

SUPPLEMENTARY 1

**HEALTH & WELLBEING BOARD AND ICB SUB-COMMITTEE
(COMMITTEES IN COMMON)**

Tuesday, 16 January 2024

**Agenda Item 10a Procurement of Integrated Adult and Young People
Substance Misuse (Drug and Alcohol) Services
(Pages 1 - 31)**

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**HEALTH AND WELLBEING BOARD and ICB SUB-COMMITTEE
(Committees in Common)**

16 January 2024

This report is submitted under Agenda Item 10. The Chair will be asked to decide if it can be considered at the meeting under the provisions of Section 100B(4)(b) of the Local Government Act 1972 as a matter of urgency in order to avoid any delay in the procurement of substance misuse services.

Title: Procurement of Integrated Adult and Young People Substance Misuse (Drug and Alcohol) Services	
Report of the Commissioning Director for Children's Care and Support	
Open Report	For Decision
Wards Affected: None	Key Decision: No
Report Author: Clare Brutton, Head of Commissioning - Disabilities Jill Williams, Shared Care – Public Health	Contact Details: Tel: Tel: 07950 962468 E-mail: clare.brutton@lbbd.gov.uk
Accountable Director: Chris Bush, Commissioning Director for Children's Care and Support	
Accountable Executive Team Director: Elaine Allegretti, Strategic Director, Children and Adults	
<p>Summary:</p> <p>Barking and Dagenham's substance misuse service is delivered under two contracts which expire on 31 March 2024 (previously extended under waiver).</p> <p>This report sets out proposals for the Council to proceed with the procurement of an Integrated Substance Misuse Service under two contracts (Lot 1 Adults and Lot 2 Young People) commencing 31 March 2024.</p> <p>The priority outcome of the new services is to reduce the harm of drugs and alcohol in Barking and Dagenham.</p> <p>Both lots will be awarded to the successful tenderer for a period of 5 years with the option of extending for a further 2 years (on an annual basis). Potential providers may bid for either one of the Lots or both. The services will be separate although a close working partnership will be expected to develop between Adult and Young People's Substance Misuse Services.</p> <p>The estimated annual contract values (zero rated VAT):</p> <p>Lot 1: Adults integrated substance misuse service (£2,080,000) Lot 2: Young People's Integrated substance misuse service (£428,000)</p>	

The total estimated value of each of the two contracts over this proposed lifetime (up to 7 years) is:

Adult Service £14,560,000

Young people Service £2,996,000

The Adult and Young People's substance misuse services are funded by the core grant from the Office of Health Improvement and Disparities (OHID). The values given for both new contracts are estimates based on the core grant for 2023/24 and excludes annual uplifts from supplementary grants.

At this stage it is not known what the core grant will be post 2023/24. However, it is unlikely that disinvestment will occur in relation to substance misuse services following publication of the Government's 10-year drug strategy "*From harm to hope: a 10-year drugs plan to cut crime and save lives*" launched in December 2021 which provides renewed focus on the issue of substance misuse and related issues.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

- (i) Agree that the Council proceeds with the procurement of a contract for Adult and Young People's Integrated Substance Misuse (Drug and Alcohol) Services in accordance with the strategy set out in the report; and
- (ii) Delegate authority to the Strategic Director, Children and Adults, in consultation with the Cabinet Member for Adult Social Care and Health Integration and the Head of Legal, to conduct the procurement and award and enter into the contracts and all other necessary or ancillary agreements, including extension periods, to fully implement and effect the proposals.

Reason(s)

The procurement exercise will ensure compliance with the Council's Contract Rules and any relevant legislation and ensure continued service provision beyond the current contract end dates.

The new service(s) will support the Council's priority of enabling social responsibility, through improving access to healthcare, protecting the vulnerable and encouraging people to take responsibility for their health and wellbeing. It would also contribute to the Council's commitment to borough growth by supporting those with substance misuse problems into employment.

1. Introduction and Background

1.1 This report requests approval for the procurement of an integrated substance misuse service under two contracts for adults and young people respectively.

1.2 The London Borough of Barking and Dagenham (LBBD) currently commissions an integrated substance misuse service (able to deliver interventions for both drugs

and alcohol) under two main contracts delivering a range of treatment and recovery interventions for adults and young people with problematic substance use.

- 1.3 These services play a key role in promoting recovery and reducing the harm caused by alcohol and drug misuse which are a significant cause of health inequalities in Barking and Dagenham. The current contracts for Adults and Young People's end on 31 March 2024.
- 1.4 The current provisions are CGL St Luke's which provides treatment and recovery interventions for adults aged 18 years and over and WDP Subwize which provides treatment and recovery interventions for young people up to the age of 18 years. Both services are currently provided by third sector organisations. The services work with various partners including social services, the hidden harm worker embedded in Barking and Dagenham's social services, the Youth Offending Service, probation, the courts, education and employment services. In addition, there are working links between young people's and adult substance misuse services respectively with CAMHS and adult mental health services. Both services support a transitional pathway for young adults between the age of 18 and 24 years.
- 1.5 Barking and Dagenham's 5-year Substance Misuse Strategy (2022-2027)¹ found that in relation to adults since 2016/17 numbers in treatment and new people starting drug treatment have both decreased by 28%. This decrease can be seen in all substance categories bar the opiate cohort. Further unmet need has been higher than the national rate in Barking & Dagenham for all drug groups since 2016/17 and getting worse and therefore requires focus for improvement, especially for the opiate cohort (where local unmet need rate is 66% compared with 47% nationally).
- 1.6 In terms of young people the Substance misuse strategy found that trend data dating back to 2016/17 suggests a significant decrease for both numbers of young people and young adults in specialist substance misuse services (-54%) and new presentations (-55%) (bar 2018/19). The data suggests an emphasis on referrals from the Youth Justice System, the top referrer with 40% of referrals in Barking & Dagenham compared with 22% nationally, followed by 28% from Education setting comparable with national rates (25%) and Children & Families 20% locally, also comparable with national rates (22%).
- 1.7 Moreover further work has been identified in relation to the changing demographic profile of the borough. Emphasis will be placed to cultural competency in the new contracts to meet the needs of a rapidly changing demographic profile in the borough and the needs of families.
- 1.8 The new adult service will be based on a peripatetic model utilising community hubs and other satellites in the borough extending outreach to Barking and Dagenham's diverse communities in order to increase accessibility to treatment. The young people's service will continue to be based on a peripatetic model using the various sites and services available to young people and by providing specialist support to other services.

