



Cabinet

25 July 2016

Report from the Strategic Director of Community and Wellbeing

For Action

Wards Affected:
[ALL]

Authority to Award a Contract for Accommodation Based Mental Health Support

Appendix 1A and Appendix 1B are “Not for Publication”

1. Summary

- 1.1. In accordance with Contract Standing Orders 88 and 89, this report requests Cabinet approval to award two contracts for Accommodation Based Mental Health (ABMH) services to support people who have mental health needs and are in recovery.
- 1.2. This report provides further detail of the of the services, the procurement process followed and provides a recommendation of who the contracts should be awarded to as determined through the evaluation process.

2. Recommendations

- 2.1. That Cabinet approve the award of Contract 1, an Accommodation Based Mental Health contract to support people with mental health needs as detailed in paragraph 3.2.a to Look Ahead Care and Support for a term of one year with option to extend by up to 2 successive one year periods.
- 2.2. That Cabinet approve the award of Contract 2, an Accommodation Based Mental Health contract to support people with mental health needs as detailed in paragraph 3.2.b to Metropolitan Housing Trust for a term of one year with option to extend by up to 2 successive one year periods.

3. Background

- 3.1. On 21st September 2015 authority was granted by members to procure two contracts for ABMH services for individuals with medium to high mental health support needs.
- 3.2. Members agreed for these contracts to be procured based on their specialisms, namely:
 - a. Contract 1 for Location 1 (Pound Lane): a contract to support up to 8 individuals who have high to medium mental health needs and may also have support needs with drug and alcohol misuse.
 - b. Contract 2 for Location 2 (Essex Road) and Location 3 (The Mall) – a contract to support up to 13 individuals in 2 locations who have high to medium mental health needs and may also have support needs related to paranoid schizophrenia and anxiety.

4. The Services to be awarded

- 4.1 The services enable the provision of short term settled accommodation for individuals with severe and enduring mental health conditions to work towards further recovery following hospital admission and/or an acute episode of mental health crisis or relapse, towards the goals of living more independently with stable mental health, meaningful occupation/employment and reduced reliance on statutory services.
- 4.2 These services have traditionally worked on the premise of a reablement ethos with the intention of supporting people to move on to more independent living. Commissioners have sought to strengthen this ethos through a service specification which includes explicit quality standards and outcomes measures to ensure the key objectives fully embed the Care Act 2014, and commence the move to a more rigorous outcomes-based approach to care delivery.
- 4.3 The proposed service providers will be required to deliver the following:
 - 4.3.1 Provide 24 hour onsite social care and support according to service users' needs and care and support plans at Pound Lane and Essex Road, and 8 hours per day staff support at The Mall. The Mall will be supported at night remotely by on-call support and staff at Location 2 as required.
 - 4.3.2 Create an environment that meets individual needs in the least restrictive way, supporting choice and control in line with the Recovery model of care and actively contribute to the health, wellbeing, and independence of each individual supported in the service.
 - 4.3.3 Support service users to move through the recovery pathway and work with them to find, and move into settled

accommodation with less support, aligned with their support plan and self-defined goals.

4.3.4 Work with all stakeholders to embed the key elements of the pathway and align this with the health agenda 'Shifting Settings of Care' to ensure there is a single approach to recovery, supporting individuals with a severe and enduring mental health conditions to lead independent lives in the community and reduce the use of institutional care.

4.3.5 Comply with all relevant regulatory and legislative requirements, including Health and Social Care Act 2008, RIDDOR regulations 2013, Mental Health Act 1983, and The Care Act 2015.

5.0 The Tender Process

5.1 In accordance with the September 2015 report, a Restricted or two stage tender process was initiated in February 2016 when the procurement was advertised with a Contract Notice being placed in the Official Journal of the European Union (OJEU) seeking expressions of interest.

5.2 The advert closed on the 22nd March 2016 with each organisation expressing an interest being sent a Pre-Qualification Questionnaire (PQQ). 16 organisations submitted a PQQ response.

