

Report for: Cabinet - 30 June 2026

Item number: 9

Title: Pre-tender approval to commence procurement for Housing-Related Support – Single Adults Complex Needs Supported Housing

Report authorised by: Maddie Watkins – Assistant Director, Housing Demand

Lead Officer: Zahra Maye – Head of Service, Housing-Related Support

Ward(s) affected: All

Report for Key/ Non Key Decision: Key Decision

1. Describe the issue under consideration

- 1.1. This report seeks Cabinet approval to commence a competitive procurement for the provision of Housing-Related Support (HRS) Single Adults Complex Needs Pathway (SACNP) services, in accordance with Contract Standing Order 2.01 (b).
- 1.2. Subject to approval, the Council will procure a set of contracts to deliver the redesigned SACNP (approximately 119 units), with staggered commencement dates from April 2027 and contract terms running to 31 March 2037, including options to extend, as set out in Exempt Appendix 1.
- 1.3. The indicative timetable is to publish the tender in July 2026, complete evaluation in September 2026, and seek Cabinet approval to award the contracts circa November/December 2026.
- 1.4. In addition, the report seeks approval for the Council to commence engagement with providers to explore the feasibility of transitioning lower-intensity provision to a Supported Exempt Accommodation (SEA) and Social Enterprise model as part of the wider pathway redesign.

2. Cabinet Member Introduction

- 2.1. Ending homelessness is central to the mission of this administration. Everyone in our borough should have a home where they are safe, warm and supported.

- 2.2. The only way we can do this is to put people who have experienced homelessness at the heart of how we design and deliver our local homeless services.
- 2.3. Haringey, like so many London boroughs, is feeling the consequences of multiple crises that have gone unaddressed. The housing crisis, cost of living crisis, low-pay crisis, all worsened by an austerity agenda of successive central governments that imposed deep cuts on public services.
- 2.4. The decimation of these services that we all rely on has led to a serious rise in mental ill-health and homelessness across London and the country. More than 1 in 10 people in Haringey have been diagnosed with depression. Almost 5,000 have a serious mental illness – 1.4% of people in the borough – higher than both the London and national averages.
- 2.5. Haringey's local homelessness initiatives are having a transformational impact, in spite of these challenges. The council's first-rate street homelessness hub at Mulberry Junction is complemented by a thriving community of voluntary groups, which has made important progress in tackling rough sleeping.
- 2.6. Housing-related supported accommodation is part of how we support many local people on a journey to stability and independence. Alongside social housing, this provides care and support for residents with complex needs – especially mental health conditions. We now want to build on local services that have a great track record, supporting more residents to live fuller and more independent lives.
- 2.7. The council has contracts with specialist organisations for support services for complex needs, which will be retendered from summer 2026. The council is planning to change the way that it provides supported homes to residents with lower-level needs, transitioning these contracts to supported exempt accommodation and a social enterprise model.
- 2.8. This allows for more of the cost to be covered by housing benefit drawn from central government, rather than from the council, which that same central government has persistently underfunded for years. Ultimately, this allows us to invest in other essential housing and support services in the borough.
- 2.9. As part of this commissioning, we are committed to retaining specialist provision for LGBTQ+ communities and women, who all too often face specific challenges that cannot be adequately met by more general service provision.

- 2.10. Together we are committed to bringing an end to homelessness. These services play a critical role in people's journey of recovery. We need to keep building up our services to support as many residents as possible to a place of stability and independence.

3. **Recommendations**

- 3.1. It is recommended that Cabinet:

- 3.1.1. Pursuant to Contract Standing Orders (CSO) 2.01 (b), approve the commencement of a procurement process for the Provision of HRS SACNP, as set out in Exempt Appendix 1, in accordance with Council's Contract Standing Orders and procurement legislation.

- 3.1.2. Approve the funding envelope of up to £8,373,666 for the initial contract term of four years, inclusive of a 4% inflationary increase. Note that the maximum aggregate value of the contracts could be up to £24,420,706 if all extension periods are exercised. Any extension beyond the initial term will be subject to separate approval in line with the Council's governance and financial regulations.

- 3.1.3. Approve that the service lots described in Exempt Appendix 1. form the scope of the procurement, with contract durations and commencement dates as set out in this section.

