

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Cabinet

**DATE:** 18<sup>th</sup> July 2022

**SUBJECT:** Procurement of an Integrated Substance Misuse Recovery and Treatment services including Shared Care

**PORTFOLIO:** Cllr Natasa Pantelic, Social Care and Public Health  
Cllr Christine Hulme, Children's Services, Lifelong Learning & Skills

**CHIEF OFFICER:** Marc Gadsby, Acting Executive Director People (Adults)

**CONTACT OFFICER:** Jane Senior, Associate Director People Strategy and Commissioning  
Avtar Maan, Group Manager People Strategy

**WARD(S):** All

**KEY DECISION:** YES

**EXEMPT:** Part Exempt – Appendices 1, 2 and 3 are exempt as they contain the following category of exempt information as specified in Paragraph 3, Schedule 12A of the Local Government Act 1972, namely: "Information relating to the financial or business affairs of any particular person (including the authority holding that information)"

**DECISION SUBJECT TO CALL IN:** YES

**APPENDICES:** Appendix 1 EXEMPT– Overview of current substance misuse services in Slough  
Appendix 2 EXEMPT - Funding  
Appendix 3 EXEMPT – Legal and Financial Implications continued  
Appendix 4 – Overview of targets  
Appendix 5 – Equalities Impact Assessment

### **1 Summary and Recommendations**

1.1 This report seeks approval to

1. Progress the procurement of an Integrated Substance Misuse Treatment Services which will commence on 1 April 2023. This will be procured as two lots.

- Lot One: Integrated Adults and Young Peoples' Substance Misuse Treatment Services for a 9-year contract (a five-year contract plus two extension periods of two years each subject to funding and good performance).
- Lot Two: Rough sleepers' substance misuse outreach service for 2 years (12 months plus 12 months extension subject to continuation of grant funding and good performance).
- Lot One will include provision for a Lead Provider, who will have responsibility for coordinating services contained in both Lot One and Lot Two provision.
- Award contracts by direct award to Turning Point and Farnham Road Shared GP Practice for a time limited period from 1<sup>st</sup> August 2022 until to 31<sup>st</sup> March 2023. This will be at a value outlined in Appendix 2. Award of contracts to these providers is a condition of receiving additional funding from Central Government. The funding will be used to increase the numbers in treatment and to improve the quality of provision, and to develop a rough sleepers' drugs and alcohol treatment service.

### **Recommendations:**

Cabinet is requested to:

1. To note approval for award is required to ensure continuity of care and to avoid disruption of services whilst providing sufficient time to align all procurement activities relating to substance misuse treatment and recovery.
2. Approve the procurement of an Integrated Adult and Young Peoples' Substance Misuse service (Lot 1) for a nine-year period (five-year contract plus two extension periods of two-year from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2031 to the maximum value of £11.5m. This will be funded through Public Health Grant and will replace several existing services set out at Exempt Appendix 1.
3. Approve the procurement of rough sleepers' substance misuse outreach service (Lot 2) for a contract (12 months plus 12 months extension) from 1<sup>st</sup> April 2023 – 30<sup>th</sup> June 2025, this will be funded as detailed in Exempt Appendix 2.
4. Note that the procurement model described in this report is reflective of the various funding streams available for services and is designed to minimise the financial risk to the Council should funding be reduced or withdrawn.
5. Note that a report concerning the new delivery model for an Integrated Substance Misuse Service is intended to be presented to People Scrutiny Panel in June 2022.
6. Agree that a report concerning contract award for the Integrated Substance Misuse Service will be presented to Cabinet in December 2022
7. Delegate authority to the Executive Director for People (Adults), in consultation with the Lead Member for Social Care and Public Health, to have oversight of the procurement process.

8. Approve a direct contract award to Turning Point to deliver additional services from 1<sup>st</sup> August 2022 – 31<sup>st</sup> March 2023. This will be at the value of outlined in Exempt Appendix 2
9. Approve a direct contract award to Farnham Road Surgery to deliver additional clinical services from 1<sup>st</sup> August 2022 – 31<sup>st</sup> March 2023. This will be at the value of outlined in Exempt Appendix 2
10. Approve the granting of a lease and any supplemental document(s) of Elliman Resource Unit 27 Pursers Court Slough SL2 5DL to Turning Point for a term of one year commencing 1 April 2022. Further information is contained in Exempt Appendix 2
11. Approve the grant of a lease and any supplemental document(s) of Elliman Resource Unit 27 Pursers Court Slough SL2 5DL to the new provider for a minimum term of 5 years commencing 1 April 2023. Further information is contained in Exempt Appendix 2
12. Delegate authority to the Executive Director of Resources and Executive Director of Place & Community to finalise terms and execute the lease and supplemental documentation of the above property to the tenant/provider.

**Reason:**

To provide authority to award contracts to existing providers Turning Point and Farnham Road Surgery to expand existing substance misuse provision for a time limited period. This will be to increase the number in treatment and to improve the quality of provision, and to develop a rough sleepers' drugs and alcohol treatment service. Also, to provide authority to procure a new Integrated Substance Misuse Service and to award contracts to existing providers for time limited period. This will be in keeping with the new National Drugs Strategy, From Harm to Hope; A 10-year drugs plan to cut crime and save lives.

**Commissioner Review**

*"The Commissioners are content with this report."*

**2 Report**

**Introductory Paragraph**

This report sets out recommendations to directly award contracts to existing providers to expand and improve existing substance misuse provision, including rough sleepers through grant funding. Also, to procure a new Integrated Substance Misuse service in place of existing provision, so that this is in place once the existing (and expanded) contracts expire in March 2023.

The purpose of expanding and then remodelling substance misuse provision is to support the key priorities contained within the new ten-year drugs strategy, From Harm to Hope; a 10-year drugs plan to cut crime and save lives.

These include:

- Increasing the number and quality of treatment places
- Strengthening workforce skills
- Decreasing drug and alcohol related deaths
- Decreasing associated crimes such as burglary, robbery and theft
- Increasing treatment places for rough sleepers and/or those at risk of rough sleeping
- Increasing treatment places for every offender
- More people recovering from addiction in sustained employment
- More people recovering from addiction in stable and secure housing

The government has set aside £293M funding over the next three years for this purpose.

The Strategy emerged following the Independent Review Concerning Drugs: Prevention, Treatment and Recovery undertaken and concluded by Dame Carol Black in July 2021. The Independent Review found that disinvestment in substance misuse service over a number of years had led to:

- An increase in drug related deaths
- A reduction in the workforce with a sufficient skill set to address the complex needs of the substance misuse population
- A reduction in the effectiveness of substance misuse treatment services
- An increase in caseloads for services
- Increase in acquisitive crime being delated to drugs.

To ensure the delivery of the aims set out within the ten-year strategy, a new national commissioning quality standard is being introduced. This will ensure that local partnership is held to account in respect of increasing transparency, ensuring consistency, and promoting effective joint working. It is proposed that the implementation of the new national commissioning quality standard is monitored through the Health and Social Care Partnership Board.

