

**Report of: Executive Member for Health and Social Care**

<b>Meeting of:</b>	<b>Date:</b>	<b>Ward(s):</b>
<b>Executive</b>	<b>24 March 2022</b>	<b>All</b>

<b>Delete as appropriate</b>		Non-exempt
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**SUBJECT: Procurement Strategy for Integrated Community Equipment Service (ICES)****1. Synopsis**

- 1.1 This report seeks pre-tender approval for the procurement strategy in respect of Integrated Community Equipment Service (ICES) in accordance with Rule 2.7 of the Council's Procurement Rules.
- 1.2 The Integrated Community Equipment Service (ICES) facilitates the provision of equipment to enable someone to live safely and independently in their own home. This could be a simple aid such as a walking stick or raised toilet seat or more complex equipment like beds and hoists.

**2. Recommendations**

- 2.1 To approve the procurement strategy for Integrated Community Equipment Service (ICES) as outlined in this report.
- 2.2 To delegate authority to award the contract to the Director of Adult Social Care following consultation with the Executive Member for Adult Social Care.

**3. Background**

- 3.1 Nature of the service

ICES is a key health and social care service which plays an important preventative role and reduces pressure on other parts of the system. It supports the broader vision across health and social care (and Fairer Together Borough Partnership) of early intervention, building resilience, and improving independence. Simple aids can provide a one-time intervention to support residents with low needs that prevents them from requiring any further support. More complex equipment allows residents with higher needs to stay in their own home, gain independence and reduce the need for larger care packages.

The provision of community equipment enables the Council and the CCG to meet the needs of residents under a range of legislation including the Care Act 2014, the Children Act 1989 and the NHS Act 2003. The outcomes delivered by the service include:

- supporting people to remain living at home for as long as possible;
- reducing unscheduled hospital admissions;
- facilitating hospital discharges and reducing the length of stay in hospitals;
- reducing care costs by avoiding or delaying admissions to residential care and the need for paid carers;
- promoting independence, safety, social inclusion, quality of life and improved end of life care.

The current contract expires 30 March 2023. The contract is procured through the London Community Equipment Consortium, a Pan-London Consortium, led by the Royal Borough of Kensington and Chelsea, consisting of 21 London Boroughs. The London Community Equipment Consortium (also referred to as the Consortium) is preparing to retender the framework.

Islington commissioners are actively involved in the consortium; have fed into in-contract service improvements and preparatory re-procurement work, facilitated prescriber and resident engagement at a local level on behalf of the Consortium and worked closely with Consortium member boroughs to define key requirements for the next procurement, whilst also exploring alternative ways of providing an ICES.

### 3.2 Estimated Value

ICES is funded through a section 75 agreement between Islington Council, Whittington Health and North Central London Clinical Commissioning Group a pooled budget arrangement split 30% Whittington Health, 30% NCL CCG and 40% Islington Council. Therefore this procurement strategy benefits not only the council but our community health partners too.

The pooled budget was recently reconfigured. Previously it was between Islington Council and Whittington Health only, with both contributing £450,000 each. The council also funded approximately £645,000 from an aids and adaptations budget outside the pool. The budget has been extended to North Central London Clinical Commissioning Group to further align budget contributors to actual spend. The new section 75 arrangements was agreed at Executive Meeting of 13 January 2022.

The current annual pooled budget is £1,545,000 (£618,000 Islington spend), the new Consortium framework agreement is proposed for five years plus up to two years extension (subject to performance and discretion). Total value of the procurement would be £10,815,000 (£4,326,000 London Borough of Islington spend).

Spend on this service is demand led so the budget is determined by activity and by prescriber behaviour. Islington’s ordering system is organised to ensure oversight and control over spend. Practitioners only have access to equipment and delivery speeds appropriate to their role and management authorisation is required. In addition, equipment over £500 requires further sign off and clinical reasoning. The ICES board which includes operational and strategic representatives from Islington Council, Whittington Health and NCL CCG was set up in part to monitor spend and implement efficiencies where possible. As this is a preventative service designed to maximise independence and residents ability to live in their own home, spend on equipment reduces demand on more high cost parts of the system, such as residential care. The Consortium and Islington ICES Board will continue to identify efficiencies that do not compromise access to, and quality of, timely community equipment for residents.