¹ In final draft form.

- 1.9 LBBD's priorities for the drug and alcohol treatment system are to improve recovery outcomes and ensure the treatment pathway meets the changing needs of the population of drug and alcohol users. This includes:
- Treating clients with different patterns of drug and alcohol use
 - Increasing uptake of treatment for people, including young people who misuse drugs and alcohol.
 - Supporting the treatment system to better promote recovery in the opiate using population including working with primary care to build and develop pathways with community pharmacy and GPs.
 - Developing more flexible and personalised services, with a greater emphasis on community-based programmes
 - Building on pathways between treatment services, prison, probation and employment services
 - Providing culturally competent services that will increase outreach, increase uptake among diverse communities in the borough and reduce stigma.
- 1.10 Robust KPI's that evidence the priority outcome will be within the service specification including those that are monitored through Office for Health Improvement and Disparities. The expectations will be that performance will always be within the top quartile of our partnership group across England. Where there is evidence that performance is declining, appropriate monitoring measures will be put in place to support the provider with improving outcomes. Achievement of outcomes will be monitored by the Community Safety Partnerships Chaired by Matthew Cole, Director of Public Health.
- 1.11 As an integrated service the capital and organisational costs of multiple providers as well as reducing duplication of provision are negated allowing focus on current need. This model makes more effective and efficient use of resources through promoting collaborative and partnership working. The proposed approach will also deliver a treatment service that is better integrated with primary care and has a greater focus on psychosocial interventions; provide the best outcomes for service users and enabling the service to better support the Council's strategic priorities for substance misuse treatment.
- 1.12 Re-commissioning the services described above brings together the specialist clinical expertise required, to ensure a focus on integrated care and provide expert support across the treatment pathway. It will enable the council to ensure it is meeting the complex needs of people with drug and alcohol problems and ensure that there is specialist expertise in drug and alcohol treatment that can be used flexibly across the system. It will support the management and integration of care for people with drug and alcohol problems in primary care.
- 1.13 Funding for the service is from the Office of Health Improvement and Disparities (formerly Public Health England): the Public Health grant supported by the Supplementary Substance Misuse Treatment & Recovery monies.
- 1.14 TUPE applies with both the adult and young people's services.

2. Proposed Procurement Strategy

2.1 Outline specification of the works, goods or services being procured

- 2.1.1 Potential providers may bid for either one of the Lots or both. However, the services will be separate although a close working partnership is expected to develop between Adult and Young People's Substance Misuse Services. Integrated services treat all substances of misuse in a single service rather than having separate services for drug and alcohol treatment.
- 2.1.2 The priority outcome of both services will be to reduce the harm of drugs and alcohol in Barking and Dagenham evidenced by fulfilling the KPIs within the service specification and those required by OHID. An example of a KPI underneath the priority outcome is to facilitate access to hospital treatment for Hepatitis C infection (a common infection within intravenous drug using population).
- 2.1.3 To date what has worked well in the adults linking to community assets as satellites. In the past this has been constrained by availability of community assets and whether and the costs that are incurred (i.e. renting a space). Links have been strengthened but they will need to be further developed in the new contract.
- 2.1.4 Core elements of the service delivered are:

Lot 1: Adults integrated substance misuse service

- Drug services: the core interventions will include prescribing, psychosocial interventions; education, training and employment support, hepatitis screening and support into blood borne virus treatment, shared care and peer mentoring. The new service will be responsive to changing trends and have a skilled workforce that will work collaboratively with key stakeholders in order to provide holistic services including to those who are in receipt of social care services.
- Alcohol services - the service will continue to provide alcohol services such as hospital liaison nurses, older people and alcohol services, community detoxification, and core alcohol interventions. The service will generate efficiencies in wider health services including through diverting alcohol users from A&E and hospital admission and reducing ambulance call outs.
- The proposed service model will respond to the needs of families through early identification and prevention work prior to reaching crisis. Specialists will work alongside family services and lead or contribute to joint needs assessments.
- The service will maintain a focus on hidden harm and prevention work.
- The new model will also work with local criminal justice agencies by sharing intelligence and supporting the case management of offenders on integrated offender management programmes.
- A specialist treatment service for people with drug and/or alcohol problems who have additional complex needs around mental health, offending or other health issues. This will involve partnership working to further develop seamless pathways across multiple need.

Lot 2: Young People's Integrated substance misuse service

- Preventing young people in Barking & Dagenham from developing substance misuse and criminal careers and provide early interventions to those young people at risk of substance misuse and offending behaviour.

- Reducing the level of substance misuse related problems and achieve improvement in health, social, psychological, legal, welfare and life chances of young people who are vulnerable through use of illicit drugs and/or alcohol and hidden harm.
- The service model and specification will be reviewed prior to tender issue. Providers will be requested in their tender response to propose how to best deliver the services with room for innovation and flexibility to meet the needs of a diverse population.

2.2 **Estimated Contract Value, including the value of any uplift or extension period**

2.2.1 Annual **estimated** value(s) of contracts:

Lot 1: Adults integrated substance misuse service (£2,080,000.00) estimated annual value.

Lot 2: Young People's Integrated substance misuse service (£428,000.00) estimated annual value.