The provision of drug and alcohol treatment and recovery services meets the following Council priorities and objectives:

### **Slough Health and Wellbeing Strategy**

Priority one – Starting Well: Improve the health and wellbeing of young people in Slough.

Priority two – (a) Increase life expectancy in Slough and (b) Increase the number of people who are managing their own care and support needs

### **Slough Recovery Plan**

Leadership and Culture

- Decisions are based upon data and evidence
- The organisation is transparent and openly and actively engages with the public and partners to inform decision-making

Governance

- Evidence led decision making
- Develop and enhance performance reporting outlines areas for improvement and best practice

Citizen Service standards and performance

- Provide a good level of service to residents and businesses
- Contribute to the customer engagement excellence programme

**Slough Corporate Plan**

- An environment that helps residents live more independent, healthier and safer lives

Substance misuse causes impact on the level of crime, antisocial behaviour, and safety, as well as increasing pressure on health and social care services. Through proactive engagement to identify substance misuse needs, and through improved access to good quality treatment, the harm caused can be reduced to create healthier and safer lives.

- A council that lives within our means, balances the budget and delivers best value for taxpayers and service users

The evidence shows us that alcohol and drug treatment provides value for money. Treatment is associated with immediate and long-term savings to the public purse, e.g., every £1 spent on drug treatment, saves £2.50 for tax payers in reducing the cost of crime, health and social care. This is a service based on prevention and reducing harm. The long-term effects of having a service like this will promote healthy and positive lifestyle choices. (<https://www.ndtms.net/ValueForMoney.aspx>).

**1. Options considered:**

Option	Pros	Cons
<p><b>Option 1</b> Do not expand existing provision to take account of additional funding, and do not approve the procurement of an integrated substance misuse service.</p>	<p>Reduces pressure on officer time</p>	<p>The contract extension for existing services will expire on 31<sup>st</sup> March 2023. This will leave our residents without help and support to reduce their drug and alcohol use thereby increasing their ill-health.</p> <p>The new National Drug Strategy comes with an expectation that authorities will maintain their 20/21 investment in drug and alcohol treatment services and prioritise system quality and stability.</p> <p>As the service is funded from the ring-fenced Public Health Grant, the funds for these services may have to be returned. Likewise, any</p>

Option	Pros	Cons
		<p>additional funds that have been specifically awarded.</p> <p>We will not be eligible to receive additional funds arising from the increased investment linked to the crime and drug strategy.</p> <p>Reputational risk to the organisation.</p> <p>In addition, the National Commissioning Quality Standard will include a reporting of financial investment in treatment services be maintained at 2020/21 levels.</p> <p>Increased levels of harm relating to substance misused due to the absence of treatment. This will place pressure on health, social care and crime</p>
<p><b>Option 2</b> Issue a further 1 year contract extension to align procurement activity with the expiration of the additional funds.</p>	<p>Reduces officers time in a re-commissioning process</p> <p>Allows for sufficient time to define a service aligned to the new drug strategy.</p>	<p>Unnecessary protracted commissioning approach that destabilises the service provider.</p> <p>Limited options to develop the aims of the new drug strategy.</p> <p>Not good practice or in keeping with contract procedure rules.</p> <p>Does not provide opportunity for competition.</p>
<p><b>Option 3</b> Approve a shorter contract duration for the integrated substance misuse service</p>	<p>Installs a sense of safety for the authority should a provider not perform as expected (this is negated with effective contract management and a strong delivery plan)</p> <p>Contract is for longer than initial funding period.</p>	<p>Enables the provider to work over the long term so that together we can enact the new 10 year strategy and create behaviour change with improved outcomes for local residents.</p>

Option	Pros	Cons
		<p>The additional funds will strengthen our local services, reduce harm and save lives but the plans need time to embed and create a new culture of service delivery. This can be achieved within a strong and lasting partnership approach</p> <p>The National Commissioning Quality Standard seeks to stabilise treatment provision and to engage in competitive tendering only when local improvement needs to be made</p>
<p>Option 4</p> <p>Approve</p> <ol style="list-style-type: none"> <li>1. The recommissioning of the substance misuse and treatment service under two lots to minimise the financial risk to the Council</li> <li>2. Direct award to the existing provider, Turning Point and Farnham Road the in-year (2022/2023) additional funds</li> </ol> <p><b>Recommended Option</b></p>	<p>We install stability in the system that allows partnerships to develop and flourish thus delivering on the 10 year strategy. Consequently, this will benefit of our residents who require help and support to reduce their risky behaviour.</p> <p>Supports the ambitions of the Crime and Drugs Strategy to strengthen existing arrangements for substance misuse provision.</p> <p>Allows for an efficient implementation to maximise the use of additional funds whilst supporting competitive procurement over the longer term.</p> <p>Supports long term funding of drugs and alcohol services from the ring-fenced Public Health grant.</p>	<p>Provides limited options to withdraw from the contract should performance not be satisfactory.</p> <p>There is uncertainty of long term ring-fenced public health grant. (see risk table at section 3.3 below)</p>

Option	Pros	Cons
	<p>Assurance that any additional funds have time to embed and strengthen.</p> <p>Allows an effective supplier relationship management approach to be established with the contract being robustly managed.</p>	

## Background

- 1.1 Public Health England 2021/22 Drug Information Pack estimates that the number of opiate and/or crack cocaine users in Slough is 1,284, and this ranks Slough with one of the highest levels of opiate and/or crack cocaine use amongst people aged 15-64 years in the Southeast.
- 1.2 Local data taken from the National Drug Treatment Monitoring System (NDTMS) shows an increase in the number of clients aged 50+ over the last 5 years; from 19% (n105) in 2015/16 to 23% (n119) in 2019/20 across all substances. There is a pattern of an ageing substance misusing population with significant health and social care needs. 64% of adults seeking treatment relates to opiates, which remains the largest substance group.
- 1.3 Based on the Office for National Statistics ('ONS') mid-year population estimates, the proportion of people in Slough who are dependent on opiates and/or crack cocaine or and not in treatment is 58% (745 estimated people not in treatment from a total of 1,284). The national average of unmet need for people who are dependent on opiate and / or crack cocaine, but who are not in treatment is 47%, evidencing the need for continued investment in substance misuse treatment.  
<https://publichealthmatters.blog.gov.uk/2016/07/25/tools-for-assessing-value-for-money-for-alcohol-and-drug-treatment/>
- 1.4 The estimated unmet need rate for 2018/19 shows that 86.1% dependent drinkers were not in treatment in Slough, compared to 82.3% regionally and 82.4% nationally. The local estimate is 1,266 users, compared to 486,426 nationally (<https://www.ndtms.net/ValueForMoney.aspx>).
- 2.5 The procurement for the existing Substance Misuse and Recovery Services were commissioned during 2016. The services went live 1st April 2017, for a period of 3 years plus two extension period of one year each. A further extension period of one year was approved at Cabinet in January 2022 under Regulation 72(1) (c), The Public Contracts Regulations 2015 (PCR), to enable a full procurement to be completed by March 2023.
- 2.6 The services that make up the current substance misuse treatment services in Slough are:
  - Adult and young peoples' substance misuse treatment and recovery

- Clinical Prescribing Service
- GP Shared Care
- Pharmacy Needle Exchange
- Pharmacy Supervised Consumption
- Supply of needle exchange and hazardous waste

Further details concerning services are set out in Exempt Appendix 1.