- 3.1.4. Approve the development of a Supported Exempt Accommodation (SEA) and Social Enterprise model, with the Council working in partnership with supported housing providers and the voluntary and community sector to explore opportunities for delivering lower-intensity accommodation-based support.

4. **Reasons for decision**

- 4.1. There is a sustained and evidenced need for specialist housing-related support for single adults with multiple and intersecting needs, as set out in the paragraphs 6.9-6.10. Existing provision plays a critical role in preventing homelessness, supporting safe discharge from hospitals and other institutions, and enabling residents to stabilise and sustain independent living. Approval to begin procurement (Recommendation 3.1.1.) is therefore required to ensure continuity of essential services and adequate capacity to meet both current and emerging need.

- 4.2. Procuring these services supports the Council in meeting its statutory duties. The Homelessness Reduction Act 2017 determines Council's statutory prevention duties by requiring earlier intervention and by extending responsibility across public authorities to refer and work in partnership to

prevent homelessness wherever possible. Section 117 of the Mental Health Act 1983 places a joint duty on the Council and health bodies to provide appropriate aftercare for people discharged from mental health detention, helping to meet complex needs, prevent deterioration and reduce avoidable readmissions.

- 4.3. Commissioning sufficient supported accommodation enables the Council to meet its duties in a planned, preventative way, reducing reliance on more costly ASC and Temporary Accommodation. Evidence shows this is a more cost-effective intervention, with Haringey's pricing at the lower end of regional benchmarks (see Exempt Appendix 1). Approving the funding envelope (Recommendation 3.1.2.) therefore supports statutory delivery while achieving best value for money.
- 4.4. A long-term block contract model supports the delivery of this pathway by providing greater stability and continuity. Longer contract terms enable providers to take a more strategic approach to service delivery, invest in staff training and retention, and embed consistent practice across services. This continuity supports stronger relationships between residents and staff, a key strength consistently identified by both service users and frontline staff. Approving the proposed service lots and contract structure (Recommendation 3.1.3.) will enable delivery of a consistent, high quality and cost-effective supported accommodation pathway aligned to this model.
- 4.5. The proposed transition of lower-level provision to a SEA and Social Enterprise model (Recommendation 3.1.5) will support the development of a diverse and locally responsive offer, including the continued provision of specialist services within the borough, such as those meeting the needs of LGBTQ+ residents and other groups requiring culturally competent support. The Council will work with partners to ensure that this provision is sustained and strengthened. Importantly, the introduction of this model is not intended to reduce overall provision; rather, the Council's ambition is to maintain and, where possible, expand lower support accommodation within the borough, ensuring sufficient capacity to meet demand while improving access, outcomes and value for money.
- 4.6. The proposals align with Haringey's Corporate Delivery Plan 2024–26, particularly the 'Adults, health and welfare' and 'Homes for the future' priorities, supporting improved wellbeing, reduced inequalities, and safe, secure housing through partnership working.

5. **Alternative options considered**

- 5.1. **Extending existing contract:** This option is not viable. One of the current providers has formally notified the Council of their decision to withdraw from care and support services, and a mutually agreed early termination date of 31

March 2027 has been set, and the contract cannot be extended beyond this point. Proceeding without procurement would risk service cessation and displacement of residents.

- 5.2. **Temporarily transferring the contract to another provider(s):** This option was considered but rejected due to significant operational and continuity risks. Short-term contracts are generally unattractive to the market, with limited provider capacity or appetite to take on services of this scale and complexity. A temporary transfer would risk service disruption, safeguarding concerns and inconsistent quality, while requiring significant officer resource and still necessitating a full re-tender within a short timeframe, offering no long-term solution.
- 5.3. **Recommissioning all existing services (without transitioning lower-level provision to the SEA model):** This option would retain the full existing commissioned pathway, maintaining provision for both lower- and higher-support needs within Council-funded contracts. While this would provide continuity, it was not considered the most effective or sustainable approach. Retaining all low-level provision within commissioned services would limit the Council's ability to deliver a more proportionate, outcomes-focused model and to prioritise support for residents with the highest and most complex needs. It would also constrain the development of a more flexible and locally responsive offer for lower-level needs. Transitioning lower-level provision to the SEA and Social Enterprise model enables these needs to be met through a broader delivery approach, while allowing commissioned services to focus on higher-intensity interventions where they have the greatest impact. For these reasons, this option was not preferred.
- 5.4. **Not recommissioning the service:** While lower-level provision is proposed to transition to an alternative model, not recommissioning the remaining higher-support services would present significant statutory, operational and financial risks. This would increase the risk of homelessness among vulnerable residents, placing greater pressure on temporary accommodation and Adult Social Care, and undermining the Council's ability to meet its duties under the Homelessness Reduction Act 2017 and Mental Health Act 1983. This option was therefore rejected.
- 5.5. **Delivering services in-house:** This option remains unviable due to limited Council property assets and the significant investment and capacity required to deliver specialist supported accommodation. While smaller services may be considered for in-house delivery where appropriate, this does not represent a cost-effective or practical model for the wider pathway. External providers offer established expertise and infrastructure, delivering better value and lower risk overall.