The total **estimated** value of each of the two contracts over this proposed lifetime (up to 7 years) of the contractual period:

Adult Service £14,560,000.00

Young people service £2,996,000.00.

2.2.2 The Adult and Young People's substance misuse services are funded by the core grant from the Office of Health Improvement and Disparities (OHID). The values given for both new contracts are estimates based on the core grant for 2023/24 and excludes annual uplifts from supplementary grants.

2.2.3 At this stage it is not known what the core grant will be post 2023/24. Given the uncertainty over the extent of the public health grant available over subsequent years if the decision is taken to procure services over a five-year period, the contracts will contain appropriate termination clauses if Public Health funding ceases. The new agreements will include a clause allowing the Council early termination of this service should the grant funding i.e. the core grant which pays for the service be reduced or withdrawn.

2.3 **Duration of the contract, including any options for extension**

2.3.1 The young people's service contract (Lot 1) will be awarded to the successful provider for a period of 5 years with the option of for a further 2 years (on an annual basis). The Adult's service contract (Lot 2) will be awarded to the successful provider for a period of 5 years with the option of extending a further 2 years (on an annual basis).

2.3.2 The rationale for proposing a longer contractual period is that it provides the time for the growth and development of effective multi-agency partnerships in tackling the complex social impacts of problematic substance use, emerging drug use trends and the changing demographic profile of the borough.

2.3.3 Contract extensions will be based on performance-related quality measures and delivery of key outcomes. This is considered the option which will lead to the

Council obtaining best value for money and will provide a stable and supportive environment for service users.

2.4 Is the contract subject to (a) the Public Contracts Regulations 2015 or (b) Concession Contracts Regulations 2016? If Yes to (a) and contract is for services, are the services for social, health, education or other services subject to the Light Touch Regime?

2.4.1 The contract is subject to the Public Contracts Regulations 2015 and as a health contract is subject to the Light Touch Regime. As the estimated value of the contract is higher than the set threshold (currently EUR 750,000), it must be opened to competition and advertised as required by the Regulations.

2.5 Recommended procurement procedure and reasons for the recommendation

2.5.1 The procurement will be undertaken using the competitive procedure with negotiation process under the Public Contract Regulations 2015 and will be advertised in Find a Tender and Contracts Finder as required by the Regulations. This approach will allow the council to work with interested parties to design the service. This approach is more flexible and allows for more tailored and innovative specifications and solutions to be developed against an overall service model, key outcomes and performance indicators developed by commissioners. Funding for the service is from the Office of Health Improvement and Disparities (formerly Public Health England).

2.6 The contract delivery methodology and documentation to be adopted

2.6.1 The Council's standard terms and conditions contract will be used for the delivery of the contract. A no-fault termination clause will be included in the contract allowing notice to be given by the Council for early termination. This allows increased flexibility should a significant change in service provision be required. In the event of a no-fault termination the intervening period will be up to 9 months allowing for the procurement of a new service and to ensure service continuity.

2.7 Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract

2.7.1 Through the competitive procedure with negotiation, commissioners will work with the bidders to identify economies of scale for delivery. That is, some elements of the services may need to be delivered in one location, whereas others could be delivered at several locations. The purpose of an integrated service is to ensure continuity of care across interventions reduce the capital and organisational costs of multiple providers as well as reducing duplication of provision and focusing service provision on current need. An integrated service model makes more effective and efficient use of resources through promoting collaborative and partnership working.

2.7.2 Investing in drug treatment optimises an individual's social capital. There is a significant and growing body of evidence showing that investing in the prevention and treatment of drug and alcohol misuse improves social, physical, human and recovery capital. Delivery of the service will reduce on-costs to Council by £2.50 per £1 invested. The impact of not investing in this will result in a negative impact on individuals, families and the community increasing costs to health and social care

systems, criminal justice systems and increases demands on the welfare benefits system.

2.8 Criteria against which the tenderers are to be selected and contract is to be awarded

2.8.1 The services are complex and work with people who are vulnerable with multiple healthcare and social needs around substance misuse and mental health so quality, partnership working and safety are key expectations.

2.8.2 It is proposed that a Quality/Price/Social value breakdown is split respectively in the following ratio 70:20:10 is used in the assessment of tenders. The rationale for selecting the quality/price ratio is that OHID provides the core grant to be spent on providing effective substance misuse services in the community often of a complex medical nature. We are looking for the new services to actively tackle health inequalities so innovation and quality are key aspects and weigh heavier than costs. split of 70:30 is used in the assessment of tenders.

2.8.3 The quality assessment being broken down into: service model – namely, creating change, access, managing complex partnerships and clinical pathways, and delivering health outcomes; clinical governance and quality assurance. For both services there is a clear need to drive major innovation to support the outcome of reducing harm from drugs and alcohol.

2.8.3 The scope of the contract will be published beforehand including the minimum requirements, award criteria and their weightings, and this will not be changed during the negotiation process. The whole process will be fully documented.

2.8.4 After the evaluation of initial tenders, a decision will be made whether to award the contract to one of the bidders based on the outcome of the evaluations, or to negotiate on an equal treatment basis with the bidders who meet the criteria after evaluation.

2.8.5 If the decision is to conclude the negotiations all the bidders will be informed and a common deadline to submit any new or revised tenders will be set. Negotiation dialogue would only be to improve the bids, and not on the fundamentals of the service. At the end of this process (which may include a best and final offers stage), the contract will be awarded to the supplier with the most economically advantageous tender using the award criteria in the procurement documents.

2.9 How the procurement will address and implement the Council's Social Value policy

2.9.1 Substance Misuse services will deliver an ongoing programme of free training to a range of stakeholders including social services, GPs, community pharmacists, the Youth Services and probation, the voluntary sector and faith-based organisations around drug and alcohol awareness. The core function of substance misuse services is to provide pharmacological and or psychosocial interventions to individuals for the treatment of addiction. Commissioning will work with the incoming service providers to scope demand and to agree frequency of training sessions and outcomes of delivery.