2.7 The new integrated substance misuse service will bring together all provisions into a single service through a lead provider model. The lead provider will be part of Lot 1 services and will be responsible for the delivery of both Lot 1 and Lot 2, either through subcontracting services or inhouse provision.

### Stakeholder Engagement

2.8 Market engagement: an on-line market engagement event was carried out to assess the market conditions and readiness for a revised service specification during October 2021. A range of providers and partners involved in substance misuse treatment, prevention, and recovery attended, indicating a competitive and active market. Several different commissioning models was presented to inform the final specification, with a preference for a Lead Provider model

2.9 Stakeholder engagement with statutory partners (criminal justice, health, social care) and the voluntary sector took place in October 2021 and will also be undertaken in July 2022. Feedback from stakeholders identified the following areas of improvement:

- Improve information sharing, multi-agency partnership working
- Address gaps in mental health support and outreach
- Provide more joint training for partners to raise awareness and referral pathways
- Enhanced staff retention and recruitment
- Better communication and flexibility

2.10 Service User Engagement: service user engagement took place in October 2021 and took the form of paper-based survey and an on-line questionnaire. Feedback from service users highlighted the following gaps and need for improvement in the following areas:

- More workforce development and training
- Mental health support and interventions
- Improved communication amongst partners – health, social care and criminal justice
- Evening appointments and a flexible scripting pathway
- Reduced waiting times and more opportunities face to face appointments.

### 2.11 Specification and outline model

The specification will outline the key deliverables and outcomes expected from the investment to improve substance misuse treatment outcomes for the residents of Slough. Bidders will be expected to submit a model outlining how the targets, outcomes and key deliverables outlined in the specification will be met.

Lot One Integrated Adults and Young Peoples' Substance Misuse service:

This will be provided as follows

- An integrated substance misuse service for adults and young people – **delivered by a Lead Provider.**
- In addition, the Lead Provider is expected to oversee the provision of treatment and recovery pathways, subcontracting as appropriate the following
  - Clinical Prescribing Service
  - Shared Care
  - Pharmacy Needle Exchange and Supervised Consumption
  - Needle Exchange & Waste Collection

The Specification also states the following responsibilities for the Lead Provider

- The delivery of a high-quality integrated substance misuse treatment and recovery service
- Personalised approach to treatment that offers choice of a range of interventions to enable recovery from the harm caused by substance misuse
- Develop pathways to identify and manage complex cases
- Work with partner agencies to improve outcomes around safeguarding (children, young people, adults and mental health, housing needs)
- Ensure connections with local partner agencies to promote recovery, including step down, access to housing, education, employment, and training
- Manage access to residential detoxification and rehabilitation via a panel made up of Key Workers Slough Commissioners and GP Clinical Lead
- Meeting the needs for substance misuse service users and their families
- Ensuring services are provided/subcontracted within agreed budgets
- Workforce development and service user engagement in developing services
- Performance management and governance

Area	Core Services /interventions	Extra value added
<p>An integrated substance misuse service for adults and young people (delivered separately from adults)</p>	<p><b>Access to treatment</b></p> <ul style="list-style-type: none"> <li>• Referrals self, walk in, online and from other agencies for example Pregnancy referrals to Hospital</li> <li>• Medical Interventions &amp; Clinics</li> <li>• Medical reviews</li> <li>• BBV Screening</li> <li>• Assessments &amp; audits</li> <li>• Safeguarding – Children and Adults</li> <li>• Family Support</li> <li>• Parent Assessments Individual key working</li> <li>• Integrated Offender Management and in reach to prisons for continuity of care</li> <li>• Targeted workers to support joint work with Children and Family Services and the Violence Against Women and Girls (VAWG) partnership</li> <li>• Detox and rehabilitation placements</li> <li>• Young People/Under 18's</li> <li>• Needle Exchange programme</li> <li>• Safe Storage distribution</li> <li>• Naloxone/Pabrinex</li> <li>• Recovery support</li> <li>• Hospital visits</li> <li>• Probation Assessments</li> <li>• Required Assessments</li> <li>• Custody Referrals</li> <li>• Group sessions</li> </ul> <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>• Domestic Abuse Support/referrals</li> <li>• Mental Health interventions and support</li> <li>• Criminal Justice Meetings</li> <li>• Outreach, Night reach for rough sleepers/street workers and hard to engage with communities</li> <li>• Prison Visits /Leavers</li> <li>• Criminal Justice Clients on Court orders.</li> <li>• Referrals to Counselling</li> <li>• Safeguarding</li> <li>• Aftercare</li> </ul>	<ul style="list-style-type: none"> <li>• Joint working with Criminal Justice Services such as Police, Court and Probation</li> <li>• Joint Multi-agency working and representation for Slough at <ul style="list-style-type: none"> <li>○ Berkshire Drug Related Deaths Panel</li> <li>○ Safeguarding Panels</li> <li>○ Regional meeting</li> </ul> </li> <li>• Health checks</li> <li>• Referral onwards to other professionals</li> <li>• Partnership working and aftercare signposting</li> <li>• Group sessions and peer support</li> <li>• Employment Support</li> <li>• Housing Support</li> <li>• Substance Misuse Training</li> <li>• Substance Misuse awareness promotions</li> <li>• Smoking cessation referrals</li> <li>• Reports to professionals</li> <li>• Data reporting/case studies</li> <li>• Expanding digitalisation and virtual offer where appropriate</li> <li>• Expanding user group involvement in redesigning services</li> <li>• Broadening women's wellness offer</li> <li>• Options to deliver general practice services specific to substance misuse issues</li> </ul>