5.3 In accordance with the evaluation process described below, each PQQ entered a three stage assessment with the final stage being reviewed by panel members represented by Brent:

Pre-Qualification Stage- Evaluation Process

5.4 The PQQ assessment followed a three stage process as follows:

Stage 1: Submission on Time

5.4.1 All bidders submitting a PQQ passed this stage and moved to the stage 2 assessment.

Stage 2 - Mandatory and Discretionary evaluation:

5.4.2 This assessment related to a check on the bidders committing any criminal offences such as bribery, corruption, not paying tax or social security contributions and any professional misconduct. All bidders passed and moved onto stage 3 of the evaluation.

Stage 3 - Final evaluation:

- 5.4.3 20 questions were then evaluated by applying a pass/fail approach. A further 8 questions, which had a collective quality score of 100%, were also evaluated using a 0 (limited) to 4 (superior) scoring method. Bidders were informed that they would not be invited to tender if they received 4 fails for any of the pass/fail questions, a 0 for any of the 8 scored questions, and/or scored less than 50% of the total 100% quality score.
- 5.4.4 As shown in the following table, 13 of the 16 bidders passed the final PQQ evaluation (the names of the bidders are contained within Appendix 1A) and were invited to tender.

BIDDER REF	PANEL SCORE (less than 50% = fail)	Number of 0 scores (if 4+ = fail)	Number of 1 scores (if 2+ = fail)	Final OUTCOME
1	64%	0	0	PASS
2	33%	0	0	FAIL
3	78%	0	0	PASS
4	76%	0	0	PASS
5	69%	0	0	PASS
6	70%	0	0	PASS
7	75%	0	0	PASS
8	44%	0	0	FAIL
9	71%	0	0	PASS
10	49%	0	0	FAIL
11	66%	0	0	PASS
12	74%	0	0	PASS
13	75%	0	0	PASS
14	69%	0	0	PASS
15	71%	0	0	PASS
16	70%	0	0	PASS

The Invitation to Tender Stage-Evaluation Process

5.5 On 13th April 2016 the 13 bidders who had passed the PQQ stage were invited to tender for both contracts. Of the 13 bidders invited to tender, 7 tender responses were received for Contract 1 and 9 tender responses were received for Contract 2. The bidder names and references are contained within Appendix 1B.

5.6 The tender assessment also followed a three stage process.

Stage 1 - Submission on time:

- 5.6.1 All bidders submitting an ITT passed this stage and moved to the stage 2 assessment.

Stage 2 - Method Statement Questions and Price Evaluation:

- 5.6.2 **Quality:** Bidders were evaluated against method statement answers which had a total weighting of 40%. The Method Statements questions are detailed at Appendix 2 and these looked at different elements of the quality criteria approved by members as detailed in Appendix 3. The same set of questions were used for both Contract 1 and Contract 2. Representatives from Brent Council and CNWL scored each response applying the same 0 to 4 approach used at the PQQ stage. At this stage bidders were informed they would not be considered if they scored 0 for any quality answer, scored 1 for 5 answers and/or scored less than 20% of the overall quality score. All bidders passed the quality stage.
- 5.6.3 **Cost:** Price consisted of 60% of the evaluation weightings. The evaluation process ranked bidders against the lowest price. Bidders submitted pricing information separately for each Contract and had the option of only bidding on one Contract should they choose to.

Stage 3 – Ranking and Award of the Contract:

- 5.6.4 At this stage the bidders cost and quality scores were combined per Contract and ranked, with the highest scoring bidder for each contract recommended for award.
- 5.7 Appendix 2 contains the scoring details for the ITT evaluation.
- 5.8 2 of the 6 bidders for Contract 1 submitted a tender which proposed inadequate staffing levels for the service which did not meet the specification and as such could not be considered for award of the contract.
- 5.9 1 of the 9 bidders for Contract 2 submitted a tender which proposed inadequate staffing for the service and as such could not be considered for the award of the contract.
- 5.10 The outcome of the tender scoring for Contract 1 is that Look Ahead Care and Support of Kings Building, 16 Smith Square, London, SW1P 3HQ received the highest overall combined cost and quality score and is therefore recommended for award of this contract.
- 5.11 The outcome of the tender scoring for Contract 2 is that Metropolitan Housing Trust, of The Grange, 100 High Street, Southgate London N14 6PW received the highest overall combined cost and quality score and is therefore recommended for award of this contract.