2.9.2 Provider(s) will need to identify innovative additional social value aspects to their work which will be assessed during the evaluation phase of the procurement process. In evaluating Social Value proposals, additional consideration will be given to innovative ways of outreaching to those groups who are currently underrepresented in services based on the protected characteristics including race and ethnicity, gender reassignment, sex and sexual orientation. Suppliers will be asked to provide a Social Value Delivery Plan and Method Statement as part of their response.

2.10 London Living Wage (LLW)

2.10.1 Any requirements for applying the LLW will be set out in the service specifications in relation to the staff of the new services.

2.11 How the Procurement will impact/support the Net Zero Carbon Target and Sustainability

2.11.1 The incoming providers will be expected to provide a review and delivery plan of how they will support Barking and Dagenham's Net Zero Carbon Target within 6 months of mobilisation of the new contracts.

3. Options Appraisal

3.1 **Option 1 – Do Nothing** - This option is not viable because the Council needs to commission services for adults and young people who misuse drugs or alcohol. Having no service in place is likely to lead to the deterioration in individuals' health and circumstances and for some may result in death. This could also lead to an increase in health and social care costs and an increase in crime. Reduction or cessation of these services would affect the performance against substance misuse Public Health Outcomes Framework (PHOF) indicator.

3.2 **Option 2 – Undertake competitive procurement process of integrated services under two contracts** - This is the preferred option.

Advantages

- The procurement exercise will ensure compliance with the Council's Contract Rules and relevant legislation and ensure continued provision of drug and alcohol services to residents beyond the contract end dates.
- Performance management will be more efficient as there will be just two contracts to manage, communication will be easier as only dealing with two providers, easier to promote locally.
- Service users will be able to access any aspect of integrated provision without having to reassess or change key worker or provider. This will improve retention and therefore successful completions and ensure better outcomes for service users.
- Integrated services also support the reduction of capital and organisational costs of multiple providers as well as reducing duplication of provision and focusing service provision on current need. This new model makes more effective and efficient use of resources through promoting collaborative and partnership working.

3.3 **Option 3- To provide services by way of an open framework** - This option is not suitable as it would not provide tailored services to meet the bespoke needs of Barking and Dagenham residents with complex addiction issues.

4. **Waiver**

4.1 Not applicable.

5. **Consultation**

5.1 The proposals in this report were considered and endorsed by the Procurement Board on 19 June 2023.

6. **Corporate Procurement**

Implications completed by: Adebimpe Winjobi, Head of Programme, Public Health

6.1 This report is seeking approval to procure a contract for the provision of an integrated drug and alcohol service for young people and adults as two separate lots. The service being procured falls within the description of services covered by the Light Touch Regime under the Public Contracts Regulations 2015. As the estimated value of the contract is higher than the set threshold, it needs to be opened up to competition and advertised as required by the Regulations.

6.2 In keeping with the Public Contracts principles, it is imperative that the contract is tendered in a competitive way and that the process undertaken is transparent, non-discriminatory and ensures the equal treatment of bidders.

6.3 The procurement will be undertaken using the competitive procedure with negotiation process under the Public Contract Regulations 2015. This approach will allow the councils to work with interested parties to design the service. It is more flexible and allows for more tailored and innovative specifications and solutions to be developed against an overall service model, key outcomes and performance indicators developed by commissioners and will provide best competition to get best value for money for the Council and will be compliant with the Council's Contract Rules and Regulations.

7. **Financial Implications**

Implications completed by: Paul Durrant – Group Accountant:

7.1 This report seeks approval for the procurement of an integrated substance misuse service under two contracts namely Adults and Young People respectively for seven years with effect from 1 April 2024.

7.2 The Office of Health Improvement and Disparities (OHID), former Public Health England, funds the whole of Adult and Young People Substance Misuse (Drug and Alcohol) services.

7.3 There is adequate funding for the maximum annual contract sums of £2,080,000 and £428,000 respectively within the annual allocations of regular Public Health grant and standalone OHID awards.

- 7.4 The availability of funding of the programme during the seven-year period of the contracts assumes continuous annual allocation of Public Health grant during the period. There is the need for conditional termination clause in the contracts should the funding allocations cease.
- 7.5 The cost of any uplift or extension of the contracts would need to be contained within the total contract values. Any risk of overspend and resultant mitigation would be identified through the Council's regular budget monitoring process.

8. Legal Implications

Implications completed by: Kayleigh Eaton, Principal Contracts and Procurement Solicitor, Law & Governance

- 8.1 This report states that the service will be split into two contracts, one for adult services (Lot 1) and another for young people services (Lot 2).
- 8.2 The value of both contracts will be in excess of the Light Touch Regime services threshold under the Public Contracts Regulations 2015 and therefore a competitive tendering process will be required. There is flexibility under the light touch regime which means that the Council may use its discretion as to how it conducts the procurement process provided that it complies with principles of transparency and equal treatment of economic operators; conducts the procurement in conformance with the information that it provides in the Find a Tender advert; and ensures that the time limits that it imposes on suppliers, such as for responding to adverts is reasonable and proportionate. This report states that the intention is to use the competitive procedure with negotiation.
- 8.3 Paragraph 2.5.1 states that the contract opportunity will be advertised in Find a Tender and Contracts Finder. Providing the principles set out above are followed this will be following a compliant tender process.
- 8.4 Contract Rule 6.5 (a) of the Council's Contract Rules requires that all procurements of contracts above £500,000 in value must be submitted to Cabinet/HWB for approval.