	<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Joint multiagency working</li> <li>• Attending Meetings with Social Services for Child Protection, Child in Need, Looked After Children cases</li> <li>• School visits</li> <li>• Drug &amp; Alcohol Awareness sessions.</li> <li>• Promoting the service at local events.</li> <li>• Monitoring tools.</li> </ul>	
<p>Clinical Prescribing (<u>provided by Lead Provider or sub-contracted</u>)</p>	<ul style="list-style-type: none"> <li>• Clinics: Medical reviews/New clients</li> <li>• Prescribing Medication</li> <li>• Health reviews</li> <li>• Safeguarding</li> <li>• Phone calls to professionals and clients</li> <li>• Timely communication and information exchange with other professionals</li> <li>• Emails to professionals</li> <li>• Professional meetings with other services</li> <li>• Shared Care Provision clinics</li> <li>• Psychiatry Clinics (Number of referrals, assessments, sessions and discharges.</li> <li>• Data and reports</li> <li>• Royal College of General Practitioners Training</li> </ul>	<ul style="list-style-type: none"> <li>• Service Users reintegrating into the community.</li> <li>• Psychology services</li> </ul>
<p>Shared Care Pharmacies (<u>sub contracted by Lead Provider</u>)</p>	<ul style="list-style-type: none"> <li>• Monitor Pharmacy outcomes</li> <li>• Supervised Consumption Charges</li> <li>• Needle Exchange Charges</li> <li>• Processing invoices</li> <li>• General enquires</li> <li>• Renewal of contracts</li> <li>• Training as and when needed</li> </ul>	<ul style="list-style-type: none"> <li>• Service User Health &amp; Safety advice and guidance</li> </ul>
<p>Needle Exchange &amp; Waste (<u>sub contracted by Lead Provider</u>)</p>	<ul style="list-style-type: none"> <li>• Needle Exchange Supplies</li> <li>• Needle Exchange Training</li> <li>• Waste Pick up collection breakdown.</li> <li>• Stock ordering breakdown</li> <li>• Disposal charges</li> <li>• Regular communication with the pharmacies.</li> <li>• General enquires</li> </ul>	

## Lot 2 Rough Sleepers Substance Misuse Treatment Outreach Service

2.13 The purpose of this lot is to:

- a) ensure that the engagement that people have had with drug and alcohol treatment services whilst in temporary accommodation is maintained as they move into longer term accommodation (continuity of care);
- b) support people to access, and engage in, drug and alcohol treatment who have not yet done so (access and engagement);
- c) build resilience and capacity in **local drug and alcohol treatment systems** to continue to meet the needs of this population in future years (resilient and sustainable models of care).

The allocation of funds for drug and alcohol treatment is based on data returned by the local authorities. Key to the submission of the bid was partnership engagement, and the bid has been coproduced and countersigned by the existing treatment provider. Due to the timetable for submission of grant bids and notification, there is insufficient time to undertake competitive procurement, therefore a dual approach is proposed - the existing treatment providers will be awarded a short-term contract until 31<sup>st</sup> March 2023 to deliver this service until procurement can take effect. This will ensure

- Implementation of an agreed model to provide targeted support to a vulnerable group of local residents with complex needs - this model has been coproduced with the current provider with a shared ambition to minimise the harms caused by substance misuse.
- Timely implementation – there is little option to carry forward any underspends due to late implementation
- Continuity of service based on need
- Access to wider clinical oversight, support, and on-going recovery support without excessive overhead costs. This provides a cost-effective solution to maximises best value

2.14 The specification will outline the key deliverables and outcomes expected from the investment to improve substance misuse treatment outcomes for rough sleepers. Bidders will be expected to submit a model outlining how targets, outcomes and key deliverables outlined in the specification will be met. Key areas in the specification will outline Provider responsibilities regarding

- 1) Outreach: must deliver an effective outreach service, at unsocial hours (regular early mornings/ late evenings), (alongside partner agencies where necessary) to those who are rough sleeping in the Borough.
- 2) Thresholds and Eligibility: Anyone who is rough sleeping in the Borough, with a drug and alcohol dependence, who has been verified as rough sleeping or at risk of homelessness by the Rough Sleeping Outreach Service by Slough Council Housing Team. This includes
  - Referrals from the Slough Homelessness Outreach team
  - People who are rough sleeping with a local connection to Slough

- People who are 18 plus years
  - Individuals with no recourse to public fund are entitled to access including refugees and asylum seekers
- 3) Access to Services: must ensure access is appropriate and timely, for example be present and offer interventions early in the morning, evenings and weekends.
- 4) Engagement and Treatment: Those who are rough sleeping/ have rough slept suffer complex trauma, such as violence, abuse or loss as well as both mental health and substance/ alcohol use issues that mainstream services are not always equipped to deal with effectively. The Provider must
- Provide a high quality, accessible psychological service for those experiencing rough sleeping.
  - Establish and build strong effective relationships with those rough sleeping.
  - Support those rough sleeping to build trust in services and professionals, allowing them to be linked in with mainstream services.
  - Oversee and manage a caseload of those who rough sleep, many of whom will have multiple complex needs.
  - Continue to assess new people / those at risk of rough sleeping throughout the contract term.
  - Provide a comprehensive assessment to every individual who is rough sleeping to fully understand their needs, alongside an action plan to address how their unmet needs will be met.
  - Provide access to inpatient detox / rehab and post-continuity of care.
- 5) Health Services: The Provider must provide general healthcare services such as Blood Borne Virus testing, vaccinations & rapid access to treatment (linked to Lot One). In addition, the Provider must
- Be flexible to the individual to ensure they engage with treatment and offer access to clinical prescribing.
  - Identify substance misuse and mental ill health and to offer therapeutic support to address this.
  - Provide treatment and interventions for those rough sleeping with multiple complex issues who may be isolated or withdrawn.

### Technical and commercial weighting

2.15 It is recommended that the evaluation for the procurement of the contract uses a 50% price and 50% quality weighting to ensure the delivery of quality services. As part of the open tender there will be a Qualification stage and only those tenderers who pass all aspects of this will have their quality and price submissions evaluated. The tenderer who submits the lowest price will be awarded the full 50% available.

### Contract management arrangements and notice periods

2.16 Performance against the contract will be measured against high level performance objectives, consisting of clearly defined targets by the Slough Substance Misuse Partnership, and Office of Health Inequalities and Disparities. Targets will be reviewed annually and benchmarked against regional and national comparators to reflect changes in trends, strategy and performance.

- 2.17 These Key Performance Indicators will evidence minimum standards around Services' delivery and monitor the provision of an inclusive service with the full breadth of interventions available. Contract performance will be assessed via quarterly monitoring meetings. As the contract progresses, further monitoring requirements will be developed with the successful provider as changing needs will need to be addressed.
- 2.18 There will be clauses in the contract terms and conditions covering breaches in performance. These will relate to a number of factors including critical performance defaults and non-critical performance defaults. Remedies include warnings, withholding of payments or part-payments. The contract will also include a clause relating to the additional funds, meaning should funding be pulled during the term of this contract; the council are able to reduce the value or terminate services within 6 months' notice

### **3. Implications of the Recommendation**

#### **3.1 Financial implications**

- 3.1.1 Starting this year 2022/23, the Department of Health and Social Care has made it a condition of the Public Health Grant that a local authority must "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners".
- 3.1.2 Part of the conditions set out for additional funding awarded through the national ten-year strategy is a commitment and assurance required from all local authorities to maintain its treatment funding in line with the 2020/2021 baseline.
- 3.1.3 The funding of the substance misuse treatment and recovery service will be from several different ring fenced- grant sources. As such, each grant source may have a different duration, and this will be clearly communicated during the re-procurement.
- Annual Public Health Grant allocation Existing annual allocation
  - Supplementary Substance Misuse (New) -Annual allocation

Further years funding allocation is detailed in Appendix 2

#### **Constraints**

- 3.1.4 Local areas will be awarded additional funds to aid the implementation of the new national strategy, but these will be dependent upon maintaining local investment as mentioned above.
- 3.1.5 Assurance will be required from local areas that any additional grants awarded to the local authority is ring fenced and is in line with agreed expenditure to achieve the ambitions of the ten-year strategy.
- 3.1.6 Additional funding streams outlined in Exempt Appendix 2 has been announced for 22/23 and 23/24 of the 10-year plan.

