



London Borough of Waltham Forest

| | |
|--------------|---|
| Report Title | Protecting Communities from Alcohol and Drug Related Harm |
|--------------|---|

| | |
|-----------------------------------|--|
| Meeting / Date | Cabinet, September 10 th 2024 |
| Cabinet portfolio | Councillor Louise Mitchell, Portfolio Lead Member for Adults and Health  Councillor Khevyn Limbajee, Portfolio Lead Member for Community Safety  |
| Report author/ Contact details | Joe McDonnell, Director of Public Health, Stronger Communities and Dan Greaves, Director of Community Safety, Neighbourhoods. Joe.mcdonnell@walthamforest.gov.uk Daniel.greaves@walthamforest.gov.uk |
| Wards affected | All |
| Public access | Open |
| Appendices | Appendix 1 - Background and context of the Waltham Forest Combating Drugs Partnership Appendix 2 - Equalities Screening |

1. Summary

- 1.1 The unified approach of the statutory Strategic Partnership Boards (safeguarding, community safety, health & wellbeing) in Waltham Forest has enabled effective collaboration and leadership of the local Combating Drugs Partnership (CDP) by SafetyNet (our Community Safety Partnership) and the Health & Wellbeing Board since its inception in October 2022 (see appendix 1). This is reinforced by the shared responsibility of the 'senior responsible owners' across the relevant local authority areas (Public Health and Community Safety) and Police.
- 1.2 Harms from substance use have been shown to disproportionately affect more deprived communities. Protecting our communities from alcohol and drug-related harm is therefore crucial to Mission Waltham Forest's aims.
- 1.3 There is a strong evidence base supporting the important role of community substance and alcohol use services in improving people's health and wellbeing by offering locally tailored, equitable and clinically informed interventions to prevent, reduce and cease substance use

and to promote recovery. Studies have shown that community substance and alcohol use services provide a good social return on investment by cutting crime, improving productivity and preventing NHS and social care admissions.

- 1.4 Change Grow Live (CGL) have been the service provider of substance use treatment services in Waltham Forest since 2017. CGL have played a crucial role in the mobilising of the CDP and are a key component of our wider Strategic Partnerships' cross cutting priority to protect our communities from alcohol and drug related harm.
- 1.5 The current contract for all age community-based support for substance and alcohol use which CGL holds expires in March 2025. Performance against KPIs and flexibility to meet arising needs and asks from commissioners has been excellent throughout the contract period.
- 1.6 This report seeks the endorsement of use of new procurement regulations, the Provider Selection Regime (PSR), which would see CGL as the incumbent provider awarded a new 5-year contract to continue to provide substance and alcohol use treatment services and provide invaluable support to achieving the CDP's aims in Waltham Forest.

2. **Recommendations**

- 2.1 Cabinet is recommended to:
 - 2.1.1 Note the approach and progress of the Strategic Partnership Boards' priority to protect communities from alcohol and drug related harm through the Combating Drugs Partnership.
 - 2.1.2 Endorse the proposed award of a new five-year contract to the incumbent drug and alcohol service provider, Change Grow Live (CGL), using the Provider Selection Regime Direct Award option, which is provided for under the Health and Care Act 2022.

3. **Proposals**

Background and context

- 3.1 In the most recent biennial review of the Strategic Partnership Boards' priorities (2023 - 25), the enormous impact of drugs and alcohol on residents was acknowledged by partners, alongside increasing perceptions of fear of crime and violence.
- 3.2 'Protecting communities from alcohol and drug related harm' was subsequently agreed as a cross-cutting priority for the Strategic Partnership Boards and dovetails with other Board priorities, Reducing Residents' Fear of Crime, and Violence Reduction (led by SafetyNet) and Safeguarding Children Outside the Home (led by the Safeguarding Children Board). For example, drugs and alcohol are one of the main drivers of fear of crime. Drugs is also a key component of the serious

violence framework. Therefore, having a strong response to drugs and alcohol has been vital alongside the discharging of our Serious Violence Duty, improving trust in police and developing an alternative narrative on community safety.

3.3 By early 2024, the mobilisation of an engaged and proactive CDP had resulted in a robust framework and plan for tackling the harm caused by drugs and alcohol. This was formally launched in February by Professor Dame Carol Black, who led the initial review nationally and subsequent implementation of the Government Strategy.