6. **Background information**

6.1. **Current model**

- 6.1.1. The Council currently commissions supported accommodation for single adults through two separate HRS pathways: the Mental Health Pathway (MHP) and the Single Homeless Pathway (SHP). Together, these pathways provide accommodation-based support to 207 residents across 24 properties located throughout the borough. Of the total provision, 100 units are commissioned through the MHP and 107 units through the SHP. These services support residents to stabilise, address health and social needs, and progress towards independent living.
- 6.1.2. Cabinet approved the award of contracts for the MHP on 12 October 2021, with services commencing in April 2022 (and an additional contract mobilised in July 2021 following insufficient tenders). Contracts for the SHP were awarded in December 2021, commencing in March 2022, with the exception of the Women's Complex Needs contract, awarded in November 2023 and mobilised in April 2024.
- 6.1.3. The MHP provides accommodation-based supported housing for residents whose primary need relates to mental ill-health. It comprises a range of service models, including intensive support, delivering 24-hour on-site support for residents with the most complex needs, and lower-intensity visiting support. Provision also includes Housing First, delivering intensive, person-centred support to residents within self-contained accommodation.
- 6.1.4. The SHP provides accommodation-based support for single adults who may be at risk of homelessness or rough sleeping and who often experience a combination of needs, including substance misuse, mental or physical ill-health, experiences of trauma, or involvement with the criminal justice system. Services within this pathway are delivered through intensive support, offering 24-hour on-site support for those with higher levels of need, alongside lower-intensity visiting support. Provision within the pathway also includes specialist accommodation for Women and for LGBTQ+ residents.
- 6.1.5. Performance across both pathways is monitored through contract management arrangements and consistently demonstrates positive outcomes for residents. This includes 80% of move-ons (16 of 20) in the MHP and approximately 64% (21 of 33) in the SHP, with residents moving to independent housing or other appropriate supported accommodation based on assessed need. Service feedback and exit information indicate that residents who move on demonstrate improvements in areas such as health and wellbeing, financial resilience and independent living skills, and report high satisfaction with the support received.

6.1.6. These outcomes demonstrate the effectiveness of the existing services in supporting recovery and progression to independent living, providing safe step-down from crisis settings and strengthening long-term housing stability for people with complex needs.

6.2. **Proposed model**

6.2.1. The proposed model integrates the Mental Health Pathway (MHP) and Single Homeless Pathway (SHP) into a single SACNP, providing a more coordinated response to residents with multiple and complex needs.

6.2.2. Commissioned provision will be refocused on higher-need cohorts, retaining specialist, high-intensity and 24-hour supported accommodation. This reflects evidence of under-utilisation within some lower-level provision and enables more effective and sustainable use of resources.

6.2.3. Lower-level HRS provision will transition to a SEA and Social Enterprise model, developed in partnership with the market to deliver flexible, community-based, preventative support outside of commissioned contracts. The model is intended to expand access, better align with local need, and be cost-neutral over time.

6.2.4. The redesigned model includes the retention and strengthening of specialist provision for specific cohorts, including LGBTQ+ residents, as a core objective. The Council will actively work with providers and the wider market to ensure that dedicated, specialist support continues to be delivered as part of the pathway, rather than being replaced by generic provision.

6.2.5. The Council will work closely with providers and partners to manage this transition and ensure continuity of support for residents.

6.3. **Key drivers**

6.3.1. A key MHP provider gave notice to exit their contract early on 31 March 2027, requiring the Council to accelerate the recommissioning process. In addition, the SHP contracts are due to expire on 10 March 2027, with provision within the contracts for a single 12-month extension only. In response to these aligned contractual timelines, senior leadership has determined that Cabinet approval should be sought to recommission the remaining contracts within the same cycle and as a single pathway, in order to maintain alignment, avoid repeated procurement exercises, and support continuity and efficiency of service delivery.