#### **Recommendation**

- 3.1.7 It is recommended that steps be taken to implement the proposed property lease arrangements set out in Exempt Appendix 2.
- 3.1.8 When re-procuring the Substance Misuse and Treatment Service, flexibility will be built into the contract to enable adjustment to the level of service in response to any potential change to the grants received by the council (e.g. reduction or cessation) which would impact the council's ability to fund the service.
- 3.1.9 The re-procurement of the new service will be funded as shown in Exempt Appendix 2. These funds can only be used in addition to drugs and alcohol service provision as declared in the 2020/21 Public Health grant funding report so that access to services is increased.

## 3.2 Legal implications

- 3.2.1 Under the Health and Social Care Act (2012) local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.
- 3.2.2 Mandatory reporting on the non-prescribed but "conditions of the Public Health grant" include:
- i. Treatment for drug misuse
  - ii. Treatment for alcohol misuse
  - iii. Preventing and reducing harm from drug misuse in adults
  - iv. Preventing and reducing harm from alcohol misuse in adults
  - v. Specialist drugs and alcohol misuse services for children and young people
- 3.2.3 In order to fulfil its duties the local authority must have accessible drug and alcohol treatment and recovery systems that include a full range of National Institute of Clinical Excellence (NICE) compliant drug and alcohol interventions to treat both alcohol and drug dependence and to reduce harm, based on local authority prevalence, need and current outcomes.
- 3.2.4 In addition, the local authority must have evidence based prevention activities to reduce harm and improve resilience among your people and vulnerable groups such as homeless/hostel dwellers, offenders and those using new psychoactive substances.
- 3.2.5 The duty also requires local authorities to be compliant with National Drug Treatment Monitoring System (NDTMS) reporting.
- 3.2.6 There are legal implications for making a direct contract award by a public authority under the Public Contract Regulations 2015 (PCR 2015). The authority must demonstrate certain prerequisites and exceptional circumstances for the award to be lawful. In this case those essential prerequisites and exceptional are demonstrable, justifying the council to make the direct award.

3.2.7 These exceptional factors are linked with and are an inherent part of the exempt elements in this report. Therefore, they are outlined in Exempt Appendix Three.

3.2.8 Pursuant to section 123 (2) of the Local Government Act 1972, local authorities are not to dispose of general fund land for a consideration which is less than the best consideration that can be reasonably obtained without the consent of the Secretary of State, unless the disposal comprises the grant of a lease of less than 7 years. The General Disposal Consent of 2003 permits land to be disposal of by local authorities at an undervalue if the local authority considers that the purpose for which the land is disposed of is likely to contribute to any one or more of the promotion or improvement of economic, social or environmental well being of the whole or any part of its area or of all or any persons resident or present in its area, and the undervalue is less than £2,000,000.00.

The proposed leases of Elliman Resource Unit 27 Pursers Court Slough SL2 5DL will both be for a term not exceeding seven years at nil rent. The priorities noted within Slough’s Health and Wellbeing Strategy clearly identify this proposal will contribute to a promotion and improvement of the wellbeing of residents within the area, so the General Disposal Consent of 2003 will apply on this occasion.

### 3.3 Risk management implication

3.3.1 Risks associated with the recommended option are as follows;

<b>Risk</b>	<b>Assessment of Risk</b>	<b>Mitigation</b>	<b>Residual Risk</b>
Low market interest in the service	Low  The existing provider is keen to retain the service in addition to several the organisations who attended a market engagement event	Commissioners will re-engage with those who were invited to the market engagement event to re-establish contact and to update on the proposed design on the new service A PIN notice will be issued directing interested parties to apply for tender registration	Remains low
Providers bid over the indicative grant allocations	Medium/High  The market is facing significant economic pressures. This includes increases in national insurance, utilities, inflationary pressures and income competition from other sectors	The market engagement will be clear about the indicative budgets and various funding streams and the scoring mechanism in relation to price evaluation for reach lot.  Bidders will be ask to state how and with what they will deliver against each lot.  Price will dictate the order of engagement with providers with the most cost effective approached first.	Low/medium

		Providers will likely be sighted on local authority cost pressures but also sighted on the additional funds streaming that are coming into drugs and alcohol treatment services.	
Loss of continuity of care for existing service users should the existing provider lose the tender	Low/Medium  The existing provider is keen to retain the service and they have the advantage of knowing the wants/needs of our local population as well as having plans in place for additional funding streams	The successful bidder will provide a three-month mobilisation plan that will include a thorough handover from the existing provider  Existing staff will be able to TUPE over to the new provider as will existing case notes	Low
Existing partnership could be lost if a new provider wins the tender	Medium	The mobilisation plan will include engagement with all existing partners and this will be facilitated by both the existing provider and local authority officers	Low
Financial risk to the Council should the funding from Public Health be reduced or withdrawn	Medium	The contract will have a clause relating to the Public Health Grant and any additional funds. the additional funds, meaning should funding be pulled during the term of this contract; the council are able to reduce the value or terminate services within 6 months' notice	Low
Poor performance outcomes	Medium	There will be clauses in the contract terms and conditions covering breaches in performance. These will relate to a number of factors including critical performance defaults and non-critical performance defaults. Remedies include warnings, withholding of payments or part-payments.	Low

### 3.4 Environmental implications

3.4.1 During the procurement process, potential providers will be requested to submit a copy of their environmental impact assessment and impact management measures.

Environmental Impact	Management Measures
Carbon emissions from staff travelling to work and between work place locations	Staff recruitment centred on local residents thus reducing travel to work carbon emission footprint. Promotion or provision of bicycles for staff travel. Promotion of walking routes for outreach workers Promotion of car sharing Travel cards provided for staff to enable them to use public transport. Promotion of electric powered cars.
Hazardous Waste management	Infection control policies and procedures Staff trained in infection control Contract for hazardous waste removal and disposal for needles is included in this contract
Office and equipment waste management	Use of confidential paper shredding and recycling service. Use of recycled ink cartridges for printers. Recycle electronic equipment with ethical supplier. Reduce paper usage by using electronic alternative methods for communication e.g. electronic case note records.

### 3.5 Equality implications

3.5.1 Please see the Equality Impact assessment at Appendix 5.

3.5.2 The bidders will be required to set out how they will meet equalities requirements through the tendering process. This includes meeting the diverse cultural and language needs within the borough and seeking to recruit people with a lived experience.

### 3.6 Procurement implications

3.6.1 The following set out the options that have been considered in relation to the procurement route and strategy for the substance misuse treatment and recovery services.