9. Other Implications

- 9.1 **Risk and Risk Management** - The main area of risk is having sufficient time to complete the lead in and handover period (between one provider to another). Discontinuity in services would cause significant harm to residents of the borough who are recovering from alcohol/ drug misuse, their families, as well as the general population. If the service were to terminate, there would be no pharmacological (alcohol detoxification medications, substitute prescribing) or psychosocial (counseling, key working and day programmes) interventions available across the borough for people who misuse drugs and alcohol. This risk will be managed by careful monitoring of the procurement process.
- 9.2 **TUPE, other staffing and trade union implications** – TUPE will apply in relation to both the Adult and Young People's contracts. Eligible staff currently employed in the service will, in the event of change in service provider, transfer their

employment to the new provider under the Transfer of Undertakings (Protection of Employment) Regulations. TUPE information has been received by LBBB from both services.

- 9.3 **Corporate Policy and Equality Impact** – Equality Impact Assessments have been completed and are attached at Appendix 1 and 2. Substance misuse is linked with a range of health inequalities including poor physical and mental health, hidden harm, family breakdown and involvement in the criminal justice system will ensure that services for people who misuse alcohol and/ or drugs remain available and are accessible to service users across the gender, ethnicity, age, faith, disability, sexuality, and all protected characteristics under the Equality Act 2010. There is scope in the longer term to have a positive effect on equalities through the commissioning of more flexible models of service delivery to better meet the needs and preferences of different groups within the population. In evaluating Social Value proposals, additional consideration will be given to innovative ways of outreaching to those groups who are currently underrepresented in services based on the protected characteristics including race and ethnicity, gender reassignment, sex and sexual orientation. Also included will be outreach to faith groups to raise awareness of drug and alcohol misuse and services. To support service development a Cultural Competency Needs Analysis has been commissioned to ensure an inclusive and culturally inclusive approach to ongoing service delivery. Service user groups are seen to support service development in relation to effectiveness and user input. Given their importance the successful provider(s) will be expected to facilitate the service user voice in the development of services.
- 9.4 **Safeguarding Adults and Children** – Substance misuse places vulnerable adults and children at risk. Substance misuse presents a range of behaviours that pose a risk to the individuals themselves and others around them and can amplify a range of safeguarding concerns, including domestic abuse and hidden harm. The borough's systems for reporting and investigating both adult and child safeguarding concerns have established links to drug and alcohol services, and the borough recognises the need for commissioning interventions to continue to foster these links and provide training for those involved in safeguarding. All agencies commissioned to work with adults and young people are aware of LBBB safeguarding procedures and must adhere to incident reporting as part of their contractual obligations.
- 9.5 **Health Issues** - The proposal is in line with the outcomes and priorities of the joint Health and Wellbeing Strategy. The award of the contract should further enhance the quality of and access to substance misuse services in the borough for adults and young people. The proposal will have a positive effect on our local community by improved services with greater accessibility and cultural competence thus helping to reduce health inequalities.
- 9.6 **Crime and Disorder Issues** - Substance misuse impacts on many areas of crime and disorder including anti-social behaviour and offending behaviour. By commissioning services that prevent people from using substances and supporting those that are using in a problematic way will support the Partnership in reducing offending behaviour. Those individuals that are drug tested positive for Class A drugs in police custody will be compelled to engage in drug treatment.

- 9.7 **Property / Asset Issues** – The proposal will have a neutral impact upon the property or assets.
- 9.8 **Business Continuity / Disaster Recovery** – The proposal will have a neutral impact on business Continuity/Disaster Recovery. However, in relation to service continuity the incoming providers will be expected to provide a business continuity plan within one month of mobilisation.

Public Background Papers Used in the Preparation of the Report: None

List of appendices:

- **Appendix 1:** Substance Misuse Equalities Impact Assessment (Adult)
- **Appendix 2:** Substance Misuse Equalities Impact Assessment (YP)

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Community and Equality Impact Assessment

As an authority, we have made a commitment to apply a systematic equalities and diversity screening process to both new policy development or changes to services.

This is to determine whether the proposals are likely to have significant positive, negative or adverse impacts on the different groups in our community.

This process has been developed, together with **full guidance** to support officers in meeting our duties under the:

- Equality Act 2010.
- The Best Value Guidance
- The Public Services (Social Value) 2012 Act

About the service or policy development

Name of service or policy	Substance Misuse Procurement (Adult)
Lead Officer	Jill Williams
Contact Details	Jill.williams@lbbd.gov.uk

Why is this service or policy development/review needed?

This review is required because a new contract for the Adult Substance Misuse Service is being procured. The treatment of addiction has cross cutting implications for the community. For example the recently completed Barking and Dagenham Cultural Competency Review acknowledged the shift in the ethnic profile of Barking & Dagenham in the past 20 years from majority White British (81% in the 2001 census to 31% in the 2021 census - a 62% reduction) the Council is reviewing the way in which it thinks about and delivers strategies and services to best engage with, and meet the needs of the changing demographic profile of the borough. Research indicates that in the UK members of the LGBTQI+ community are at increased risk of substance misuse (Bachmann & Gooch 2018; Boyle, Labrie, Costine & Witkovic 2016; Valentine & Maund 2016). The provision of an effective substance misuse service that is flexible to meet the needs of marginalised groups in the local population is critical in relation to reducing health inequalities.

1. Community impact (this can be used to assess impact on staff although a cumulative impact should be considered).

What impacts will this service or policy development have on communities?
 Look at what you know. What does your research tell you?

Please state which data sources you have used for your research in your answer below

Consider:

- National & local data sets
- Complaints
- Consultation and service monitoring information
- Voluntary and Community Organisations
- The Equality Act places a specific duty on people with ‘protected characteristics’. The table below details these groups and helps you to consider the impact on these groups.
- It is Council policy to consider the impact services and policy developments could have on residents who are socio-economically disadvantaged. There is space to consider the impact below.