6.3.2. The Supported Housing (Regulatory Oversight) Act 2023 introduces a new framework for regulation, including national standards, licensing and strengthened local authority oversight. This responds to concerns about the quality and consistency of SEA, particularly in non-commissioned provision. Within this context, the Council's use of SEA will be supported by clearer

regulatory expectations and strengthened oversight, ensuring appropriate quality and governance outside of commissioned contracts.

- 6.3.3. There is a high and growing level of need locally. The Haringey Joint Strategic Needs Assessment (2024) reports that approximately 10% of the adult population is recorded as having depression and around 1.3% is diagnosed with a severe mental illness, placing Haringey among the boroughs with the highest prevalence in London. Mental ill-health is closely associated with homelessness risk and increased reliance on public services. This reinforces the importance of specialist supported accommodation that can respond holistically to both mental health and housing instability.
- 6.3.4. Despite rising national pressures and increasing numbers of people sleeping rough across London in 2024/25, Haringey is one of only nine boroughs to record a reduction over the same period. This supports the case for recommissioning to sustain and build on this progress.

6.4. **Key risks and mitigations**

- 6.4.1. The proposed model introduces a number of strategic risks which will require active management. The transition of lower-level provision to SEA relies on the responsiveness and quality of the wider market, which may vary across providers. This will be mitigated through proactive market engagement, including targeted engagement events with potential providers, collaboration with specialist organisations with expertise in SEA to support dialogue with the market and quality assurance. This will support a strengthened approach to oversight and safeguarding, including clear expectations on providers, proportionate monitoring arrangements, and mechanisms to incorporate resident voice and lived experience feedback into ongoing review, to help ensure quality, safety and responsiveness are maintained across the model.
- 6.4.2. There is also a risk that, while referral pathways and system flow are intended to be maintained, the Council will have less direct control over placements, moves and referral decisions within the SEA model, which may lead to bottlenecks within the system, including potential impacts on pathways such as hospital discharge. This will be mitigated through close and ongoing partnership working with ASC and NHS partners, alongside SEA providers, to maintain shared oversight arrangements and continued monitoring of demand and flow through the pathway to support timely and appropriate transitions.
- 6.4.3. A further risk relates to the possibility that the SEA model may not fully meet the identified needs of specialist groups, including those with protected characteristics such as LGBTQ+ communities. Should the Council consider that SEA model will not adequately meet identified specialist needs, the Council will implement a contingency option. This may involve either retaining a targeted

commissioned offer for lower support provision where there is clear and evidenced demand, including specialist 'by and for' provision where culturally competent support is critical to outcomes, and/or where most effective, the Council could utilise direct delivery through its resettlement service to ensure a flexible, demand led response that maintains quality, value for money and continuity of provision, while longer term arrangements are developed.

6.5. **Consultations**

- 6.5.1. The HRS Commissioning Team undertook engagement through six site visits, alongside consultation with a range of internal and external stakeholders, including Adult Social Care, Housing, the NHS and other partner agencies. Engagement with service users during site visits was undertaken on an opt-in basis, in line with trauma-informed practice and to respect individual choice. A total of 11 service users chose to participate, representing a small proportion (5%) of the overall cohort. Participating service users rated the service they lived in, and the quality of support provided at an average score of 8.8 out of 10. While not statistically representative, feedback was consistent across respondents. Consultation with providers resulted in 12 responses from frontline and management staff, representing the majority of staff supporting the commissioned services at the time of engagement. Staff rated the quality and effectiveness of current services at an average score of 8.11 out of 10. Across consultation activity, feedback indicates that both service users and stakeholders place a high value on existing provision, particularly its relationship-based, trauma-informed approach and ability to respond flexibly to multiple and overlapping needs. There was also consistent emphasis on the importance of retaining dedicated provision for individuals whose primary need is mental health-related. See Appendix 3 for more details.
- 6.5.2. These views have directly informed the recommissioning approach and are reflected in the proposed lot structure, including the retention of specialist mental health provision within the integrated pathway. Consultation and benchmarking activity will continue throughout the commissioning process, with learning reflected in the final service specifications, tender documentation, and contract management approach. The Council intends to embed co-production within the commissioning process, including exploring opportunities for people with lived experience to inform the development and review of service specifications, and to contribute to elements of the tender evaluation process, particularly in relation to assessing approaches to resident voice and co-production. More detailed findings and implications will be reported to Cabinet as part of the subsequent report seeking approval to award contracts. Ongoing feedback mechanisms will also form a core component of the model, including the use of resident surveys and exit surveys to capture service user experience

and satisfaction, ensuring services remain responsive and continuously informed by lived experience.