### 3.3 Timetable

The below table sets out key dates for the Consortium and internal actions.

<b>Task</b>	<b>Date</b>
Preparation of Tender Docs	Nov 2021 – Feb 2022
Issue Tender (6 weeks)	March 2022
Tender Return Deadline	April 2022
Evaluation/ Moderation/ Interviews/ Recommendations	April 2022
Report Preparation and Consultation	May 2022
Award Approval	June 2022
Standstill and Consortium Governance	July 2022
LBI ICES Award report sign off	July 2022
Agree LBI call off contract with successful provider	August 2022
Mobilisation (8 months and 7 months)	Sept 2022 – March 2023
Start new contract	1 April 2023

The options for re-procuring the service have been discussed at the ICES board with partners. The board’s view was that remaining within the Consortium would be the best option for re-procuring the service. The key reasons cited were the positive experiences with the Consortium and the risk to service delivery/continuity should the delivery model be changed. As part of the Consortium’s preparations to retender, surveys have been undertaken with residents and prescribers to inform the new service, the commissioning team have supported this in Islington.

### 3.4 Options appraisal

The Community Equipment market is limited, it is dominated by three large, private companies. General intelligence suggests all three companies provide similar service and performance.

In terms of alternative provision, Croydon Council have set up a limited company that provides the full service (equipment purchase and delivery) for Croydon, Merton and Sutton. They also provide an equipment procurement only service, to a range of boroughs both in London and across England including Essex, Dudley and the Isle of Wight. Enfield Council deliver their service in-house.

The below section provides an appraisal of the options available and a decision matrix in way of an overview.

Key Considerations	Options		
	1. Insource the service or deliver service in partnership with another borough's existing in-house service	2. Independent Open tender or Join Barnet/Brent	3. Remain with the London Community Equipment Consortium and join the planned re-procurement
Possible within current resources (Operations and commissioning)	No	Partially	Yes
Possible within current infrastructure (e.g. warehouse, ordering system etc.)	No	Yes	Yes
Value for Money i.e. economies of scale	No	Yes	Yes
Pooled expertise of delivering service	Partially	Partially	Yes
Possible within budget envelope	No	Yes	Yes
Promotes inclusive economy and social value priorities e.g.	Yes	Partially	Yes
Service development e.g. 7 day service, next day delivery	Partially	Partially	Yes
	<b>Not recommended</b>	<b>Not recommended</b>	<b>Recommended</b>

## **1 - Insource the service or deliver service in partnership with an existing in-house service in another borough. (not recommended)**

The option to insource the service has been assessed through engagement with boroughs who have existing in-house arrangements (Croydon and Enfield). These discussions have been in partnership with Camden, because if the Council were to insource the service it may be more viable to do this in partnership with another borough.

Discussions have also taken place with Enfield to determine if their in-house service could be extended to Islington or Camden and Islington. Unfortunately Croydon have advised they would not be able to provide their full service to Islington and Camden but there is the option of utilising Croydon's procurement only service in this partnership.

### Benefits

Islington Council has committed to insourcing services wherever possible.

Delivering an in-house service would offer some opportunities to provide benefits to the borough, such as good employment for local residents and commitment to sustainability and the local economy. However the Consortium have committed to increase the social value weighting for the new tender and, the market has recently developed strongly in line with increasing social value, therefore similar benefits could be achieved through a tendered service.

An in-house service would be more flexible to respond to changing needs or requirements during the life of the contract. While change has been possible in the current Consortium contract in some instances, it takes more negotiation and time for agreement both across the Consortium and with the provider.

Bringing the service in-house may provide opportunities to integrate within our existing services, the new Assisted Technology provision may be particularly relevant, which may result in service improvements and efficiencies.