6.0 Financial Implications

6.1 The Council's Contract Standing Orders state that contracts for supplies, services and works exceeding £500,000 shall be referred to the Cabinet for approval of the award of the contract.

6.2 The cost of these two contracts based upon the pricing submission received for a possible 3 year term is £1.44m.

	Units	Cost per unit per week (£)	Cost per annum (£)	Cost of contract -3 years (£)
Contract 1	8	489.97	203,828	611,483
Contract 2	13	410.71	277,640	832,920
Total	21		481,467	1,444,402

6.3 This cost is within the estimations of between £1.43m and £1.64m at the start of the tender process and falls within the Adult Social Care budget allocation for this service.

6.4 It should be noted that the intention to block purchase runs the risk of void payment being made if the units are not fully utilised. The department will seek to negotiate at the implementation stage how voids will be managed and the timeframe the council will continue to pay for a void until this becomes the responsibility of the provider.

6.5 The cost of this contract is inclusive of London Living Wage.

7.0 Legal Implications

7.1 The estimated values over their lifetime of both Contract 1 and Contract 2 are in excess of the EU threshold for Schedule 3 Services under the Public Procurement Regulations 2015 (the "EU Regulations"). Consequently, the award of the contracts is governed by the EU Regulations. The award is subject to the Council's own Standing Orders in respect of High Value contracts and Financial Regulations and as such Cabinet approval is required to award both Contract 1 and Contract 2.

7.2 As advised in the Cabinet Report requesting authority to tender these contracts dated 21st September 2015, the Council must comply with the EU Regulations relating to the observation of a mandatory minimum 10 calendar day standstill period before the contracts can be awarded. Therefore once the Cabinet has determined whether to award contracts all

tenderers will be issued with written notification of the contract award decision.

7.3 A minimum 10 calendar day standstill period will then be observed before the contract is awarded – this period will begin the day after all Tenderers are sent notification of the award decision – and additional debrief information will be provided to unsuccessful tenderers in accordance with the EU Regulations. As soon as possible after the standstill period ends, the successful tenderer will be issued with a letter of acceptance and the contract can commence.

7.4 The Transfer of Employment (Protection of Employment) Regulations 2006 (“TUPE”) applies only to the award of Contract 2 to Metropolitan Housing Trust as the recommendation is to award Contract 1 to the incumbent provider. Subject to the right of the employee to object to transferring, the employee’s contract of employment will transfer to the new provider of Contract 2. Further details regarding TUPE implications are contained in Section 9.

8.0 Diversity Implications

8.1 The proposed contracts are designed to meet the needs of individuals in recovery from mental ill-health. It is inherent within the service delivery to support individual’s mental health needs and requirements as appropriate, including the least restrictive intervention.

8.2 The Council will require the provider to deliver these services to promote the individuals who receive the service protected characteristics by:

- making reasonable adjustments as required to deliver the service to meet needs relating to disability or autism. To promote the need to make reasonable adjustments to other organisations connected to the service user and support the service user to use appropriate channels to challenge (should they wish to) should it be deemed this is not occurring.
- ensuring that all staff are aware of the multi-cultural population of Brent through provision of cultural awareness training and matching specific language requirements where possible,
- training all staff in areas that will raise awareness of issues faced by vulnerable people, particularly those from different ethnic groups who experience mental ill-health,
- providing opportunity for individuals to be supported to observe their faith as they choose,
- having an equality and diversity policy which will be implemented within the service.

