No |
| Council staff | No |
| Trade unions | No |
| Other public sector organisations | No |

| Group of people | Impacted? |
|-----------------|-----------------|
| Others | Please specify: |

What consultation or engagement has taken place or is planned?

Please outline:

- Which groups or communities you have consulted/plan to consult
- Methods used/will use to engage (for example, focus groups)
- How insight gained from engagement or consultation has been/will be fed into decision making or proposal design

If you have not completed any engagement activity and do not plan to, you should outline why this decision has been made.

The council has undertaken soft market testing to inform the procurement strategy and commissioners are undertaking further stakeholder engagement through one to one and small group discussions to develop the updated service specification, including colleagues in Public Health and Camden and Islington NHS Foundation Trust.

Commissioning are undertaking engagement with current Islington residents of the care home (up to 18 people) and family carers which will include:

- Face to face meeting with current residents, to inform them of the tender process and what that means for residents and to obtain their feedback on the existing service model, and their thoughts regarding a strengths-based approach, and how they can be proactively supported to help maximise their recovery and increase their independence. what works well, any key areas for improvement they would like to see in how the service is delivered, to ensure their views are incorporated into the updated service specification.
- A short survey will also be circulated to service users and carers to provide additional opportunity to provide individual feedback.
- Providing residents and families with the opportunity to meet with commissioning individually should they wish (this will likely be remotely via video or phone call).

Each resident will be provided with FAQs related to the tender and any potential changes, and they will be supported by care home staff and/or family member or friend where required, to ensure they are able to contribute.

All engagement activity is due to be completed by August 2022.

What impact will this change have on people with protected characteristics and/or from disadvantaged groups?

Of the groups you have identified above, please now indicate the likely impact on people with protected characteristics within these groups by checking the relevant box below. Use the following definitions as a guide:

Neutral – The proposal has no impact on people with the identified protected characteristics

Positive – The proposal has a beneficial and desirable impact on people with the identified protected characteristics

Negative – The proposal has a negative and undesirable impact on people with the identified protected characteristics

You should then assess whether the negative impact has a low impact, medium impact or high impact. Consider the level and likelihood of impact. Please also think about whether the proposal is likely to be contentious or perceived as a negative change by certain groups, as this could justify the completion of a full EQIA. See the guidance for help.

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|-----------------------------|-------------------------------------|--------------------------|-----------------|--|
| Age | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Choose an item. | The contract is for a service specifically for older residents 45 years+. Prevalence of alcohol dependency is higher for those aged between 40-60 years. 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. The service and environment will offer an opportunity to deliver a person-centered experience and meet age-related needs. |
| Disability (include carers) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Choose an item. | The service being procured will have a positive impact on adult males with serious mental-illness and needs related to alcohol use, by expanding the provision of commissioned care home placements in the borough to those with complex needs who can no longer live at home. The service will improve the support and accommodation for some of the most vulnerable residents with long term mental health conditions by: |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|--------------------------|-----------------|----------------|-----------------|--|
| | | | | <ul style="list-style-type: none"> • Offering care and support in a non-institutionalised setting and that meets needs with a strength-based approach; enabling people to live as independently as possible, reducing risk of social isolation and exclusion, reducing risk of harm, and improving their overall quality of life. Support staff will take a proactive approach to increasing skills around daily living and encouraging participation in activities outside of the building where possible. • Care and support around meeting physical health needs. • Provision of a building that is accessible and able to meet physical needs, including ground floor accessible units and bathroom facilities. • The service will be in the borough, enabling residents to stay close to home, their loved ones, and professional support. • The care home service will be rated at least 'Good' by the Care Quality Commission (CQC). |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|-----------------------------|--------------------------|--------------------------|-----------------|--|
| | | | | All written communications to residents will be in plain English. |
| Disability (include carers) | <input type="checkbox"/> | <input type="checkbox"/> | Low | <p>There is a potential risk of breakdown in service users' mental health as a result in change of support provider and/or service location. This will be mitigated to reduce/eliminate negative impacts through the following actions:</p> <p>1) 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. We will work with the current and a new service provider (if applicable) and community mental health teams to ensure residents are supported throughout the procurement process and particularly leading up to and immediately following the transition to new service. Robust transition plans would be devised with each</p> |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|--------------------------|-----------------|----------------|-----------------|---|
| | | | | <p>resident and carefully monitored. The transition to a new service would be carried out in conjunction with service users, carers, and family members (where appropriate).</p> <ol style="list-style-type: none"> 2) Ensure appropriate and timely communications and engagement with residents, and their families. 3) A robust process and methodology will be in place for evaluating and assessing tender submissions, to ensure the provider meets quality requirements. 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. 4) Commissioners will also undertake engagement activity with residents and their families pre-tender to provide an opportunity for them to have an input into the service specification and ensure we are fully meeting resident need. |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|---|-------------------------------------|--------------------------|-----------------|--|
| Race or ethnicity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | The new service will engage with people from all ethnic backgrounds through personalised approaches to care and support. As an expectation of the service specification, the provider will have training plans around cultural awareness to ensure personalised approaches to care and support are culturally appropriate. |
| Religion or belief (include no faith) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | The new service will engage with people from all religions through personalised approaches. Residents will be supported to observe and practice their faith, and participate in their faith community, where that is their choice/is applicable. |
| Gender and gender reassignment (male, female or non-binary) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | People that have experienced gender reassignment experience poorer mental health outcomes. Commissioning will ensure the service has training plans around tailored support to different groups, including gender reassignment. |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|--------------------------|-----------------|----------------|-----------------|---|
| | | | | <p>Men are higher users of inpatient and crisis care and less likely to seek preventative support. They are also more likely to experience homelessness and use mental health accommodation services. This is reflected in wider accommodation pathway demographics data; the majority of service users in the mental health accommodation pathway are currently male (73%). This is also reflected in the demand for specialist residential care beds for needs related to alcohol use and Serious Mental Illness, where number of referrals is predominantly for older adult males.</p> <p>This service is specifically for older male residents 45 years+ with complex needs related to severe and enduring mental illness, alcohol use, and often a significant history of homelessness. The re-procurement and expansion of the service to include additional residential care beds in-borough, will have a positive impact on meeting the needs</p> |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|----------------------------|-------------------------------------|-------------------------------------|-----------------|--|
| | | | | <p>of this cohort, in-line with known prevalence rates noted above.</p> <p>In 2021/22 the council also increased the number of beds providing specialist mental health residential care in the borough. This included mixed-gender provision and a specific female-only unit within one of the care homes. The new service specifications for these services included specific requirements around providing a tailored approach to meeting women's needs, ensuring women feel supported and safe within their accommodation</p> |
| Maternity or pregnancy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A | Residents will be supported to maintain important relationships, through a close partnership approach with, and inclusion of, families, where this is the individual's wish. This could include women and people who are pregnant and working parents under this characteristic. |
| Sex and Sexual Orientation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | LGBTQ people experience poorer mental health outcomes compared to the general population. |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|-------------------------------|--------------------------|-------------------------------------|-----------------|---|
| | | | | <p>The service provider will support residents who are LBGT+ by working with both staff and other residents to foster a culture of dignity and respect, enabling residents to feel safe and secure. This includes a zero-tolerance approach to bullying and harassment.</p> <p>Key community providers, such as Islington Mind have developed strong links with LGBTQ communities to ensure that they can meet this need. The residential care service provider will develop stronger links between these services and LGBTQ organisations, such as the London Friend and Opening Doors London, to share learning and better understand needs of this group, as well as support residents to link with local LGBTQ networks/services based on individual need/wishes.</p> |
| Marriage or Civil Partnership | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A | The service will support people to maintain important relationships, through a close |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|---|-------------------------------------|--------------------------|-----------------|---|
| | | | | partnership approach with, and inclusion of, families, where this is the individual's wish. |
| Other (e.g. people living in poverty, looked after children, people who are homeless or refugees) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | <p>The service will provide residential care home provision for older men with complex needs related to a significant history of alcohol misuse, homelessness, and serious mental illness. The new service will help people lead healthier, fulfilling lives in the community, reducing social isolation and maximising life opportunities and independence.</p> <p>In the tender 20% of the award criteria will be allocated to social value for the new contract. Providers will be asked to identify additional opportunities for social value to the community that will be undertaken as part of the new contract. This will provide a range of benefits for the borough including, but not exclusively:</p> |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|--------------------------|-----------------|----------------|-----------------|--|
| | | | | <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 |