### Drawbacks

It is generally agreed that delivering a community equipment service in-house would be significantly more expensive even if it was in partnership with one or more other boroughs. Camden has estimated an in-house ICES would cost £2.6m annually (excluding set up costs), 36% more than the current cost. Camden have robustly cost modelled this figure on actual spends by Enfield and Croydon. The increase costs relates to loss of economies of scale from moving from a 21 borough to a single borough service also in addition to increased staffing costs. Based on Camden's detailed costings this would increase Islington's budget to £2,101,200; increasing LBI's contributions by £222,480 to £840,480 and CCG and Whittington Health's contributions by £166,860 to £630,360 each.

There would also be significant start-up costs to establish an in-house service, including warehouse set up, purchase of initial stock, IT systems, vehicles and staff training and recruitment.

Partnering with an existing in-house service may produce some economies of scale, however the majority of set up costs would still apply. Although Enfield have shown interest in exploring a partnership further, a lot of additional work would be required by the Council to provide the information Enfield would need to cost the option, e.g. vehicles required, storage space required. It is likely that a satellite warehouse would need to be found to store and clean equipment in or near borough, which would be both difficult to find and expensive to obtain given the property market in Islington and neighbouring boroughs. There is a significant risk that Enfield will not be able to meet our needs and mobilise our large service requirements.

Although Assisted Technology service may have some similarities, the council does not have any expertise in delivering a community equipment or logistics service and the TUPE of current staff is not guaranteed as the current provider services 21 boroughs. There are also concerns regarding the infrastructure and facilities to run this type of service. Working with an existing service may mitigate some concerns around expertise, but a Local Authority partnership will involve lengthy internal Council processes and governance for two or three boroughs which would impact being able to deliver to our required timescales.

As noted above, ICES is an important prevention and early intervention service which has a key role in supporting hospital discharges. We cannot be assured that an in-house service (either solely LBI run or in partnership) would be able to meet all demands and it is likely that there would be a drop in performance and capacity through the transition phase and potentially longer term. This may create significant disruption to hospital discharge leading to delays which impact on ability of the hospital to admit patients. Our local health partners contributing 60% of the funding are unlikely to agree to this option due to this risk.

## **2 - Independent Open tender or Join Barnet/Brent Framework (not recommended)**

The Council could undertake its own procurement for a community equipment service.

Alternatively Barnet and Brent left the Consortium before the recommissioning of the current contract and have commissioned their own framework, for the last five years. Discussions have taken place as to whether Islington (and Camden) might be able to use this framework.

### Benefits

This would allow the Council to tailor the requirements to local needs and utilise a bespoke specification and contract terms. However we have opportunities to influence this via our membership of the Consortium.

Likewise joining an alternative (smaller) framework might afford some of the flexibility and control gained by carrying out our own procurement exercise while still gaining the efficiencies of working with other boroughs.

### Drawbacks

There would be a huge reduction in buying power, moving from a 21 to 1 or 3 borough contract. Running a commissioning exercise would require staff and financial resources, currently the consortium costs us £12,000 for all commissioning, monitoring and due diligence through the procurement exercise. As it is a limited market, it is likely that the successful provider would be one of the three large market leaders.

There would also be an increase in demand on staff resource to manage the service once commissioned as the Consortium undertake the majority of the contract management role currently.

Although there would be some economies of scale from joining the Barnet/Brent framework, no other framework can match the size of the Consortium and there are effective working relationship with the Consortium that it may not be possible to replicate elsewhere. There is no guarantee that it will be a better service and there would be substantial risk due to transitioning to a new service.

## **3 - Remain with the London Community Equipment Consortium and join the planned re-procurement. (Recommendation)**

### Benefits

Re-procuring as part of the London Consortium will reduce disruption to service which will support practitioners and key health and social care pathways and prevent any negative impact on residents. Staying with the Consortium will ensure value for money due to the economies of scale achieved through working with 20 other boroughs. The London Consortium has negotiated a lot of improvements to the contract which will be carried on through the re-procurement.

Remaining with the Consortium will allow Islington to benefit from their improved management practices. Islington will benefit from the Consortium's shared expertise and knowledge to drive forward improvements and efficiencies. The Consortium management are committed to innovation and have proposed some dynamic improvement for the new tender that include:

- Seven day working including evening and out of hours cover

- Improved, fit for purpose delivery speed options
- Improved, Local Authority driven, tailored IT system to support service delivery and reporting
- More robust targets around recycling and re-using of equipment
- Provision to move to electric fleet over the life of the contract

The Consortium have confirmed an increased commitment to social value and London living wage for the upcoming procurement. They are also consulting the market on options to split the service into Lots to make the tender more accessible to smaller organisations.