8.3 The provider will be monitored to ensure they are complying with these requirements through checking of their records, regular review of services provided to individual service users where feedback will be sought from

service users, quarterly monitoring meetings and provision of quarterly performance information to the Council.

8.4 It is necessary for the Cabinet, as decision making body, to consider the equalities implications which are contained within the Equality Assessment in Appendix 4.

8.5 In summary these services will support those individuals with mental health needs who are eligible for accommodation based social care and rehabilitative support to continue to recover in a stable environment in which their support needs are met, whilst also promoting their recovery and resettlement in the community. These services will support them to exercise choice and control, regain their independence and work towards living in the community with less reliance on statutory services where possible. The contracts procured will have a positive impact on service users as they will be supported to take control of their lives in a planned and safe way which promotes their rights, choices and protected characteristics.

9.0 Staffing & Accommodation Implications

9.1 These contracts are currently delivered by external contractors, and are requested to be awarded to external contractors. There are therefore no implications for Council staff arising from the award of this contract.

9.2 Look Ahead Care and Support are the current incumbent provider for Contract 1 and as such there are not anticipated to be any TUPE implications arising from the award of Contract 1 to them.

9.3 It is proposed to award Contract 2 to Metropolitan Housing Trust and this will result in staff assigned to the contract who are eligible to transfer pursuant to TUPE, transferring from the current provider to Metropolitan Housing Trust.

9.4 Network Homes are the registered social landlord for the accommodation for these services. They own and act as landlord for the 3 locations and will continue to do so for the re-letting of both Contracts. Both Look Ahead Care and Support and Metropolitan Housing Trust will enter into a separate contract with Network Homes to deliver the Housing Management function of on behalf of Network Homes. This is a separate arrangement which will be agreed and managed between the two parties outside of Council involvement.

10.0 Public Service (Social Value) Act 2012

10.1 The Council is under a duty pursuant to the Public Services (Social Value) Act 2012 (the "Act") to consider how the services being procured might improve the economic, social and environmental wellbeing of its area; how, in conducting the procurement process, the council might act with a view to securing that improvement; and whether the council should undertake consultation.

10.2 The services being procured have as their primary aim improving the social and economic wellbeing of some of the most vulnerable groups in Brent. They are specialist services with only a limited number of organisations who can meet the Council's requirements. Nevertheless, Officers endeavoured to ensure the requirements of the Act were implemented as part of the procurement process. This included requiring bidders to submit pricing including the London Living Wage and demonstrate how they would support local employment and seek to reduce emissions and promote sustainability.

11.0 Background Papers

11.1 21.09.2016: Authority to Tender Contracts for Accommodation-Based Social Care, Support and Rehabilitation Services for Individuals who have Medium to High Mental Health Support Needs.

Contact Officers

Jas Kothiria
ASC Senior Category Manager
Email: jas.kothiria@brent.gov.uk
Tel: 020 8937 1170

Laura Power
Commissioning and Change Officer
Email: Laura.Power@brent.gov.uk
Tel: 020 8937 1689

PHIL PORTER
Strategic Director of Community and Wellbeing

APPENDIX 2 -TENDER EVALUATION GRID

PART 2A - QUALITY QUESTIONS AND PANEL SCORES LOTS 1 AND 2

METHOD STATEMENT QUESTION	WEIGHT	BIDDER REFERENCE AND QUALITY SCORE								
		1	2	3	4	5 (LOT 1 PROVIDER)	6 (LOT 2 PROVIDER)	7	8	9
<p>Q1. Please describe your experience of delivering accommodation based support for people who have a primary diagnosis of Mental Health and other complex needs.</p> <p>The answer should include an overview of:</p> <p>a) Your organisation’s mission statement, vision and values</p> <p>b) Your organisation’s delivery of support based on the recovery model</p> <p>c) Your organisation’s implementation of inter-agency working and information sharing to promote recovery and move on.</p>	15%	9%	9%	11%	10%	10%	12%	10%	10%	10%
<p>Q2 Please describe your experience of developing and working to outcome-focused support plans which support SUs to achieve their aspirations and goals.</p> <p>Within your response please provide two distinctly different case examples of providing support to SUs with mental health needs which has delivered their self-defined outcomes [anonymised support plans may be attached].</p>	15%	10%	10%	12%	11%	12%	10%	10%	10%	12%