Strategic Approach	Procurement	Consideration	Recommended
Single Provider for the substance misuse service		This approach was the most favoured option as per	<b>Yes</b>

<p>and thereafter subcontracting the clinical needle exchange and pharmacy services.</p> <p>The Lead Provider will deliver the main contract (substance misuse treatment and recovery) and oversee the delivery of wider treatment services to improve outcomes for this service group.</p>	<p>the feedback from the recent market engagement event.</p> <p>The procurement becomes more attractive to established substance misuse providers that are accustomed to providing clinical and behavioural services under one umbrella.</p> <p>Individual seamless pathways are easier to build around client needs</p> <p>We are expecting the overall service to be more cost efficient than the existing arrangement due to reduced management overheads.</p>	<p>Offers cost efficiency to the local authority</p> <p>Reduces commissioning time with much fewer contracts to manage.</p> <p>System wide developments are more easily able to be agreed and will form part of the tender/mobilisation.</p> <p>Clinical governance and oversight are the responsibility of one provider.</p>
<p>Recommission the various individual services so as to maintain the existing way of working.</p>	<p>This is an established format for Slough and the various service are accustomed to working in a partnership with each other.</p> <p>However each service has its individual management costs i.e. HR, Management oversite etc thus back office efficiencies cannot be made</p>	<p><b>No.</b></p> <p>The contracts require individual contract management from the commissioning team so are not time efficient.</p>

3.6.1 The following set out the procurement timetable integrated substance misuse treatment and recovery services.

Procurement Stage	Estimated Timetable
Submission of bid applications for additional funds to support the crime and drugs strategy	29/03/2022 – 11/05/2022

Clarifications and confirmation	01/06/2022 – 30/07/2022
Service User and Stakeholder Engagement	20/10/2022 15/06/2022–15/07/2022
Workshop with potential providers	30/06/2022
Revenue business case	23/06/2022 – 30/06/2022
Prepare Report to go to July Cabinet meeting - request commencement of Procurement and Direct Award	10/06/2022
Cabinet Meeting	18/07/2022
Notification of contract award	19/07/2022
Incidental procurement issues	20/07/2022 – 30/07/2022
Indicative go live interim services	01/08/2022
Confirmation and update of TUPE information (data/financial/insurance/pension requirement/vacant posts)	29/07/2022
ITT issued on SE Shared Services E-portal	1/08/2022
Deadline for receipt of clarifications	11/08/2022
Target date for responses to clarifications	18/08/2022
Deadline for receipt of Tenders	02/09/2022 12 noon
Evaluation of Tenders	3/09/2022 – 30/09/2022
Presentations	03/09/2022 – 30/09/2022
Prepare and approve Tender evaluation Report by Procurement Review Board	13/10/2022
Inform Cabinet of Contract Award	21/11/2022
Notification of contract award decision	02/12/2022
"Standstill" period (must be 10 days )	03/12/2022 – 13/12/2022
Confirm contract award	14/12/2022
Contract start and start of mobilisation period	15/12/2022
Target service commencement date	01/04/2023

### 3.7 Workforce implications

- 3.7.1 The existing contract ends on 31<sup>st</sup> March 2023, there may be TUPE implications in that staff forming part of an organised grouping of staff mainly providing a service to Slough are likely to transfer to the new provider under Transfer of Undertakings (Protection of Employment) Regulations 2006.

Staff impacted by the transfer will transfer under their existing terms and conditions with the new provider inheriting the obligations under the contracts of employment of the transferring staff. The new provider will be responsible in undertaking their own due diligence regarding the TUPE implications.

### 3.8 Property implications

- 3.8.1 The Council currently hosts the existing provider Turning Point at 27 Pursers Court, Slough, SL2 7DL (Elliman Centre), this arrangement has been in place since 1<sup>st</sup>

April 2017, at NIL rent. The property has never generated income and prior to Turning Point taking occupation, it was used by Adult Social Services for day opportunities. Turning Point do not pay energy costs or maintenance costs, which are paid for by the Council, but they are the registered NNDR payer subject to any eligible reliefs.

Energy and Maintenance Costs for 2021-22 and estimated costs for 2022-23 are as follows:

	<b>Actual Costs (£) 2021-22</b>	<b>Estimated Costs (£) 2022-23</b>
Electricity	4,698	9,578
Gas	1,078	8,377
Maintenance	5,630	5,630
<b>TOTAL</b>	<b>11,406</b>	<b>23,585</b>

- 3.8.2 In May 2022, building work took place to update 27 Pursers Court with a new kitchen and washroom facilities. Further work has been completed to secure the building and ensure compliance with fire safety and with CQC regulations for the provision of substance misuse treatment. The intention being to continue to use the premises for this purpose. Independent evaluation has estimated that with the Elliman Resource being used as a healthcare type facility, it is sensible to compare to other health type facilities in the area. This would yield rental for Adult Social Services in the region of £30,000 per annum (exclusive of rates/utilities/etc) to use this building.
- 3.8.3 The same evaluation states the capital value of the property is dependent upon the covenant strength of the potential occupier. For example, the NHS represents a good covenant strength and therefore would enhance the value of the property. Assuming the property is let to an NHS provider the property would be expected to achieve a capital value after selling costs of between £282,000 and £564,000. If the property is let with a weaker covenant strength the property would be expected to achieve a capital value of between £176,000 and £353,000.
- 3.8.4 In January 2022, Cabinet approved the extension of substance misuse services to Turning Point for a period of one year, 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023 on existing terms and conditions. Since the Cabinet decision to extend the contract, the Asset Disposal Strategy has formally started the process to identify buildings for commercial purposes. Early indications suggest the 27 Pursers Court will be categorised for the use of substance misuse, but a formal decision is required for
1. the extended term (1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023), and
  2. the new contract term following procurement, for a term of 5 years plus 2 years plus 2 years.
- 3.8.5 Whilst the recommendation does not align with the current asset disposal strategy, the impact of a decision made to either dispose of the building or charge rental income, will have a significant impact on:
- Scope of services delivered under the contract
  - Financial stability of the contract

- Outcomes for services users – relocating will disrupt local services and continuity of care
- Agreed grant funding - should the financial envelope of the core service be reduced to meet capital costs
- Opportunity to bid for additional funds linked to the drug and crime strategy due to reduced provision (see section 3.1).

3.8.6 However, should this asset not be disposed of, it will be important that the borrowing costs associated with the foregone opportunity to generate sale proceeds (and thereby reduce borrowing) are met. The borrowing costs are currently estimated as being £10,000 per annum. It is proposed that these costs, along with energy and maintenance costs outlined at 3.8.1 above are met through alternative income sources via Adult Social Care for as long as the building is used for this purpose. Further information is contained at Exempt Appendix 2.

#### **4. Background Papers**

Report to Cabinet January 2022.