### Drawbacks

Commissioning a service through a Consortium framework reduces Islington's control and influence on how the service is run and makes enacting change more complicated due to the number of boroughs needing to agree. This will sometimes mean compromise will have to be reached which may not fully align with our priorities, though we have recently had significant success with this regard. Innovation may be compromised to meet the varied needs of the member boroughs.

## 3.5 Key Considerations

ICES allows health and social care colleagues to prescribe equipment to the benefit of Islington residents and the wider system; discontinuing the service could impact the support provided to residents resulting in larger care packages, increased need for residential care and delay to hospital discharges. Additionally as noted above, ICES allows the Council and the CCG to meet their statutory requirements.

Commissioning with the Consortium ensures value for money due to the economies of scale achieved through working with 20 other boroughs. The Consortium management committee take on contract management functions on behalf of the member boroughs, which reduces the need for additional council staffing resource.

Furthermore, the Consortium have identified a number of improvements, detailed below, for the new service which Islington will be able to benefit from by participating in the tender.

### A seven-day delivery model to better support hospital discharge.

There is continued pressure on hospital discharges especially from A&E departments as a number of acute hospitals are trying to discharge patients within a four-hour window. During the Covid-19 pandemic, there was little demand for seven day working but a desire to move to six day working instead with the ability to flex the service to seven day working if required to meet emergency requirements. The new service would therefore move to a six-day standard service (8am to 8pm), with the potential for seven-day working as required without a significant increase in activity charges.

### Simplified delivery speeds to improve planning and efficiency

At present there are over 30 different delivery speeds each with a different tariff, of which Islington use 15. It is planned that a simpler tariff would be introduced with far fewer speeds and the right speeds to reduce the requirement for prescribers to use more costly emergency speeds. This logic has been explored through a next day pilot which has been successfully undertaken in Greenwich and Waltham Forest and will be starting in Islington in Spring 2022.

### Improved IT systems

This would ensure a better customer experience for both service users and prescribers across health and social care.

### Improved social value

A number of social value outcomes have been identified across the Consortium members that would be built into the new contract to ensure wider benefits to residents. Firstly, there would be a requirement to support improved air quality by switching to an electric fleet over the life of the contract. Secondly, bidders would be incentivised to support a reduction in loneliness and improved resident well-being through initiatives such as Making Every Contact Count. Finally, as identified by residents, there are improvements that can be made to the recycling and re-use of equipment, and by improving how the provider procures equipment to increase sustainability and reduce environmental impact. Targets would be developed in these areas.

Once the contract is awarded the commissioning team will support the new provider to recruit staff from Islington and other neighbouring London boroughs to their local depot services.

### Greater service user engagement

The new contract would require greater levels of engagement with service users and their families to ensure timely feedback of any concerns as well as regular service developments to improve overall quality.

As the service is run through a framework, where we only pay for the provision we use, there may also be scope for using alternative provision to be used along the main framework. This could allow insourcing or VSCE options to be tested should these options be deemed viable in the future.

London Living Wage will apply to this contract.

TUPE will apply to this contract, leading authority Kensington and Chelsea is seeking expert advice to support the process.

## 3.6 Evaluation

The re-procurement will be conducted in two stages, known as the Restricted Procedure as the tender is 'restricted' to a limited number of organisations. The first stage is Selection Criteria through a Selection Questionnaire (SQ) which establishes whether an organisation meets the financial requirements, is competent and capable and has the necessary resources to carry out the contract. The SQ is backwards looking and explores how the organisation has performed to date, its financial standing, information about their history and experience.

A limited or 'restricted' number of these organisations meeting the SQ requirements as specified in the advertisement are then invited to tender (ITT). The second stage is the ITT which is forwards-looking using Award Criteria. Tenders are evaluated on the basis of the tenderers' price and ability to deliver the contract works or services as set out in the award criteria in order to determine the most economically advantageous offer.