<p>Q3. Providers will be required to demonstrate that they are able to provide appropriate and safe accommodation based support 24 hours a day for the range of SU needs across the service at any given time.</p> <p>a) Please describe your approach to staff development, your processes to ensure staff develop skills to meet the needs of the range of high/medium mental health support needs across the service and how you measure staff performance.</p> <p>b) How you propose to staff the service/s to meet the requirement to provide 24/7 support, and flexibly meet the fluctuating needs of the service/s [proposed staffing structure against hours indicated in the pricing schedule can be attached].</p> <p>c) How you propose to meet the out of hours service requirements to ensure the successful management of the service safely at all times.</p>	15%	10%	9%	10%	4%	12%	11%	4%	10%	12%
<p>Q4. A key objective of the service will be for providers to progress, prepare and ultimately support clients to live independently in the community.</p> <p>Please provide two case studies which describe your organisation's experience of delivering outcomes that support SUs to:</p> <p>a) Improve their mental health and well-being, develop their independent living skills, to engage with work or volunteering,</p> <p>b) To find and move into new accommodation as their support needs decrease and to support the transition to independent living in the community.</p>	15%	10%	9%	10%	7%	12%	10%	10%	10%	10%

c) To build resilience and make lasting links within their wider community to support improved mental health and well-being and successful move on.										
Q5. Provider's will be required to manage the changing and fluctuating needs of SUs across the service which may see times of more intensive support required if one or more SU experiences a deterioration in their mental health, or less support if the majority of SUs are ready for move on. Please describe how your organisation would be able to meet the fluctuating needs of the service flexibly to ensure the varying needs of SUs are met. Please provide a case example which demonstrates your organisations successful delivery of flexible support to a SU experiencing a deterioration of their mental health, a severe episode or relapse. -	15%	11%	11%	10%	10%	12%	11%	10%	11%	11%
Q6. Please outline your organisation's approach to risk assessment and management. Please describe in your response: a) How you support SUs to understand risk, b) How you address the balance between risk (to self, others and the community) and the individuals rights. c) How your organisation supports SUs to live regular lives as citizens in line with The Equality Act 2010 and The Human Rights Act 1998.	10%	7%	6%	8%	7%	8%	7%	8%	8%	6%
Q7. Please outline how your organisation identifies and addresses safeguarding issues proactively for service users who have medium to high MH needs?	10%	6%	6%	6%	7%	6%	7%	7%	6%	7%

Please include within your answer a demonstration of how your organisation has used the whole systems approach to address and manage a safeguarding concern.										
Q8. Please explain how Social Value benefits will be delivered throughout the contract term in particular the; Number of additional jobs that will be created as part of the contract. Percentage of vacancies that will be targeted at unemployed in-borough people. Total anticipated spend with SME's (in and out of Brent). Targets for reducing carbon and pollution waste.	5%	3%	4%	4%	3%	4%	4%	3%	4%	4%
TOTAL (OUT OF 100%)		66.0%	64.0%	71.0%	59.0%	76.0%	72.0%	62.0%	69.0%	72.0%
WEIGHTED TOTAL (OUT OF 40%) -USED FOR SCORING		26.4%	25.6%	28.4%	23.6%	30.4%	28.8%	24.8%	27.6%	28.8%