COMMUNITY AND EQUALITY IMPACT ASSESSMENT

Potential impacts	Positive	Neutral	Negative	What are the positive and negative impacts?	How will benefits be enhanced and negative impacts minimised or eliminated?
Local communities in general	P			Reduce the harm of substance misuse in the community including reduction of acquisitive crime to fund drugs, supporting recovery and integration back into education and employment.	The service provides individualised care plans for adults with drug and or alcohol dependency. For example, this will involve prescribing opioid substitution medication for people with opioid addiction which supports recovery and reduces the need for service users to commit acquisitive crime to fund a drug habit. Psychosocial interventions are provided for service users to enable them to work on their recovery from substance misuse. A range of activities are offered to service users including the opportunity to work as peer mentors. The service works closely with employment services to support services users to enter education, training or employment.
Age	P			This service will ensure access to specialist treatment for addiction open to all adults from age 18 years. The service will also support transitional work with the Young People's substance misuse service for young adults aged 18-24 who may require additional support	The service will be headed up by a medical doctor who will lead on the provision of de specialist treatment for addiction. The service is open access i.e. people can self-refer to services or be referred by a health, social care practitioners or criminal justice worker. The service will work with transitional aged adults who have been transferred from youth services in conjunction with the Young People's Substance Service to continue with their treatment for an individualised package of support.

COMMUNITY AND EQUALITY IMPACT ASSESSMENT

Disability	P		The service will enable better coordination between the service and social care agencies to deliver better support for people with disabilities to access treatment for addiction.	The service will work closely with social care to facilitate treatment for individuals requiring a joint approach such as when a person may need to go into residential rehab for treatment and require a social care package.
	19 1		The service enables provision for the LGBTQI+ community who have increased risk of problematic drug and alcohol use.	Each service user has their own worker who provides an individually tailored treatment plan. The service provides a confidential knowledgeable space for service users to share their thoughts around their identity and how their experiences impact their use of substances.
Marriage and civil partnership		N	The provision of substance misuse services will not directly impact this protected characteristic.	
Pregnancy and maternity	P		The contract will support appropriate specialist care in relation to pregnancy and maternity and addiction.	The service will provide medical support in relation to prescribing opioid substitution medication during pregnancy and will work closely with ante and post-natal services and social services to ensure the best outcome in relation to pregnancy, maternity and safeguarding in relation to the baby.
Race (including Gypsies, Roma and Travellers)	P		The service will aim to increase uptake by the different demographics currently underrepresented in treatment.	The main focus will be on building a peripatetic model that will better outreach the different communities in Barking and Dagenham utilising community assets such as Family Hubs, faith organisations and community groups. Evidence of uptake will be shown by the NDTMS data base which produces local demographic detail of service users. NDTMS is a national

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			The contract will be flexible to changing need in the borough and to be guided by the findings of the recently completed Cultural Competency Review on the impact of substance misuse services on race and ethnicity in Barking and Dagenham.	database which all local services input data.
Religion or belief	P		The contract will support contact with the various religious organisations in Barking and Dagenham to raise awareness of addiction, reduce stigma and thereby support better access to specialist addiction services.	This will involve outreach to faith-based organisations in the borough to provide information and advice with regards to substance misuse and the availability of treatment.
Sex	P		Women are typically underrepresented in substance misuse services (although drug use frequency may be different to male use).	By providing a service which utilises community assets should support increased uptake by women by making treatment more accessible in the community. Uptake will be evidenced by NDTMS data.
Sexual orientation	P		The contract will enable	Each service user is provided with an individualised approach to their treatment

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				<p>provision for the LGBTQI+ community who have increased risk of problematic drug and alcohol use.</p>	<p>which takes account of all aspects of their lives including sexual orientation. Links will be developed with sexual health clinics which are a trusted resource for gay men specifically in providing harm minimisation information with regards to Chemsex.</p>
<p>Socio-economic Disadvantage</p>	P			<p>A key aim of public health funded services is to reduce health inequalities in society. These include avoidable differences in health between groups which is often linked with socio-economic disadvantage.</p>	<p>By providing treatment for addiction and working collaboratively with employment services the service will support social reintegration and reduction of health inequalities. The service also delivers support and treatment to people within the criminal justice system enabling them to integrate back into society and to rebuild their lives.</p>
<p>Any community issues identified for this location?</p>					

References

Bachmann, C. & Gooch, B. (2018). LGBT in Britain: Health Report. Retrieved from https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Boyle, S., Labrie, J., Costine, L. & Witkovic, Y. (2016). "It's how we deal": Perceptions of LGBT peers use of alcohol and other drugs to cope and sexual minority adults' own substance motivated substance use following the Pulse nightclub shooting. *Addictive Behaviours*, 65 (2017), 51-55. Retrieved from www.elsevier.com/locate/addictbeh

Lindsell, H. (2023) Barking and Dagenham Cultural Competency Review

Valentine, V. & Maund, O. (2016). Trans Inclusion in Drug and Alcohol Services. Retried from <https://www.scottishtrans.org/alcohol-and-drug-services>

1. Consultation.

Provide details of what steps you have taken or plan to take to consult the whole community or specific groups affected by the service or policy development e.g. on-line consultation, focus groups, consultation with representative groups.

If you have already undertaken some consultation, please include:

- Any potential problems or issues raised by the consultation
- What actions will be taken to mitigate these concerns

Consultation with community stakeholders e.g. mental health services was conducted in relation to race and ethnicity in the Cultural Competency Review and included a survey of professional organisations in the borough.

How well local treatment services are outreaching their population is shown by the National Drug Treatment Monitoring System (NDTMS). NDTMS data provides quarterly performance data of local substance misuse services and includes demographic profiles.

2. Monitoring and Review

How will you review community and equality impact once the service or policy has been implemented?