6.6. Finance

- 6.6.1. All contracts are funded through the General Fund, with the exception of Housing First, which is part-funded through Rough Sleeping Initiative (RSI) resources. To strengthen long-term financial resilience, the service will actively seek supplementary funding opportunities, including external grants and relevant national programmes, to mitigate future pressures on the core budget.
- 6.6.2. In the event that funding is reduced or withdrawn, Section 25.1B of the HRS Contract Agreement provides the Council with termination rights. This safeguard ensures that the Council can respond swiftly to material changes in financial circumstances while continuing to pursue additional funding streams to maintain service continuity.
- 6.6.3. In recognition of the significant General Fund contribution, the Council will continue to actively explore opportunities to substitute or supplement this funding through alternative sources, including external grant funding, which has already commenced.
- 6.6.4. In addition, where elements of the service involve intensive tenancy sustainment and housing management support provided to Council tenants, the Council will explore the feasibility of part-funding these activities via the Housing Revenue Account (HRA). This will be considered as part of existing HRA business planning and budget-setting processes in due course, ensuring alignment with relevant regulations and financial governance requirements.
- 6.6.5. The proposed service model is designed to improve outcomes for residents by targeting support towards those with the highest and most complex needs, promoting stability, recovery and sustained independence. Lower intensity needs will be met, where appropriate, through alternative housing led models. This more proportionate and integrated approach is expected to improve service effectiveness while delivering better value for money, including reduced reliance on General Fund funded provision and overall efficiency savings compared to the current baseline.
- 6.6.6. In addition, the financial position will be influenced by how Housing Benefit (HB) is delivered within SEA provision. While HB is largely funded through central government, there is a potential cost to the Council where the accommodation and support arrangements do not meet the criteria required for full HB reimbursement. The Council is therefore exploring several opportunities to support delivery models that align with these requirements and maximise the

level of funding recovered. While this is expected to deliver further financial benefit, it is not possible to quantify this at this stage.

6.7. Procurement

6.7.1. The Council will recommission services through a competitive procurement process, to be undertaken in accordance with the Council's Contract Standing Orders and applicable procurement regulations.

6.7.2. The Single Adults Complex Needs Pathway is planned to be tendered in the following Lots:

- Lot 1: Complex Needs (Mental Health focus): 24-hour supported accommodation (20 units): Medium to high-intensity, 24-hour staffed accommodation for adults with severe and enduring mental health needs, often following hospital discharge, providing recovery-focused support in a safe, structured environment.
- Lot 2: Emergency and Assessment Supported Accommodation with Longer-Stay Provision / Complex Needs (Co-occurring Substance Use and Mental Health): 24-hour supported accommodation (56 units): High-to medium-intensity, 24-hour emergency, assessment and supported accommodation for adults with complex needs, including substance use, mental health and physical health needs, and recent or entrenched rough sleeping. The service provides immediate stabilisation, structured assessment, and trauma-informed support, with clear pathways away from homelessness into appropriate longer-term housing and support options.
- Lot 3: Complex Needs: Women-only 24-hour supported accommodation (13 units): Medium to high-intensity, women-only accommodation with 24-hour staffing, designed for women with multiple disadvantages, substance use, mental health, providing trauma-informed support in a safe, gender-specific environment.
- Lot 4: Housing First Support Services (30 units): Intensive support delivered in individuals' own tenancies, providing long-term, flexible assistance for people with complex needs to sustain housing and improve wellbeing.

6.7.3. Subject to the outcome of the tender process, the Council intends to seek Cabinet approval to award contracts by November/December 2026, allowing for a three-month mobilisation period between January and March 2027 before services (Lots 1-3 in Exempt Appendix 1.) commence on 1 April 2027.