**Appendices 1-3 contain exempt information and are in Part II of the agenda**

## Appendix Four

### Overview of targets

Targets Lot One: Integrated Adults and Young Peoples' Substance Misuse Treatment Services

In line with the 10 year drugs and crime strategy, the following targets are expected over the first three years

#### 1) Increasing numbers in treatment

	Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
Capacity				
All adults "in structured treatment"	<b>667</b>	700	750	795
Opiates	395	415	435	455
Non opiates (combined non-opiate only and non-opiates and alcohol)	116	120	130	140
Alcohol	156	165	185	200
Young people "in treatment"	<b>9</b>	15	25	30

#### 2) Increasing proportion of adults in residential rehab to 2%

	Baseline 2018-21 average	Proportion of adults in resi rehab as a proportion of all adults in treatment	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
National	3805	1.4%			
Local planning	7	1.0%	7	10	12

#### 3) Number of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison/secure estate

	Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
National	37%		75%	
Local planning (%)	21%	28%	34%	40%

#### 4) Increasing workforce and specialist posts funded

Nearest 0..25 FTE	Baseline 2021-22	2022-23
Drug and Alcohol Workers	11	14
Dual Diagnosis Recovery Worker	0	1
Mental Health Outreach Liaison Worker	0.6	1.6
Criminal Justice Outreach Workers	2	2
Senior Practitioners / Team Leads	4	5
Rough Sleeper Outreach Workers	0	4
Nurses	1	1
Commissioning Support	0	2
Total	18.6	30.6

#### 5) Quality Indicators

- High levels of successful completions from treatment
- Planned successful discharges from the service
- High levels of non-representations to treatment
- Low levels of Drug Related Deaths and service users dying prematurely.
- Increased support and access for residential rehab/community detox following successful
- Increase in the number of people in the criminal justice system who will engage with the Recovery Service, successfully complete and do not represent within the following 6 months – 100% assessments offered for prison/probation referrals.
- Families of substance users supported to build resilience and reduce the associated harms from substance use/misuse. Per quarter - 40 key work meetings, 40 professional meetings, active caseload of 30.
- Early preventative work with local agencies by delivering and alcohol awareness sessions. 60 sessions delivered per quarter.
- Use of technological solutions to deliver treatment to undertake self-assessment and interventions to promote independence)
- Screening for underlying mental health issues and, in turn, increasing access/referrals to mental health services. (75% of screening and referrals for onward interventions)
- Offer and acceptance for Hep C, and Hep B vaccination

## **Lot Two: Rough sleepers' substance misuse outreach service**

As well as contributing towards increasing numbers in treatment, this service will deliver against the following outcomes – Year 1 to be used as baseline.

- 1) 120 persons at risk of homelessness to be in receipt of a unstructured treatment and harm reduction including a combination of: needle exchange, BBV testing, Naloxone Harm Reduction & brief interventions.
- 2) Caseload of 80 rough sleepers/persons at risk of homelessness to be engaged in structured treatment
- 3) Targeted outreach engagement with those experiencing Rough Sleeping expects access to treatment
- 4) Sustained treatment post six months from engagement
- 5) Increase in successful treatment
- 6) Increased access to residential rehabilitation
- 7) Increased access to Mental Health and general health care services
- 8) Improvement in reported physical and mental wellbeing from participating service users.
- 9) Reduction in long-term and repeated rough sleeping numbers
- 10) Decrease in evictions/abandonments from commissioned services and independent living due to behaviours and rent arrears
- 11) Increase in supported accommodation throughput into more independent living

# Equality Impact Assessment

<b>Directorate: People (Adults)</b>	
<b>Service: Public Health</b>	
<b>Name of Officer/s completing assessment: Deborah Redknapp</b>	
<b>Date of Assessment: 26<sup>st</sup> April 2022</b>	
<b>Name of service/function or policy being assessed: Re-procurement of the Substance Misuse and Recovery Treatment service</b>	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The Substance Misuse &amp; Recovery Treatment (SMART) service is an open access service for all residents who are struggling with substance use and who want to overcome their dependency. The service is available to all young people and adult residents who can either self-refer or be referred by another service. The service is also available to anyone who is concerned about someone else's" substance use (typically a family member) and who needs help and advice.</p> <p>The current service contract expires on the 31<sup>st</sup> March 2023 and commissioners are planning for a procurement exercise in preparation for a new service to be operational from 1<sup>st</sup> April 2023.</p> <p>A new National 10 year Drugs strategy has been published which will have a direct influence on the new service model to be commissioned. This is being supported by some additional grant monies to help implement the new model. This will ensure we can strengthen the service and offer more support to more of our residents. This will include taking the service out into the community thus increasing access and developing trusting relationships within the persons own space.</p> <p>The new service model will cater for all residents who need help to reduce/cease substance dependency and there will be a particular focus on underrepresented groups such as women, BME groups and LGBT populations.</p>
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>Slough's Substance Misuse &amp; Recovery and Treatment service is commissioned jointly by the Public Health Department and the commissioning team in the Adults and Communities Directorate. A number of separate service make up the Service offer and include:</p>

Provision	Service	Provider
Contract for the provision of Drug and Alcohol Services	Adult and Young People peoples substance misuse service	Turning Point
Clinical services for Adults with substance misuse	Clinical substance misuse treatment service	Farnham Rd Practise
Shared Care GP Contracts	Supervised consumption prescribing	Farnham Road Practise
SUP Pharmacy contracts	Supervised consumption prescribing	Pharmacies
NEX Pharmacy contracts	Needle exchange dispensing	Pharmacies
NEX Supply and Waste	Needle Exchange and Waste Collection	Frontier Medical Supplies

3. Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.

The service modernisation programme and re-procurement will have the impacts as set out in the table below

Characteristic	Positive , Negative, Neutral or Unknown Impact	Rationale for Assessment
<b>Age</b>	Positive	The service will be available to all young people and adults who are concerned about their own or someone else's drug or alcohol use.
<b>Disability</b>	Positive	The Substance misuse service is available to all residents including those with a disability. For any residents whose disability prevent them from accessing the universal offer, home visits can be arranged and/or at a place that suits the individual. The service is tailored to meet the needs of an individual thus 121 support is available when needed.
<b>Gender Reassignment:</b>	Positive	There is a greater emphasise within the revised service specification to ensure that the LGBT community are more appropriately provided for. It is estimated that around 21% of those