PART 2B – WEIGHTED QUALITY AND COST SCORES

CONTRACT 1

BIDDER REF	QUALITY SCORE (OUT OF 40%)	LOT 1		RANK	AVERAGE WEEKLY RATE
		COST SCORE	TOTAL SCORE		
5	30.4%	57.0%	87.4%	1	£3,917.51
9	28.8%	57.7%	86.5%	2	£3,868.82
1	26.4%	60.0%	86.4%	3	£3,719.11
6	28.8%	52.5%	81.3%	4	£4,246.46
7	24.8%	53.1%	77.9%	5	£4,203.93
4	23.6%	0.0%	23.6%	0*	£3,371.51
8	27.6%	0.0%	27.6%	0*	£3,821.13

Bidders 4 and 8 cost proposals contained inadequate staffing levels for the service and could not be scored. See paragraph 5.10 of the report for further information.

CONTRACT 2

BIDDER (TAB) REF	QUALITY SCORE (OUT OF 40%)	LOT 2		RANK	AVERAGE WEEKLY RATE
		COST SCORE	TOTAL SCORE		
6	28.8%	59.3%	88.1%	1	£5,339.25
2	25.6%	57.0%	82.6%	2	£5,560.98
3	28.4%	60.0%	88.4%	3	£5,279.89
5	30.4%	58.3%	88.7%	4	£5,429.90
8	27.6%	54.9%	82.5%	5	£5,771.80
1	26.4%	57.8%	84.2%	6	£5,484.54
7	24.8%	53.0%	77.8%	7	£5,978.05
9	28.8%	50.5%	79.3%	8	£6,268.56
4	23.6%	57.4%	81.0%	0*	£5,523.33

Bidder 4's cost proposal contained inadequate staffing levels for the service and could not be scored. See paragraph 5.10 of the report for further information.

Appendix 3: Evaluation Criteria

The table below indicates how each Method Statement Question links with the Evaluation Criteria and details the weighting attributable to each Question.

Criteria	Weighting	Method Statement Question	Weighting
How experience in delivering similar services will be applied to the Service.	15%	Q1	15%
How the Service will be operated to lead to improved personal independence.	15%	Q4	15%
Proposals with regard to Staffing (skills, qualifications and experience and structure) in order to meet the needs of the service users and how services out of hours will be delivered.	30%	Q3 Q5	15% 15%
How the Service will be operated to achieve delivery of outcomes.	15%	Q2	15%
How policies and procedures regarding equality and human rights will be applied specifically to this group of service users.	10%	Q6	10%
How the Safeguarding policy will be implemented specifically to this group of service users.	10%	Q7	10%
How Social Value will be delivered.	5%	Q8	5%

Appendix 4: Equality Assessment

Framework 4 Re-Procurement Equality Analysis

Introduction

This equality assessment is to determine the impact of the re-procurement of two contracts which deliver accommodation based support services to adults with medium to high mental health needs. Both contracts are referred to collectively as 'Framework 4'.

Re-procurement of these contracts is a legal necessity as the term of the contracts previously let is due to expire (following extensions in line with procurement regulations) in November 2016.

The two contracts to be procured are:

Contract 1 for Lot 1: a contract to support up to 8 individuals at 1 location who have high to medium mental health needs and may also have support needs with drug and alcohol misuse.

- Location 1 (Pound Lane) support up to 8 men as prescribed above.

Contract 2 for Lot 2 – a contract to support up to 13 individuals in 2 locations who have high to medium mental health needs and may also have support needs related to paranoid schizophrenia and anxiety.

- Location 2 (The Mall) supports up to 6 females and 2 males.
- Location 3 (Essex Road) supports up to 5 males.

These services are short term/temporary accommodations for individuals discharged from hospital due to a mental health admission, or who are experiencing a mental health relapse/crisis and require enhanced support. The intention is for individuals to live at the service for a maximum of 2 years, in that time acquiring the skills to manage and understand their mental health needs, regain their independence and move on to lesser supported accommodation or independent living. Service users are encouraged to move on as and when they are ready, and this is anticipated to be within a two year period. Presently there are 5 voids at the service to be filled, thus there are 16 individuals living in and receiving support at the time of completing this EA.