3.4 Visiting CGL as part of the launch, Dame Carol Black praised the CDP for its integrated and holistic approach to addressing the harms of drug and alcohol use.

Impact

3.5 Since then, work has happened at pace to bring to life the three pillars of the framework for alcohol and drugs through more detailed action plans, led by dedicated steering groups: Treatment and Recovery, Prevention, Continuity of Care and Criminal Justice, with a view to driving progress and enacting tangible change.

3.6 The value of this partnership framework is evident in the holistic and integrated way Public Health and Community Safety / Police now work together, with CGL a critical strategic and operational partner.

3.7 Value is also demonstrated in the effective mobilisation of the multi-agency response to increased drug related anti-social behaviour and residents' anxieties in particular hot spots. For example, in Leyton last year, partners rapidly responded to issues of open drugs markets, standing up a task force and working closely with CGL to deliver comprehensive interventions covering enforcement, public health, environment and engagement, as part of a wider problem-solving approach tailored to local need.

3.8 These focused efforts in Leyton have delivered results, including an 80% reduction in calls to police and Council and reductions in drug-related acquisitive crime.

3.9 Lessons learned in Leyton have ensured we've remained vigilant to evolving drugs hot spots which has enabled us to pivot our response and apply that learning accordingly to tackle emerging issues and hot spots.

3.10 This is supported by the establishment of a Local Drugs Information System across the partnership which also enabled us to quickly identify the presence of potent synthetic opioids in our drugs supply and prompted the rapid dissemination of public health information. CGL are a key partner in the Local Drugs Information System, with the ability to disseminate information rapidly to people who use drugs and the wider community.

3.11 The arrival of Project Adder (a specialist police team aimed at galvanising neighbourhood policing, local investigations and public protection) has also provided a unique opportunity to make rapid

progress on the interface between treatment and the criminal justice response and to galvanise the police contribution.

- 3.12 We have refined our data collection and performance monitoring to track our outcomes and identify areas for improvement. Our partnership dashboard ensures data is used to understand performance and drive improvement. This tracks performance on a range of key performance indicators such as drug-related deaths, treatment performance and supply disruptions.
- 3.13 Transformational results to demand, supply and recovery across the borough will take longer to realise; however, the existing momentum of work so far will be maintained through the valuable governance and oversight provided by the CDP and with CGL as a continuing provider.

Communications

- 3.14 Underpinning our partnership framework and plan is a robust communications strategy that includes integrating drugs and alcohol prevention messages across wider health promotion activities and communications to the public and professionals, and is currently focusing on:

Prevention

- 3.15 Promoting activities which reduce people's chances of starting to engage in high-risk drug and alcohol use: This is being delivered through diversionary opportunities for young people via schools, Space4All hubs and libraries. Behaviour change campaigns within adjacent areas (such as mental health and employment) are also being tapped into.

Treatment

- 3.16 Promoting opportunities for people engaging in high-risk drug use to get short- and long-term help: This is focusing on promoting harm reduction and aimed at those not ready to consider treatment or starting to consider. This is being promoted through the distribution of flyers and posters displayed in public areas and distributed by different patrol teams. Residents' stories are featured as well as messaging around CGL and pharmacies as safe non-judgemental spaces.

Criminal justice

- 3.17 Drive awareness of partnership activity and prosecution against criminal drugs activity: This strand aims to get a balance between demonstrating justice whilst not feeding further into residents' fear of crime and showing areas as crime ridden. Consideration has also been given to ensuring that drug users are not vilified. This is done through use of the range of communication channels such as social media or on-street stencilling that also have the potential to reach criminals.

Public engagement and public awareness

- 3.18 Making the public aware of ways to report criminal or antisocial behaviour, or vulnerable individuals, and also of the range of activity undertaken by the Council and its partners: This is being done through

the reactive ward level approaches following increases in drugs reports but also through more proactive messaging, for example on social media feeds.

