North East London Integrated Care Board

Barking & Dagenham

Notice of Meeting

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

Tuesday, 12 March 2024 - 5:00 pm
Council Chamber, Town Hall, Barking IG11 7LU

Date of publication: 4 March 2024

Fiona Taylor
Chief Executive, LBBD
Zina Etheridge
Chief Executive,
North East London ICB

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Membership

Name	Title	HWBB	ICB
Cllr Maureen Worby (Chair)	Cabinet Member for Adult Social Care and Health Integration, LBBD	✓	✓
Charlotte Pomery (Deputy Chair)	Executive Director, NHS North East London	✓	✓
Elaine Allegretti	Strategic Director, Children and Adults, LBBD	✓	✓
Pooja Barot	Director, Care Provider Voice		✓
Matthew Cole	Director of Public Health, LBBD	✓	✓
Selina Douglas	Executive Director of Partnerships (NELFT)		✓
Tom Ellis	Director of Strategy, Newham University Hospital	✓	
Cllr Syed Ghani	Cabinet Member for Enforcement and Community Safety, LBBD	✓	
Jenny Hadgraft	Interim Healthwatch Manager, B&D Healthwatch		✓
Dr Ramneek Hara	Clinical Care Director, NHS North East London	✓	✓
Ann Hepworth	Director of Strategy and Partnerships, BHRUT	✓	✓
Louise Jackson	Chief Inspector, Metropolitan Police	✓	
Cllr Jane Jones	Cabinet Member for Children's Social Care and Disabilities, LBBD	✓	
Cllr Elizabeth Kangethe	Cabinet Member for Educational Attainment and School Improvement, LBBD	✓	
Sharon Morrow	Director of Partnership Impact and Delivery Barking and Dagenham, NHS North East London	✓	✓
Elspeth Paisley	Health Lead, BD Collective	✓	✓
Dr Kanika Rai	Place based Partnership Primary Care, Development Clinical Lead		✓
Dr Shanika Sharma	Primary Care Network Director – West One		✓
Nathan Singleton	Chief Executive, Healthwatch - Lifeline Projects Ltd	✓	
Fiona Taylor	Chief Executive (Place Partnership Lead), LBBD	✓	✓
Sunil Thakker	Director of Finance or nominated rep, NHS North East London		✓
Chetan Vyas	Director of Quality or nominated rep, NHS North East London		✓
Melody Williams	Integrated Care Director, NELFT	✓	

Non-voting members

Craig Nikolic	Chief Operating Officer, Together First CIC, B&D GP Federation	✓	
Dr Uzma Haque	Primary Care Network Director, North	✓	
Dr Deeksha Kashyap	Primary Care Network Director, North West	✓	
Dr Jason John	Primary Care Network Director, New West	✓	
Dr Afzal Ahmed	Primary Care Network Director, East	✓	
Dr Natalya Bila	Primary Care Network Director, East One	✓	
Dalveer Johal	NEL Local Pharmaceutical Committee Representative	✓	
Shilpa Shah	NEL Local Pharmaceutical Committee Representative	✓	

Standing Invited Guests

Cllr Paul Robinson	Chair, Health Scrutiny Committee, LBBD	✓	
Andrea St. Croix	B&D Independent NHS Complaints Advocate	✓	
Narinder Dail	Borough Commander, London Fire Brigade	✓	
Anju Ahluwalia	Independent Chair Local Safeguarding Adults Board, LBBD	✓	
Vacant	London Ambulance Service	✓	
Vacant	NHS England, London Region	✓	

AGENDA

1. **Apologies for Absence**

2. **Declaration of Members' Interests**

   In accordance with the Council's Constitution and the ICB Sub-Committee's Terms of Reference, Members of the Committees in Common are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. **Minutes - To confirm as correct the minutes of the meeting on 16 January 2024 (Pages 3 - 9)**

4. **Resident's Story**

   Welcome to Jamie Postendorfen, Chair of the Just Say Parents' Group

5. **London Ambulance Service Update (Pages 11 - 24)**

6. **Verbal update on CIC Development Session**

7. **A New Strategic Approach to Healthy Weight in Barking & Dagenham (Pages 25 - 49)**