The tender award criteria has been developed with engagement across the consortium. As the Consortium includes 21 boroughs with different priorities, the evaluation criteria need to be agreed across all boroughs. The proposed outline criteria are set out below:



<b>Tender award criteria</b>	<b>Weighting (%)</b>
Price	40%
Quality	60%
• Delivery	20%
• Performance Management	15%
• Resourcing and Workforce	15%
• Social Value	10%

This is subject to Kensington and Chelsea’s governance processes and Consortium agreement.

### 3.7 Business Risks

#### Risks

There are global supply issues which are increasing import and manufacturing costs and mean some items of equipment are not available when required. To mitigate this, the Consortium are engaging directly with manufacturers to identify issues early and to find alternative products.

Should the incumbent provider be unsuccessful with their bid, transferring to a new provider could cause operational difficulties and disrupt the continuity of the service for residents and acute services. For example, the current IT system is owned by the current provider so should the contract be awarded to a new provider, all consortium boroughs could be required to transition to a new ordering system. The Consortium have programmed in a 7/8 month mobilisation period to mitigate these risks and will take a project management approach to implementing the new contract.

#### Opportunities

In addition to the opportunities noted in 3.4 and 3.5, the new contract will seek to improve value for money, the main gains would most likely be in the logistics costs (i.e. delivery, collection, repairs). Around 65% of equipment expenditure is the cost price of the actual equipment which is driven by the manufacturers and supply chain. Across the Consortium there is an equipment review group that regularly reviews items to find more cost effective alternatives. This would continue in the new contract and in addition the Consortium will develop more direct relationships with manufacturers to use the consortium’s significant buying power to drive down costs and look for more cost effective equipment designs.

The new contract will also allow Islington to benefit from the Consortium’s expertise and best practice. There are internal improvements which could be made to how Islington’s community equipment service is managed that would make the service more effective and benefits from shared learning from other boroughs can be achieved in this regard by participation in the Consortium. The Consortium has appointed an Occupational Therapist as a clinical lead to support contract managers and prescribers with clinical reasoning and ordering behaviour. Islington commissioning team have met with her once to discuss how we could improve our equipment catalogue and are planning to arrange further sessions with her and our prescribers.

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 by the Executive in accordance with rule 2.8 of the Procurement Rules:

<b>Relevant information</b>	<b>Information/section in report</b>	
1 Nature of the service	<p>The Integrated Community Equipment Service (ICES) facilitates the provision of equipment to enable someone to live safely and independently in their own home. This could be a simple aid such as a walking stick or raised toilet seat or more complex equipment like beds and hoists.</p> <p>See paragraph 1.2</p>	
2 Estimated value	<p>The estimated value per year is £1,545,000 (£618,000 LBI spend)</p> <p>The agreement is proposed to run for a period of five years with an optional extension of two years.</p> <p>See paragraph 3.2</p>	
3 Timetable	<b>Task</b>	<b>Date</b>
	Issue Tender (6 weeks)	March 2022
	Tender Return Deadline	April 2022
	Evaluation/ Moderation/ Interviews/ Recommendations	April 2022
	Report Preparation and Consultation	May 2022
	Award Approval	June 2022
	LBI ICES Award report sign off	July 2022
	Agree LBI call off contract with successful provider	August 2022
	Mobilisation (8 months and 7 months)	Sept 2022 – March 2023
	Start new contract	1 April 2023
	See paragraph 3.3	
4 Options appraisal for tender procedure including consideration of collaboration opportunities	<p>Recommendation is to remain with the London Equipment Consortium and participate in their upcoming tender.</p> <p>See paragraph 3.4</p>	
5 Consideration of: Social benefit clauses;	See paragraph 3.5	