Equality Assessment Analysis

5. What effects could your policy have on different equality groups and on cohesion and good relations?

5.1 Age (select all that apply)

Neutral

July 2016

Page 16

The re-procurement of these contracts will have no impact upon the protected characteristic of age. Service users do not access these services contingent upon their age, they are open as and when a vacancy arises to adults (18+) requiring move on accommodation based mental health support.

Of the 16 individuals currently supported there is an age range of 26-65 years of age. 13% of tenants are between 20-30 (2 tenants), 6% are between 30-40 (1 tenant), 31% of tenants are between 40-50 (5 tenants), 38% of tenants are between 50-60 (6 tenants) and 13% are 60+ (2 tenants). The higher proportion of tenants aged 40+ may reflect the greater need for accommodation based mental health support within this cohort due to break down of relationships over the life course, leading to a breakdown of housing/accommodation.

5.2 Disability *(select all that apply)*

Positive

All of the service users currently accessing the service, and future referrals will have a primary mental health need. Their referral will follow a needs assessment by a CNWL clinician or social worker indicating their eligibility and suitability for them to continue to recover and receive support at these services.

The re-procurement of these contracts will ensure that there is ongoing provision within Brent for accommodation based services for those with medium to high mental health needs.

The re-procurement of these contracts has offered the opportunity for commissioners to modernize the services through the specification, so they better reflect the current legislative climate and service user's needs. Whilst the services to be delivered remain the same in terms of core delivery, the specification developed has brought the contracts in line with The Care Act 2014 and focusses on enabling support and the recovery model of care to ensure service users have maximum choice and control over their lives.

The key emphasis of the specification is on the services supporting individuals to be as independent as possible, to live their lives as regular citizens, to be supported to manage and learn to manage their mental health, to provide choice and control over their support and to support building resilience within their community in order to successfully move on to independent living. A new set of outcome measures have been developed which measure the quality of service delivered more robustly. The focus of the outcome measures is on the positive impact the supported provided effects on individuals as outlined above. This will be measured by a variety of mediums including service user feedback and case studies.

It is anticipated that through a fair and robust tender process with a service specification that better reflects the current climate and need, the ultimate result will be improved services for individuals with medium to high mental health needs who require accommodation based care and support to move onto independent living.

5.3 Gender identity and expression *(select all that apply)*

Neutral

It is anticipated that there will be no impact on gender identity and expression as a protected characteristic. Presently, Mosaic (Brent adult social care information system) does not capture information relevant to gender identity and expression so we are not able to quantify this characteristic for the group of individuals presently receiving these services.

Individuals referred to these services, and currently in receipt of these services will not be assessed for them based upon their gender identity and expression. Their access to these services will be based only upon their requirement for accommodation based mental health support services arising from presenting mental health needs.

Should gender identity/expression be identified as a need or issue for any individual, it is expected that the service provider will support them via one to one sessions, and to access any community groups or services which may assist them to explore this characteristic as per their choice.

5.4 Marriage and civil partnership *(select all that apply)*

Neutral

It is anticipated that there will be no impact on marriage and civil partnership as a protected characteristic.

The capturing of marriage/civil partnership information for the individuals currently living at and receiving care in these services is not readily available for all individuals on Mosaic. This may be because they have requested for this information not to be shared. The majority of individuals are identified as single.

Individuals referred to these services, and currently in receipt of these services will not be assessed for them based upon their marriage and civil partnership status. Their access to these services will be based only upon their requirement for accommodation based mental health support services arising from presenting mental health needs.

5.5 Pregnancy and maternity *(select all that apply)*

Neutral

It is anticipated that there will be no impact on pregnancy and maternity as a protected characteristic.

None of the individuals currently receiving support at these services are identified as pregnant. Should it be identified that any individual is pregnant they will be supported

to manage their pregnancy and access appropriate services as per their need by a multi-disciplinary team which will include the service provider.