6.7.4. The proposed procurement arrangements are compliant with the Council's Constitution, Contract Standing Orders and Procurement Code of Conduct. The

proposals relate to the commissioning of specialist support services. Appropriate governance, transparency and accountability are in place for this high value, long term procurement.

6.8. **Contract management**

6.8.1. Contract management will be embedded within the contracts through defined performance measures set out in the service specification and monitored through regular reporting and review meetings. Monitoring will be conducted monthly for the first six months and quarterly thereafter.

6.8.2. The Council will retain strategic oversight and contract management responsibility, with providers accountable for operational delivery, ensuring clear governance, compliance and appropriate separation of responsibilities.

6.8.3. In addition, while SEA is not subject to contractual management, the Council will maintain oversight through engagement with providers, collaboration with specialist partners and alignment with emerging regulatory requirements (referenced in paragraph 6.3.2.).

7. **Contribution to the Corporate Delivery Plan 2024-2026 High level Strategic outcomes**

7.1. The procurement of the provision of the HRS SACNP contracts contributes significantly to the Council's strategic outcomes under the Corporate Delivery Plan 2024-2026:

7.1.1. Theme: Adults, Health and Welfare

- Residents connected with the right support at the right time in their neighbourhoods;
- Vulnerable adults are supported and thriving.

7.1.2. Theme: Homes for the Future

- Reliable, customer-focused resident housing services;
- A reduction in temporary accommodation;
- Preventing and reducing homelessness and rough sleeping.

7.2. It also meets the goals of:

7.2.1. Rough Sleeping Strategy 2023–2027: prevention, shortening, and non-recurrence of rough sleeping;

- 7.2.2. Housing Strategy 2024–2029: preventing and alleviating homelessness
- 7.2.3. Adult Social Care (ASC) strategy 2024-2025: Home-First, Strengths-Based approach

8. **Carbon and Climate Change**

8.1. Haringey Climate Change Action Plan March 2021 outlines the council’s route for net zero carbon in Haringey. All HRS services and provision contribute to the Community Actions Objective:

- To increase education and awareness raising across the borough to residents and businesses.

8.2. Climate change considerations will be embedded throughout the commissioning lifecycle, from procurement through to contract management. This includes working with providers to promote carbon literacy, ensuring appropriate climate or carbon policies are in place, and incorporating environmental considerations into self-assessment and monitoring arrangements.

8.3. Providers will also be encouraged to reflect climate and environmental sustainability within their social value commitments, which will be reviewed through routine contract management and performance monitoring. Service specifications will require providers to demonstrate a strategic commitment to addressing climate change and to work collaboratively with the Council to support its wider climate objectives.

9. **Statutory Officers comments (Chief Finance Officer (including procurement), Director of Legal & Governance, Equalities)**

9.1. **Finance**

9.1.1. This report seeks Cabinet approval to commence a competitive procurement for the provision of Housing-Related Support (HRS) Single Adults Complex Needs Pathway services. The cash envelope required, totals £8,373,666 commencing from 1st April 2027 to 31st March 2031. There is an option to extend twice, with each extension lasting 3 years. However, a finance review for each extension will be required to be in line with Council’s Financial Regulations

9.1.2. The Housing Related Support (HRS) General Fund (GF) will be utilised to fund each contract, with the exception of the Housing First contract. This contract is part funded through the Rough Sleeping Initiative (RSI), where the contribution is estimated to be £220,801 for the first 4 years.

9.1.3. As the contract envelope has been determined within the services budget and contract schedule, there is little financial implications to the council. Although, there is risk with the RSI grant being withdrawn, the HRS contract agreement allows for contracts to be terminated immediately, safeguarding the Council's financial position.

9.2. **Procurement**

9.2.1. This requirement meets the threshold for the application of the Procurement Act 2023. Accordingly, a compliant procurement process will be led by Strategic Procurement to ensure the delivery of commissioning objectives and improved outcomes for service users.

9.2.2. In accordance with Contract Standing Order 2.01(b), Cabinet approval is required prior to commencing any procurement process where the estimated contract value is £500,000 or above.

9.3. **Legal**

9.3.1. The Director of Legal and Governance (Monitoring Officer) was consulted in the preparation of the report.

9.3.2. Pursuant to the provisions of the Council's Contract Standing Order (CSO) 2.01(b), Cabinet may approve the commencement of procurement process where the value of the contract to be procured is £500,000 or more and as such the recommendation in paragraph 3 of the report is in line with the Council's CSO.