*These actions should be developed using the information gathered in **Section 1 and 2** and should be picked up in your departmental/service business plans.*

Action	By when?	By who?
Quarterly NDTMS data is collected	Each quarter	Service Provider
Service Specification/Contract performance monitoring ensuring that it is meeting the requirements of an inclusive service.	Each quarter	Council
Any incoming service will undertake an equality impact within 6 months of mobilisation geared to the development of a new treatment service.	TBC	Service Provider

3. Next steps

It is important the information gathered is used to inform any Council reports that are presented to Cabinet or appropriate committees. This will allow Members to be furnished with all the facts in relation to the impact their decisions will have on different equality groups and the wider community.

Take some time to summarise your findings below. This can then be added to your report template for sign off by the Strategy Team at the consultation stage of the report cycle.

Implications/ Customer Impact
<p>Substance misuse treatment services provide an important local resource for the treatment of addiction. As a result it helps support reduction of health inequalities in relation to marginalised communities within Barking and Dagenham. Addiction services have a mostly positive impact on the experience of inequalities in relation to the EA (2010) protected characteristics as described above.</p>

5. Sign off

The information contained in this template should be authorised by the relevant project sponsor or Divisional Director who will be responsible for the accuracy of the information now provided and delivery of actions detailed.

Name	Role (e.g. project sponsor, head of service)	Date
Matthew Cole	Director of Public Health	06/06/23

Community and Equality Impact Assessment

As an authority, we have made a commitment to apply a systematic equalities and diversity screening process to both new policy development or changes to services.

This is to determine whether the proposals are likely to have significant positive, negative or adverse impacts on the different groups in our community.

This process has been developed, together with **full guidance** to support officers in meeting our duties under the:

- Equality Act 2010.
- The Best Value Guidance
- The Public Services (Social Value) 2012 Act

About the service or policy development

Name of service or policy	Substance Misuse Procurement (Young People)
Lead Officer	Jill Williams
Contact Details	Jill.williams@lbbd.gov.uk

Why is this service or policy development/review needed?

This review is required because a new contract for the Young People’s Substance Misuse Service (“the service”) is being procured. The treatment of addiction has cross cutting implications for the community. For example, the service works with young people in the criminal justice system who may struggle with addiction. The recently completed Barking and Dagenham Cultural Competency Review found that a distrust of agencies is a factor around access to treatment services e.g. the Black community and specific Eastern European communities. Working with young members of the LGBTQI+ community supports self-acceptance reducing the increased risk of substance misuse found in adult members of the community (Bachmann & Gooch 2018; Boyle, Labrie, Costine & Witkovic 2016; Valentine & Maund 2016). The provision of an effective substance misuse service that is flexible to meet the needs of young people from marginalised groups in the local population is critical to reducing inequalities.

1. Community impact (this can be used to assess impact on staff although a cumulative impact should be considered).

What impacts will this service or policy development have on communities?
 Look at what you know. What does your research tell you?

Please state which data sources you have used for your research in your answer below

Consider:

- National & local data sets
- Complaints
- Consultation and service monitoring information
- Voluntary and Community Organisations
- The Equality Act places a specific duty on people with ‘protected characteristics’. The table below details these groups and helps you to consider the impact on these groups.
- It is Council policy to consider the impact services and policy developments could have on residents who are socio-economically disadvantaged. There is space to consider the impact below.

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Potential impacts	Positive	Neutral	Negative	What are the positive and negative impacts?	How will benefits be enhanced and negative impacts minimised or eliminated?
Local communities in general	P			Reduce the harm of substance misuse in the community amongst young people supporting reduction of county lines activity and the impact of knife crimes on young people.	Providing psychosocial interventions and advocacy to young people and adults in a variety of settings with the aim of reducing the level of substance misuse related problems and achieve improvement in health, social, psychological, legal, welfare and life chances of young people who are vulnerable through use of illicit drugs and/or alcohol and hidden harm. This also involves joint working with other agencies including the Youth Offending Service and CAMHS and the Adult Substance Misuse Service in relation to young adults.
Age	P			The service provides ensure access to specialist treatment for addiction open to all young people from early teens to age 18 years. The service will also support transitional work with the adult substance misuse service for young adults aged 18-24 who may require additional support.	The service is staff by skilled workers who work specifically with young people providing age appropriate psychosocial and health interventions to support young people to stop or reduce their drug intake. Age-appropriate care includes awareness of the legal position around working with young people including aspects such as Gillick Competence and Fraser Guidelines where staff assesses whether a person under 16 years is or is not capable of making a decision around treatment. The transitional age group is where the service user is an adult but who may need additional individualised support to engage with adult service such as
Disability	P			The service will enable better	The service will support young people with disabilities by co working with relevant agencies supporting young people with

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			coordination between the service and social care agencies to deliver better support for young people with disabilities to access treatment for addiction.	disabilities offering assessment, advice and psychosocial interventions for the treatment of addiction tailored to meet the needs of a particular individual.
Gender reassignment	p		The service enables provision for the young members of the LGBTQI+ community to treat addiction and support self-acceptance of self thereby reducing increased risk of substance misuse in adulthood.	Each service user has their own worker who provides a individually tailored treatment plan. The service provides a confidential knowledgeable space for young people to share their thoughts around their identity and how their experiences impact their use of substances.
Marriage and civil partnership		N	The provision of substance misuse services will not directly impact this protected characteristic.	
Pregnancy and maternity	P		The service will provide appropriate support in relation underaged pregnancy and maternity and addiction.	Appropriate support includes joint working with maternity and social services, safeguarding, advocacy, providing expert clinical advice around pregnancy and substance misuse to support the young person through their pregnancy if they wish it to continue. Sexual health advice also forms part of the work with young people.
Race (including Gypsies, Roma and Travellers)	P		The service will aim to increase uptake by the different	Skilled workers provide trauma informed psychosocial interventions as per service specification meeting young people where they are in the community e.g. schools, Youth Offending Service which helps build