London Living Wage; Best value; TUPE, pensions and other staffing implications													
6 Award criteria	<table> <tr> <td>Price</td> <td>40%</td> </tr> <tr> <td>Quality</td> <td>60%</td> </tr> <tr> <td>    • Delivery</td> <td>20%</td> </tr> <tr> <td>    • Performance Management</td> <td>15%</td> </tr> <tr> <td>    • Resourcing and Workforce</td> <td>15%</td> </tr> <tr> <td>    • Social Value</td> <td>10%</td> </tr> </table> <p>See paragraph 3.6</p>	Price	40%	Quality	60%	• Delivery	20%	• Performance Management	15%	• Resourcing and Workforce	15%	• Social Value	10%
Price	40%												
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• Delivery	20%												
• Performance Management	15%												
• Resourcing and Workforce	15%												
• Social Value	10%												
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:

The Integrated Community Equipment Service (ICES) budget sits within the Adult Social Care Base Budget. The gross expenditure budget for this service for 2021/22 is £1,545,000. ICES is funded through a Section 75 agreement between London Borough of Islington (LBI), Whittington Health and North Central London Clinical Commissioning Group (NCL CCG). The split of the pooled budget arrangement is outlined in the below table.

ICES Pool 2021-22	Budget	Contribution
<b>NCL CCG</b>	£463,500	30%
<b>Whittington</b>	£463,500	30%
<b>LBI</b>	£618,000	40%
<b>Total Budget</b>	<b>£1,545,000</b>	<b>100%</b>

The proposed cost of this new contract will be £1,545,000 per annum. This is a continuation of the current cost and therefore does not create a budgetary pressure on the Adult Social Care budget.

The length of the contract is five years with an optional extension of two years. The estimated total cost of the contract over the maximum seven-year period for Islington Council will be £4,326,000.

Any overspends or underspends will be split in line with the pool budget contributions in the table above. Currently the council's share of ICES pool budget overspend (£0.200m of the projected overspend of £0.400m) is managed within existing resources, however any increase in the overspend will require identification of management actions.

Payment of London Living Wage is a requirement of the contract and should not result in any additional costs.

Implications provided by: Zoe Henney (Principal Accountant) 10/01/2022

#### **4.2 Legal Implications:**

The proposed contract for provision of community equipment enables the council to meet the needs of residents pursuant to its statutory duties under a range of legislation including the Care Act 2014, the Children Act 1989 and the NHS Act 2003.

The length of the contract is five years with an optional extension of two years. The proposed cost of this new contract will be £1,545,000 per annum. The estimated total cost of the contract over the maximum seven-year period for Islington Council will be £4,326,000.

The council has power to enter into the proposed contract, *inter alia* under section 1 of the Local Government (Contracts) Act 1997.

The estimated value of the proposed contract exceeds the 2022 financial threshold (£663,540 including VAT) for Light Touch Services for the full application of the Public Contracts Regulations 2015. Contracts above this threshold must be procured with advertisement in the Find A Tender service and in full compliance with the Regulations.

The council's Procurement Rules also require contracts of this value to be subject to competitive tender. The proposed procurement strategy, to advertise a call for competition and procure the service using the restricted tender process, is in compliance with the principles underpinning the Regulations and the council's Procurement Rules.

The contract will be procured through the London Community Equipment Consortium, a Pan-London Consortium, led by the Royal Borough of Kensington and Chelsea, consisting of 21 London Boroughs. The London Community Equipment Consortium is preparing to retender the framework – a public advertisement through Find A Tender service will be required.

The Executive of the council may delegate authority to award the contract to the Corporate Director of Adult Social Care following consultation with the Executive Member for Adult Social Care. 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:**

An Environmental Impact assessment has been completed on 11 January 2022 (see Appendix 2)

#### **4.4 Equality Impact Assessment:**

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.

An EQIA screening tool has been completed and signed off (Appendix 1). As this is a reprocurement of an existing service a full EQIA will not be required.

## 5. Reason for recommendations

5.1 Following a robust appraisal of the options available for Islington to have access to a community equipment service, the recommendation is option 3 to remain a member borough of the London Equipment Consortium and participating in the forthcoming re-procurement. It will ensure the best service for residents and for the Islington funding partners. As noted above, this does not preclude Islington from continuing to explore alternative provision alongside this procurement.

### Appendices

Appendix 1 – EQIA (Screening Tool)

Appendix 2 - EIA

Final report clearance:

### Signed by:



11 March 2022

Executive Member for Health and Social Care

Date

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