		transitioning their gender are using substances thus the service will develop partnerships with the primary provider and offer 121 support if this is needed.
<b>Marriage and Civil Partnership:</b>	Positive/ Neutral	The revised service is explicit on refreshing the awareness of diversity and the different models of relationships that exist between individuals and or their families. This is echoed when the service works with partners such as schools and is invited to meet and talk in schools about the harms and disadvantages of drugs and alcohol use.
<b>Pregnancy and maternity:</b>	Positive/ Neutral	The Substance misuse service is by design inclusive and supportive of pregnancy and maternity and specifically supportive of the health needs and supports of the mother and the child. The service works particularly closely with children's social care to support parents with substance misuse issues who themselves are living with and/or have children.
<b>Race:</b>	Positive	The Substance misuse service is by design inclusive and supportive of different ethnicities and cultural groups by taking into account the taboos associated with substance misuse in some communities. Explicit focus in local delivery on meeting the needs of CYP and adults from ethnic minorities' communities (including but not limited to Black, Asian, Eastern European and Gypsy Roma and other Traveller communities) is a core element of the offer. In addition, substance misuse services are recognised as a primary service thus they are open to those within the borough who have no recourse to public funds
<b>Religion and Belief:</b>	Positive	The substance misuse service is by design inclusive and supportive of different cultural groups and offers a culturally sensitive model of health care and support in an inclusive and culturally sensitive matter. In particular the service will work with a range of local belief groups to help shape the service offer so that it meets the needs of the local communities.
<b>Sexual orientation:</b>	Positive	The Substance misuse service is by design inclusive and supportive of different sexualities within the community. As mentioned the service will have a particular focus on the LGBT community and training of staff to appropriately support service users.
<b>Other: Mental Health, Criminal justice</b>	Positive	The service will be positive for two different additional groups:  <b>Mental Health:</b> Adults and young people with co-occurring mental health needs will have additional support that will be better catered for when the service works partnership with the community mental health teams. This will be facilitated with a dual diagnosis worker based within the substance misuse service.  <b>Criminal Justice:</b> The service will work in close partnership with the criminal justice services to ensure both adults and young people can transition smoothly between the services in a seamless way thus ensuring continuity of care. In addition the service will work with Thames valley Police when divisionary actions are appropriate

4.	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <p>See above</p>
5.	<p>What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?</p> <p>None identified.</p>
6.	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>There is a wide range of evidence in support of the provision of substance misuse and recovery treatment services and the positive impact they make to the lives of individuals, families and communities.</p> <p>A concise bibliography of some of the main sources of evidence is presented below including:</p> <ul style="list-style-type: none"> <li>• From Harm to Hope: A 10year drugs plan to cut crime and save lives</li> <li>• No Health without Mental Health (Department of Health)</li> <li>• <a href="#">Drug misuse: psychosocial interventions</a> (NICE clinical guideline, CG51).</li> <li>• <a href="#">Drug misuse: methadone and buprenorphine maintenance</a> (NICE technology appraisal, TA114)</li> <li>• <a href="#">Drug misuse: opioid detoxification</a> (NICE clinical guideline, CG52)</li> <li>• <a href="#">Drug Misuse: naltrexone for the management of opioid dependence</a> (NICE technology appraisal,TA115)</li> <li>• <a href="#">Psychosis with coexisting substance misuse</a> (NICE clinical guideline, CG120)</li> <li>• <a href="#">Pregnancy and complex social factors</a> (NICE clinical guideline, CG110)</li> <li>• <a href="#">Interventions to reduce substance misuse among vulnerable young people</a> (NICE public health guideline, PH4)</li> <li>• <a href="#">Needle and syringe programmes: providing people who inject drugs with injecting equipment</a> (NICE public health guideline, PH18)</li> <li>• <a href="#">Drug use disorders quality standard</a> (NICE quality standard, QS23)</li> <li>• <a href="http://publications.nice.org.uk/methadoneand-buprenorphine-for-the-management-of-opioid-dependence-ta114">Drug Misuse – Methadone and Buprenorphine</a> <a href="http://publications.nice.org.uk/methadoneand-buprenorphine-for-the-management-of-opioid-dependence-ta114">http://publications.nice.org.uk/methadoneand-buprenorphine-for-the-management-of-opioid-dependence-ta114</a> (NICE Technological Appraisal TA114)</li> <li>• <a href="http://publications.nice.org.uk/naltrexone-for-the-management-ofopioid-dependence-ta115">Drug Misuse – Naltrexone</a> <a href="http://publications.nice.org.uk/naltrexone-for-the-management-ofopioid-dependence-ta115">http://publications.nice.org.uk/naltrexone-for-the-management-ofopioid-dependence-ta115</a> (NICE Technological Appraisal TA115)</li> </ul>

	<ul style="list-style-type: none"> <li>• Pregnancy and Complex Social Factors <a href="http://publications.nice.org.uk/pregnancy-andcomplex-social-factors-cg110">http://publications.nice.org.uk/pregnancy-andcomplex-social-factors-cg110</a> (NICE Guideline CG110)</li> <li>• Psychosis with Coexisting Substance Misuse <a href="http://publications.nice.org.uk/psychosis-withcoexisting-substance-misuse-cg120">http://publications.nice.org.uk/psychosis-withcoexisting-substance-misuse-cg120</a> (NICE Guideline CG120) <ul style="list-style-type: none"> <li>• Drug Misuse and Dependence: UK guidelines on clinical management 2017</li> </ul> </li> </ul>
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?</p> <p>A full scale consultation exercise has been undertaken which included representatives from :</p> <ul style="list-style-type: none"> <li>• Criminal Justice</li> <li>• Department of Works and Pensions</li> <li>• Food Bank</li> <li>• SBS Housing</li> <li>• Probations</li> <li>• Community Safety Team</li> <li>• SCVS</li> <li>• Superdrug</li> <li>• Thames Valley Police</li> </ul> <p>The consultation focused on what works well and what needs to be improved. The referral route into the service was commonly seen as working well as was working with the existing service.</p> <p>Some areas for improvement included speedier allocation of support worker following triage and feedback to referrer on progress especially with the probation service.</p> <p>Further consultation with services users will take place during the summer once the approval to tendering has been granted.</p> <p>Consultation will follow on from March and be an ongoing element of the revised service model.</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p>

	<p>Yes. The new national drug strategy is a 10 year ambition upon which the new service model will be built. As such the service will include greater capacity all the while the additional funding is available. At the same time there will be a greater focus upon partnership working underpinned by a partnership wide local drug and alcohol strategy.</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p> <p>A procurement Task and Finish group reporting to Cabinet portfolio leads and the Executive Directors for People (Adults) will provide continual assurance of progress, inform of issues arising and mitigations to follow.</p>
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>There will be a wider range of indicators in both the procurement/contractual development framework, service iteration, co-production and improvement mechanisms and eventual service design to ensure the re-procurement approach develops in the required way and the eventual service go live and onward operation is responsive to feedback and able to capture impact on Slough Borough Council residents and wider system partners.</p>

<b>What course of action does this EIA suggest you take? More than one of the following may apply</b>	✓
<b>Outcome 1: No major change required.</b> The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
<b>Outcome 2: Adjust the policy</b> to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan).	
<b>Outcome 3: Continue the policy</b> despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
<b>Outcome 4: Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

**Action  
Plan and**

***Timetable for Implementation***

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

<b>Action</b>	<b>Target Groups</b>	<b>Lead Responsibility</b>	<b>Outcomes/Success Criteria</b>	<b>Monitoring &amp; Evaluation</b>	<b>Target Date</b>	<b>Progress to Date</b>

<b>Name:</b> <b>Signed: .....Deborah Redknapp.....(Person completing the EIA)</b>
<b>Name:</b> <b>Signed: Vanita Dutta...( Policy Lead if not same as above)</b>
<b>Date:01.05.2022</b>