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			demographics currently underrepresented in treatment and who may be distrustful of agencies.	trust and engagement. The service is non-judgemental and sensitive to the cultural needs of key cohorts in the borough. Offering a trauma informed approach is a requirement of the service specification.
Religion or belief	P		The service will support greater awareness of substance misuse in young people to religious organisations in Barking and Dagenham.	This will be achieved by outreach to religious organisations providing advice and informing parents, care givers of where support is available.
Sex	P		While boys and young men have a higher risk of suicidality the rate for girls and women under 24 years is has been increasing over the past 10 years nationally. Provision of services that support healthy self-acceptance and boundaries contributes to the protection of these vulnerable cohorts (ONS 2021).	The service works closely with CAMHS to offer support to young people with mental health vulnerabilities and substance misuse issues. The service will adopt trauma informed practice which is sensitive in identifying mental health vulnerabilities and possible neurodivergence. This is particularly important with girls and young women who often mask aspects of neurodivergence, for example, resulting in accumulative stress which may manifest in self-harm activities and increased risk of suicidality and uncertainties in gender identity. Boys and young men may be at greater risk of knife crime and working jointly with the Youth offending service promotes allows a focus on both psychological trauma and associated substance misuse and crime.
Sexual orientation	P		The service enables provision for the young members of the LBTQI+ community to	Each service user has their own worker who provides a individually tailored treatment plan. This provides a confidential knowledgeable space for young people to share their thoughts around their sexual orientation and how

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				<p>treat addiction and support healthy self-acceptance thereby reducing increased risk of substance misuse in adulthood</p>	<p>their experiences impact their use of substances.</p>
<p>Socio-economic Disadvantage</p>	<p>P</p>			<p>A key aim of public health funded services is to reduce health inequalities in society. These include avoidable differences in health between groups which is often linked with socio-economic disadvantage.</p>	<p>The service is an open access service which supports young people to stop using drugs by providing individualised expert interventions. This allows young people who may have stopped going to school, for example, because of their drug use to return to school completing their education and therefore increasing opportunities to go onto training on leaving school. The service also works closely with the Youth Offending Service enabling young offenders to deal with any addiction issues and supporting work on offending to help re entry into education, training or employment. This decreases risk of drug taking and associated offending being sustained into adulthood with all its associated harms and health inequalities. The service maintains regular contact with schools and colleges within the borough.</p>
<p>Any community issues identified for this location?</p>					

References

Bachmann, C. & Gooch, B. (2018). LGBT in Britain: Health Report. Retrieved from https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Boyle, S., Labrie, J., Costine, L. & Witkovic, Y. (2016). "It's how we deal": Perceptions of LGBT peers use of alcohol and other drugs to cope and sexual minority adults' own substance motivated substance use following the Pulse nightclub shooting. *Addictive Behaviours*, 65 (2017), 51-55. Retrieved from www.elsevier.com/locate/addictbeh

Lindsell, H. (2023) Barking and Dagenham Cultural Competency Review

Office of National Statistics (2021) at [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

Valentine, V. & Maund, O. (2016). Trans Inclusion in Drug and Alcohol Services. Retried from <https://www.scottishtrans.org/alcohol-and-drug-services>

1. Consultation.

Provide details of what steps you have taken or plan to take to consult the whole community or specific groups affected by the service or policy development e.g. on-line consultation, focus groups, consultation with representative groups.

If you have already undertaken some consultation, please include:

- Any potential problems or issues raised by the consultation
- What actions will be taken to mitigate these concerns

Consultation with community stakeholders such as the Youth Offending Service was conducted in relation to race and ethnicity in the Cultural Competency Review and included a survey of professional organisations in the borough including the Youth Offending Service.

How well local treatment services are outreaching their young population is shown by the National Drug Treatment Monitoring System (NDTMS). NDTMS data provides quarterly performance data of local substance misuse services and includes demographic profiles. There will be a requirement for the new service to provide service user feedback in order that the service quality can be assessed qualitatively including how well it delivers treatment to members of the community.

2. Monitoring and Review

How will you review community and equality impact once the service or policy has been implemented? <i>These actions should be developed using the information gathered in Section 1 and 2 and should be picked up in your departmental/service business plans.</i>		
Action	By when?	By who?
Quarterly NDTMS data is collected	Each quarter	Service Provider
Service Specification/Contract to manage the performance of the service ensuring that it is meeting the requirements of an inclusive service.	Each quarter	Council
Any incoming service will undertake an equality impact assessment within 6 months of mobilisation geared to the development of a new service.	TBC	Service Provider

3. Next steps

It is important the information gathered is used to inform any Council reports that are presented to Cabinet or appropriate committees. This will allow Members to be furnished with all the facts in relation to the impact their decisions will have on different equality groups and the wider community.

Take some time to summarise your findings below. This can then be added to your report template for sign off by the Strategy Team at the consultation stage of the report cycle.

Implications/ Customer Impact
<p>Substance misuse treatment services provide an important local resource for the treatment of addiction. The Young People’s Service will provide an individualised package of support of young people with addiction issues including those with protected characteristics as defined by the Equality Act (2010). As a result it helps support reduction of health inequalities in relation to marginalised communities within Barking and Dagenham. Addiction services have a mostly positive impact on the experience of inequalities in relation to the EA (2010) protected characteristics as described above. In terms of young people treating addiction early on reduces the risk of addiction continuing into adulthood, including associated criminal activity, thereby increasing a young person’s life chances going forward.</p>

5. Sign off

The information contained in this template should be authorised by the relevant project sponsor or Divisional Director who will be responsible for the accuracy of the information now provided and delivery of actions detailed.

Name	Role (e.g. project sponsor, head of service)	Date
Matthew Cole	Director of Public Health	06/06/23

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