Commissioning substance and alcohol use services

- 3.19 There is a statutory responsibility on Local Authorities to commission substance and alcohol use services. The current contract for all age community-based support for substance and alcohol use which CGL holds expires at the end of March 2025.
- 3.20 Community substance use treatment and recovery services provide high quality clinical and psychosocial care to residents struggling with drugs or alcohol. Through early intervention and rapid access to treatment, the main aim of these services is to reduce the health harms directly caused by substance use. This will include preventing hospital admissions; preventing the development of long-term health conditions such as alcoholic liver disease, heart disease and cancer; diagnosing and treating blood-borne viruses; and ultimately preventing alcohol- and drug-related deaths.
- 3.21 They also reduce the overall prevalence of substance use, both by supporting recovery from existing use, and via preventing use from occurring, both of which have significant benefits in reducing the social and economic costs of drugs and alcohol, including lost productivity and crime; and in reducing inequalities.
- 3.22 Current performance by CGL is considered to have met or exceeded expectations, especially given cost benchmarking with other areas. To date, CGL has responded positively, proactively and flexibly to the Commissioners' needs during and after the Covid-19 pandemic. The service now supports around 1,500 residents per year and there are plans to increase this further in coming years.
- 3.23 Areas of good performance:
- Successful completion of treatments for adults and young people have increased significantly over time and sit above the national averages (adults: 8% opiates, 54% non-opiates, 40% alcohol and non-opiates, 64% alcohol; young people overall 82%)

Definition of successful completion: This is determined by clinical judgement that the individual no longer has a need for structured treatment, having: achieved all the goals in their care plan; overcome dependent use of the substances that brought them into treatment; and ceased any pharmacological interventions while engaging with treatment services and maintaining abstinence for at least a 12-week period.

- Engagement for first interventions within three weeks (a national target) is consistently at 100% or just under.
- Employment outcomes for adults are well above the national average for alcohol and in line with it for drugs. Improving job outcomes is a key component of recovery.

3.24 Positive feedback from across the system has also been received around the response from CGL to high levels of drug selling activity in Leyton in late 2023, and the partnership working that was undertaken to address this issue, including a substantial outreach offer, and innovation in provision of rapid opiate substitution medication prescribing.

New Service Specification

3.25 The new service specification broadly mirrors the existing scope of treatment recovery services with addition of the two innovative elements piloted in Leyton: outreach activity and rapid prescribing, both of which will become part of the core service delivery.

3.26 The service will continue to be a universal offer but will ensure that consideration is given to ensure that appropriate engagement with individuals who are identified as having increased vulnerabilities, which may result in their substance and/or alcohol use and as such may need more support to engage with services.

3.27 The services offered will take a preventative approach for people of all ages, with an awareness of the importance of early intervention, and not be confined to those who have developed moderate or severe substance and/or alcohol use. The service will be based on a trauma-informed approach and provide support around addressing trauma as a root cause of substance and/or alcohol use problems.

3.28 The proposed model has been developed in line with the extensive international evidence base on 'what works' for substance use prevention, treatment and recovery, UK clinical guidelines for management of alcohol and drug use, and the findings of successive UK government evidence reviews and inquiries into drug and alcohol harms.¹

Proposed Procurement Route

3.29 The Health and Care Act 2022 introduced a new procurement regime for selecting providers of health care services in England known as the Provider Selection Regime (PSR). This was designed to introduce a flexible and proportionate process for selecting providers of health care services so that all decisions are made in the best interest of people who use the services. The PSR provides the capability for greater integration and enhanced collaboration across the system, whilst ensuring that all decisions about how health care is arranged are made transparently.

¹ See for example: World Health Organization, *International standards for the treatment of drug use disorders: revised edition incorporating results of field-testing* (2020); Independent Expert Working Group (2017) *Drug misuse and dependence: UK guidelines on clinical management*. London: Department of Health; OHID, *Draft UK clinical guidelines for alcohol treatment: core elements of alcohol treatment* (2023); Dame Carol Black, *Independent review of drugs: part 1* (2020) and *part 2* (2021).