Individuals referred to these services, and currently in receipt of these services will not be assessed for them based upon their pregnancy and maternity status. Their access to these services will be based only upon their requirement for accommodation based mental health support services arising from presenting mental health needs.

5.6 Race *(select all that apply)*

Neutral
Positive

Of the individual's currently receiving care and support at these services not all have their race/ethnicity recorded on Mosaic-this may be due to a choice of theirs not to have this information captured. The information captured on Mosaic evidences the present cohort of 16 individuals living at and receiving care to identify their race as:

2 British Asian (13%), 4 White British (25%), 4 Black British/ Caribbean (25%), 1 Black African (6%), 5 not recorded (31%). A higher BAME population within the cohort is consistent with Brent's population¹.

It is anticipated that there will be no impact on race as a protected characteristic. Individuals will not be referred to this service on the basis of their race. Their access to these services will be based only upon their requirement for accommodation based mental health support services arising from presenting mental health needs.

The service provider selected to deliver the service based on a fair and robust tender process will be expected to have an understanding of Brent's ethnicity profile, and support the development of a workforce which reflects the demographics of the population they are to support, thus assisting with the mitigating the risk of discrimination or inequality due to unconscious bias.

5.7 Religion or belief *(select all that apply)*

Neutral

It is anticipated that there will be no impact on religion or belief as a protected characteristic. Of the individual's currently receiving care and support at these services the majority do not have their religious identify or belief system recorded on Mosaic. Only two individuals of the known population have their religion captured, and both are identified as Muslim. This may be due to a choice of theirs not to have this information captured, or because of poor data capturing. This will be feed back

¹ <https://intelligence.brent.gov.uk/BrentDocuments/Brent%20Diversity%20Profile.pdf> [last viewed 08.04.16 at 08.04.16]

to the Mosaic and Social Work teams to ensure that data is being accurately captured in line with the individual's consent.

It is anticipated that there will be no impact on religion as a protected characteristic. Individuals will not be referred to this service on the basis of their religion. Their access to these services will be based only upon their requirement for accommodation based mental health support services arising from presenting mental health needs.

The services will take into account an individual's needs arising from their religion, such as ensuring that ingredients selected or preparation methods for cooking are compatible with the individual's religion. Service users will be supported to observe and access local religious services or groups as per their choice by the service provider. It is a requirement for the service provider to evidence that their workforce is representative as far as possible through their recruitment processes and that the workforce has an understanding of the cultural and religious needs of individuals and how to support them through their training program.

5.8 Sex (*select all that apply*)

Neutral

It is anticipated that there will be no impact on sex as a protected characteristic. Individuals will not be referred to this service on the basis of their sex. Their access to these services will be based only upon their requirement for accommodation based mental health support services arising from presenting mental health needs.

Presently there is more provision for men in these services (15 bed spaces) compared to women (5 bed spaces). Whilst prevalence of severe and enduring mental or psychotic disorders is equal amongst the sexes nationally, the rate of suicide/crisis is significantly higher in men than women (double) and hence the need for post admission recovery support is higher for men than women². The services have been organized to reflect the population need, and to ensure the safety of the users of the services hence the gender split within the service. Should there be a change in this locally commissioners will seek to re-organize the services to reflect the population need.

5.9 Sexual orientation (*select all that apply*)

Neutral

It is anticipated that there will be no impact on sexual orientation as a protected characteristic. Mosaic presently does not capture data specific to sexual orientation, therefore at this time we are not able to quantify the sexual orientation of the cohort selected.

²http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Key_facts_mental_health_080911.pdf [last viewed 08.06.16 16:46]

Individuals will not be referred to this service on the basis of their sexual orientation. Their access to these services will be based only upon their requirement for accommodation based mental health support services arising from presenting mental health needs.

It is possible individuals referred to or currently receiving care may wish to and be supported to access community groups relevant to their sexual orientation (such as a LGBT group) it is expected that the service provider will support them to explore and complete this as per their choice.

5.10 Other (please specify) (*select all that apply*)

N/A