8. **Adult Substance Misuse (Drug and Alcohol) Integrated Service - Contract Variation (Pages 51 - 66)**

9. **Young People Substance Misuse (Drug and Alcohol) Integrated Service - Contract Variation (Pages 67 - 85)**

10. **Any other public items which the Chair decides are urgent**

11. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

The public and press have a legal right to attend Council meetings such as the Health and Wellbeing Board, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

12. **Any other confidential or exempt items which the Chair decides are urgent**

Barking & Dagenham

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

- Residents are supported during the current Cost-of-Living Crisis;
- Residents are safe, protected, and supported at their most vulnerable;
- Residents live healthier, happier, independent lives for longer;
- Residents prosper from good education, skills development, and secure employment;
- Residents benefit from inclusive growth and regeneration;
- Residents live in, and play their part in creating, safer, cleaner, and greener neighbourhoods;
- Residents live in good housing and avoid becoming homeless.

To support the delivery of these priorities, the Council will:

- Work in partnership;
- Engage and facilitate co-production;
- Be evidence-led and data driven;
- Focus on prevention and early intervention;
- Provide value for money;
- Be strengths-based;
- Strengthen risk management and compliance;
- Adopt a “Health in all policies” approach.

The Council has also established the following three objectives that will underpin its approach to equality, diversity, equity and inclusion:

- Addressing structural inequality: activity aimed at addressing inequalities related to the wider determinants of health and wellbeing, including unemployment, debt, and safety;
- Providing leadership in the community: activity related to community leadership, including faith, cohesion and integration; building awareness within the community throughout programme of equalities events;
- Fair and transparent services: activity aimed at addressing workforce issues related to leadership, recruitment, retention, and staff experience; organisational policies and processes including use of Equality Impact Assessments, commissioning practices and approach to social value.

MINUTES OF
HEALTH & WELLBEING BOARD and
ICB SUB-COMMITTEE
(COMMITTEES IN COMMON)

Tuesday, 16 January 2024
(5:00 - 6:59 pm)

Members Present: Cllr Maureen Worby (Chair), Charlotte Pomery (Deputy Chair), Elaine Allegretti, Pooja Barot, Matthew Cole, Tom Ellis, Cllr Syed Ghani, Jenny Hadgraft, Dr Ramneek Hara, Cllr Jane Jones, Cllr Elizabeth Kangethe, Sharon Morrow, Elspeth Paisley, Dr Kanika Rai, Dr Shanika Sharma, Nathan Singleton, Fiona Taylor, Sunil Thakker and Melody Williams

Invited Guests, Officers and Others Present: Christine Brand, Fiona Russell, Debbie Harris, Alan Dawson, Susanne Knoerr, Brid Johnson and Kelvin Hankins

Apologies: Ann Hepworth, Dr Uzma Haque, Dr Jason John, Dalveer Johal, Andrea St. Croix and Narinder Dail

30. Declaration of Members' Interests

There were no declarations of interest.

31. Minutes (7 November 2023)

The minutes of the Health and Wellbeing Board and ICB Sub-Committee meeting held on 7 November 2023 were confirmed as correct.

The Chair reiterated the request made at the last meeting for the London Ambulance Service to present a detailed report to the next meeting on the challenges that it faced and the impact on response times across the Borough, to facilitate a discussion on mitigation measures.

32. Barking and Dagenham Winter Planning Update

Kelvin Hankins, Deputy Director and Lead for Ageing Well, Barking and Dagenham Place Team, NEL ICB, presented an update on the progress made in the mobilisation of this year's winter planning arrangements.

Mr Hankins referred to the pressures on health care services that typically arose over the winter period and the unique problems caused during the coldest periods. Those unique pressures were being experienced at the moment and were compounded by ongoing industrial action. Despite that, there had been progress in several areas compared to national standards and he referred, as an example, to the four-hour national standard between patients attending emergency services and being seen. Both King George's Hospital (KGH) and Queen's Hospital (QH) experienced dramatic improvement and were almost at the national revised standard (post-Covid) of 76%. Significant improvement had also been experienced at the Borough's Urgent Treatment Centres (UTC), with the Barking UTC reporting a 95% achievement level.