| Protected characteristic | Positive impact | Neutral impact | Negative impact | Description of the impact (if applicable) |
|--------------------------|-----------------|----------------|-----------------|---|
| | | | | waste, use of sustainable resources, and limiting energy consumption. |

How do you plan to mitigate negative impacts?

Where there are disproportionate impacts on groups with protected characteristics, please outline:

- The other options that were explored before deciding on this proposal and why they were not pursued
- Action that is being taken to mitigate the negative impacts

There is a potential risk of breakdown in service users' mental health in the event of a change of support provider and/or service location. The likelihood of this risk is low and the negative impact on service users is low, following the implantation of mitigating actions. This risk will be mitigated to reduce/eliminate negative impacts through the following actions:

| Action | Lead | Deadline | Comments |
|--|--|--|--|
| <p>Commissioners will work with the current and a new service provider (if applicable) and community mental health teams to ensure residents are supported throughout the procurement process and particularly leading up to and immediately following the transition to new service.</p> <p>Robust transition plans devised with each resident and carefully monitored. The transition to a new service would be carried out in conjunction with service users, carers, and family members (where appropriate).</p> | Senior Mental Health Commissioning Manager, Service providers and NHS Community Rehab Team | <p>July 2022 – March 2023</p> <p>January -March 2023</p> | Pre-procurement, throughout procurement process and as part of mobilisation of the new contract. |
| Ensure appropriate and timely communications and engagement with residents, and their families. | Senior Mental Health Commissioning Manager | July 2022 – March 2023 | Pre-procurement, throughout procurement process and as part of mobilisation of the new contract. |
| A robust process and methodology will be in place for evaluating and assessing tender submissions, to | Senior Mental Health Commissioning Manager | October 2022 | |

| Action | Lead | Deadline | Comments |
|--|--|--|----------|
| ensure the provider meets quality requirements. | | | |
| Robust implementation of new contracts, including regular implementation meetings with providers that are minuted, monitoring progress against the service implementation plan and monitoring risks and mitigation using an implementation risks and issues log. | Mental Health Commissioner, Contracts Team, and service provider | Implementation of new service January - March 2023 | |
| Engagement activity (resident meeting/survey questions) with residents and their families pre-tender to provide an opportunity for them to have an input into the service specification and ensure we are fully meeting resident need. | Senior Mental Health Commissioning Manager | August 2022 | |

| Screening Decision | Outcome |
|--|---------|
| Neutral or Positive – no full EQIA needed*. | Yes |
| Negative – Low Impact – full EQIA at the service director’s discretion*. | No |
| Negative – Medium or High Impact – must complete a full EQIA. | No |
| Is a full EQIA required? Service decision: | No |
| Is a full EQIA required? Fairness and Equality recommendation: | No |

* If a full EQIA is not required, you are still legally required to monitor and review the proposed changes after implementation to check they work as planned and to screen for unexpected equality impacts.

Please send this completed EQIA Screening Tool to equalities@islington.gov.uk for quality checking by the Fairness and Equality Team.