- 3.30 Procurement colleagues have approved the use of PSR Direct Award Process for commissioning community substance use services in Waltham Forest, and this had been endorsed by Portfolio Lead Members and the Strategic Commissioning Board.
- 3.31 The Direct Award Process enables the council to award the service contract to the incumbent provider where they are satisfying the existing contract and are believed likely to satisfy the proposed new contract, and the contract itself is not changing substantially.
- 3.32 The Public Health team have assessed the incumbent provider against five key criteria as per PSR guidance, (these being Quality & Innovation / Value / Integration, Collaboration & Service Sustainability / Improving Access / Reducing Health Inequalities & Facilitating Choice / Social Value). The incumbent provider has passed each of the 5 assessments.
- 3.33 The advantages of the PSR Direct Award option are that it reduces bureaucracy and costs associated with a full tender process or bringing the service in-house. It maintains momentum in terms of the substance and alcohol use system/service integrating within the wider health care and justice systems and protects well established collaborative relationships across the wider system, including the CDP. It also maintains the current level of service performance and delivery, and the specialist skilled workforce.
- 3.34 However, it should be noted that the PSR Direct Award option has only been used once before for alcohol and substance use services in London. As a new and relatively untested process it may be subject to greater scrutiny and potential challenge from other providers. However Bexley, who were the first Local Authority in London to use this option for a similar service, received no challenge from other providers. Officers also consider that, as set out above, there is sound justification to use this option.

4. Options & Alternatives Considered

4.1 Officers considered three other procurement options.

4.1.1 Option 1: Do nothing

There are no advantages for this option. Doing nothing is disadvantageous as it means the Council would fail to fulfil its statutory requirement to commission alcohol and substance use services for our population and would mean that people who use drugs and/or alcohol would not have access to services which would leave vulnerable people without vital support. This option was rejected.

4.1.2 Option 2: Bring service in-house

This option would have the potential for swift integration with other areas of the council, that may otherwise take time to build.

However, the cost of this option is prohibitive and would be a highly unusual step for a Local Authority to take. This option was rejected.

4.1.3 Option 3: Full tender process

This option has the potential to stimulate the market and provides alternative modelling options for commissioners.

However, it would risk destabilising the existing provider workforce and would have a negative effect on well established, well-functioning strategic and operational partnerships. It would also take considerable time and resource of officers to run a competitive process. On that basis this option was also rejected.

5. Council Strategic Priorities (and other National or Local Policies or Strategies)

Mission Waltham Forest: Council missions

- 5.1 Our ambition through the Combating Drugs Partnership is that each of our residents thrives, living free from the health and social harms of alcohol and drugs. This is aligned with most of our missions. Our three pillared approach, whilst long term, is holistic and focused on turning around the chronic and entrenched nature of drug use through breaking supply, reducing the demand, and improving treatment and recovery.

A focus on services designed around residents

- 5.2 Our integrated approach to protecting communities from alcohol and drug related harm considers residents in different contexts of need whether through lived experiences or as victims of crime and/or anti-social behaviour.
- 5.3 The new specification places greater emphasis on the outcomes for individuals, personalisation of services and partnership working to reduce health inequalities. It stipulates that the Provider shall ensure and enable full involvement of people who access the service, and carers, in service planning and quality control. Consequently, the Provider shall detail the methods by which they shall solicit the thoughts, views and requirements of people who access the service to inform and shape service provision moving forward.

A preventative approach for stronger communities

- 5.4 With prevention as a key pillar of our partnership approach, the substance use services proposed take a preventative approach for people of all ages, with an awareness of the importance of early intervention, and will not be confined to those who have developed moderate or severe substance and/or alcohol use.

- 5.5 In line with the Stronger Communities Target Operating Model, the new service specification will aim to maintain the excellent work delivered by the provider over the past five years, while further strengthening the holistic support offered to service users, to treat more than just the addiction to substances that was the initial cause for referral.
- 5.6 Proactive early identification of recovery needs through one-to-one treatment planning and the co-location of some services such as employment support, legal advice, social workers and smoking cessation support, will improve outcomes for individuals and reduce future need for health and social care services.

Mission Waltham Forest: Borough Missions

Every family and child given every opportunity

- 5.7 The service provides a universal offer to all residents. It offers both children and adults the opportunity to recover from the adverse effects of substance and alcohol use and to participate in the local community and economy.

Build an economy that works for everyone

- 5.8 Through the core service's recovery pathway as well as the grant-funded specialist Individual Placement and Support (IPS) service, service users are supported to access and maintain employment.
- 5.9 Service users and residents are also able to volunteer and to apply for paid employment with the service, where vacancies exist.