9.3.3. Pursuant to the provisions of the Council's CSO 2.01(c), Cabinet has authority to approve awards of Contract valued at £500,000 or more.

9.3.4. The Director of Legal and Governance (Monitoring Officer) see no legal reasons preventing the approval of the recommendations in the

9.4. **Equalities**

9.4.1. The Council has a Public Sector Equality Duty under the Equality Act 2010 to have due regard to the need to:

- eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- advance equality of opportunity between people who share protected characteristics and people who do not; and

- foster good relations between people who share protected characteristics and people who do not.
- 9.4.2. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty only.
- 9.4.3. Although it is not enforced in legislation as protected characteristics, Haringey Council treats socio-economic status as a local protected characteristic
- 9.4.4. The proposed decision is to go out to tender HRS contracts for the provision of Single Adults Complex Needs Pathway. The proposal includes the consolidation of two existing pathways into a single pathway, a reconfiguration of provision with commissioned capacity focused on higher-intensity complex needs alongside a reduction in directly commissioned bedspaces, and the reshaping of specialist provision through a wider system offer, including Supported Exempt Accommodation (SEA) and partnership delivery models, to sustain and strengthen access to specialist and culturally competent support.
- 9.4.5. Those most likely to be affected by the decision are working-age adults with complex and overlapping needs. The Equality Impact Assessment identifies over-representation of people with disabilities (particularly mental health-related), people from Black ethnic backgrounds, men, and people identifying as LGBTQ+ within the pathway when compared with the wider borough population.
- 9.4.6. The proposed decision represents a measure to address a known inequality that disproportionately affects individuals with mental health conditions, disabilities and socio-economic disadvantage, and to prevent discrimination. It advances equality of opportunity by meeting the needs of individuals whose housing and support requirements differ from those of others, and by maintaining access to supported accommodation designed to promote recovery, tenancy sustainment and social inclusion. The continuation of these services will also help to foster good relations between affected individuals and the wider community, by supporting stability, engagement and longer-term positive outcomes.
- 9.4.7. While the recommissioning overall is expected to have a positive or protective equality impact, reconfiguration of provision, with a greater proportion of support delivered through non-commissioned partnership model, introduces a potential adverse impact, particularly for those groups who are over-represented within the pathway and more likely to rely on supported accommodation due to the severity and complexity of their needs. In this context, the transition of elements of specialist provision into a wider system

offer, including SEA and partnership delivery models, may introduce variability in access, quality and consistency where provision is not directly commissioned or controlled by the Council, which may disproportionately affect groups with protected characteristics.

- 9.4.8. Measures are in place to mitigate these risks, including active market engagement and management to maintain quality, consistency and appropriate standards across both commissioned and non-commissioned services. This approach is designed to address potential variability introduced by the wider system model. In parallel, the Council will work with 'by and for' organisations to support the continuation and development of specialist provision within the wider system, ensuring that culturally competent and identity-specific support remains available to groups with protected characteristics. The risk of fragmentation or delays in access and move-on pathways will be mitigated through strong joint working with commissioned providers, SEA providers, the NHS and wider partners, ensuring coordinated referral routes, continuity of care and effective system navigation. Where any service changes require residents to move, transitions will be carefully planned to minimise disruption and aligned to the most appropriate outcomes, with particular consideration given to individuals with complex or fluctuating needs.
- 9.4.9. The organisations delivering these services will be carrying out a public function on behalf of the Council and will be required to have due regard to for the need to achieve the three aims of the Public Sector Equality Duty as stated above. Appropriate contract management arrangements will be established to ensure that the delivery of the major works does not result in any preventable or disproportionate inequality. The Council will take steps to collect demographic data on service users to identify any inequalities in service provision that may arise and to inform future equalities analysis.
- 9.4.10. An Equality Impact Assessment has been completed for the proposed recommissioning of the Single Adults Complex Needs Supported Accommodation.

10. **Use of Appendices**

Appendix 1 – Part B Exempt Information

Appendix 2 – Service Users Consultations Analysis Report

11. **Background papers**

11.1. Local Government (Access to Information) Act 1985

- 11.1.1. This report contains exempt and non-exempt information. Exempt information is contained in the exempt report and is not for publication. The exempt information is under the following category: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)) information in relation to financial or the business affairs of any particular person (including the authority holding that information).