A great place to live and age well

- 5.10 The service offers both children and adults the opportunity to recover from the adverse effects of substance and alcohol use and to participate in the local community and economy.
- 5.11 The service proactively engages with people who use drugs in identified 'hot spots', directing them to treatment and support with a view to reducing the fear of crime and reducing the adverse effects of substance and alcohol use on individuals and communities.

6. Consultation

- 6.1 Hearing from those with lived and living experience forms a central part of how the CDP operates and is an intrinsic part of the dedicated steering groups.
- 6.2 Extensive consultation with providers, professionals, and users of local services as well as the wider public has been conducted via online and paper surveys and face-to-face meetings as part of the service review completed in the end of 2023 for this procurement exercise. Feedback from those was considered while drafting the new service specification.

7. Implications

7.1 Finance, Value for Money and Risk

7.1.1 As part of the upcoming procurement exercise, benchmarking was carried out by the Public Health and Business Intelligence teams to assess how Waltham Forest's level of investment compares to other areas and whether the Borough is getting value, particularly when compared to other areas where there are lower levels of investment in treatment.

7.1.2 Funding for substance and alcohol use services (treatment, recovery, and wider services), comes primarily from the Public Health Grant, however, recent years have seen substantial increased investment in the form of supplementary grants² from the Office for Health Improvement and Disparity (OHID) and additional Home Office Grants for Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery). Waltham Forest's total investment from these sources is around £3,352,651 per annum. Any reduction in core contract funding could lead to the withdrawal of these grants, which currently provide over £1 million per annum.

7.1.3 While we are aware of the need to be cautious of the figures, OHID have published a benchmarking exercise looking at spend on drug and alcohol services from the public health grant, suggesting ours is low in terms of cost per person in treatment compared to other comparable boroughs.

7.1.4 The new contract value is proposed at £2,259,000.00 per annum with a contract term of up to 5 years (3 years initial contract term with a further optional extension of 2 years). The potential total contract value is £11,295,000.

7.1.5 The new contract value primarily covers increased estates costs and staffing costs due to the increased cost of living.

7.2 Legal

7.2.1 Section 12 of the Health and Social Care Act 2012 introduced a duty on the Council to take appropriate steps to improve the health of the people who live in its area. The Council is responsible for improving the health of its local population through the provision of a range of public health services and interventions, including alcohol and drug treatment services.

7.2.2 The Health Care Services (Provider Selection Regime) Regulations 2023 made under section 79 of the Health and Care Act 2022 introduced three new provider selection processes for health care bodies including local authorities to use when procuring health care services. One of these processes is Direct Award which itself has

² OHID Grants are: Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG), Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) and the Individual Placement and Support (IPS) Grant.

processes A, B and C. Direct Award Process C allows the award of a of a new contract to a current provider when there is limited or no reason to seek to change providers and the current provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably.

7.2.3 As set out above this is a new procurement process that is relatively untested but it is a lawful option and officers consider it an appropriate process for this procurement.

7.3 Equalities and Diversity

7.3.1 Analysis of the Waltham Forest Substance Use Needs Assessment (2022) shows that the service will need to continue developing approaches to increase access to treatment for underrepresented demographic groups. This is particularly true for women, parents, those identifying as LGBTQIA+, people from Indian, Pakistani and Eastern European backgrounds, and people experiencing rough sleeping.

7.3.2 An EQIA screening exercise was completed and is provided in appendix 2. Impacts identified have all been positive or neutral, and service developments are in place to proactively minimise inequalities. As the proposed procurement route is to direct award, the last full EQIA which was carried out when the service was last competitively tendered still stands.

7.4 Sustainability (including climate change, health, crime and disorder)

7.4.1 The current service positively contributes to improvements in health and crime and disorder.

7.4.2 Regarding climate change, the following issues will be considered closely during the contracting process:

- (a) Efficiency of building services are delivered from, primarily the Beulah Road site.
- (b) Reducing impact of staff travel, particularly when conducting outreach activities around the borough by encouraging travel via active and/or low carbon forms of transport.
- (c) Waste management and resource use leaflets and posters will be printed on recycled paper using sustainable ink.

7.5 Council Infrastructure

7.5.1 There are no direct implications of direct award of this service on council services other than initial consultation with Legal and Procurement teams and drafting contract documentation.

Background Information (as defined by Local Government (Access to Information) Act 1985)

None.