Regarding the London Ambulance Service (LAS), Category 2 response times for the North East London area had improved to 43 minutes, although it was acknowledged that further work was necessary to continue positive progress. Schemes such as REACH, whereby LAS crews were able to contact a central coordination of consultants and senior clinicians to discuss patient management, were also helping to reduce the number of patients needing to be taken to hospital.

The Winter Plan actions and priorities were also discussed. There were no significant risks detected, and it was highlighted that UTC or non-emergency, NHS 111 services patients could attend any available winter hubs for support. However, there was no national funding for respiratory hubs, and winter hubs were introduced through other funding. Other aspects that were highlighted included the availability of additional funding to launch a reablement service in the Borough, and the winter communications and engagement plan going live in November, which had been received well by residents.

Councillor Worby expressed the need for more concise, easy-to-understand communications on the free services available for the public, particularly for the elderly population, and referred to the 'risk of falling' discussions and mitigation steps. Reduced waiting times were positively received, but clarification was sought on the plans for continual improvement in the context of a growing population in the Borough. Mr Hankins advised that the ICB sustainability case model considered the increasing rate of population and their needs, especially for complex patients in primary care which was highlighted by Dr Shanika Sharma. Further, the handover from ambulance services was currently 30 to 45 minutes within the Borough against the 15-minute national standard; although this had improved, Members requested for continual work to meet the national standard.

Reference was also made to some local residents choosing to attend the Emergency Department at Newham Hospital or even the Royal London Hospital (RLH) instead of KGH or QH, could be down to perceived shorter wait times and/or better accessibility via public transport on the Elizabeth Line. Mr Hankins clarified the usage of NH and RLH and advised that most local residents continued to use KGH and QH.

With regard to follow-ups and referrals into specialist hospital departments, Dr Kanika Rai commented that inpatients at RLH and NH were, in general, automatically booked into the specialist outpatients clinic, whilst that was not typically the case within the BHRUT area. As that may be a reason for many patients moving around the system, it was suggested that the issue be factored into the modelling work, to help reduce health inequalities and encourage patients to stay within the Borough for health care.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the report.

33. NEL Joint Forward Plan Refresh 2024/25

Sharon Morrow, Director of Partnership, Impact and Delivery (DPID), NHS NEL, presented a report on the NEL Joint Forward Plan Refresh (JFPR) 2024/25, as of December 2023.

The first draft JFPR, which included a Barking and Dagenham Local Plan (BDLP),

was appended to the report and Ms Morrow advised that it would be continually updated to reflect, for example, the discussions at the workshop held in December where portfolio leads shared their draft system programme plans, identified health inequalities and gaps, areas of duplication or synergy, and interdependencies. It was also noted that the annual NHS Planning Guidance which impacted on JFPRs had been delayed until late January, although many of the priorities set out in the 2023/24 guidance were expected to remain, and ICBs were also required to produce a Capital Plan before April, in line with new national guidance.

The draft JFPR, and its BDLP, shared common priorities with the Joint Health and Wellbeing Strategy. A planning group would be taking the issues forward, identifying key priorities which would best improve health outcomes and have a real impact within the limited resources available. Prevention would also be a key aspect.

Members discussed the draft JFPR and raised a number of issues, including:

- The recent discussions at the wider Integrated Care Partnership where it was agreed to re-prioritise the three priorities, with schemes and projects that brought about levelling-up ranking above easing the financial difficulties;
- Not getting bogged down in national requirements and priorities and ensuring that our JFPR reflected the local priorities;
- The need to challenge some of the data and commentary to ensure that it properly reflected what was being achieved within the finances, resources and facilities currently available;
- The need for new health care provision, including new buildings, to accommodate the rapidly increasing population in Barking and Dagenham;
- Learning from best practice across the health system;
- The critical importance of prevention and intervention;
- The work already underway to campaign and lobby for additional health care facilities and capital funding;
- The need to celebrate our achievements, such as GP pop-ups, close working between health services, social care providers and the Local Authority, GP services providing 30% more appointments and those referred to earlier in the meeting;
- The need to integrate the new ways of working into ‘business as usual’;
- Greater emphasis on workforce issues within Barking and Dagenham. It was noted that a Workforce Strategy was in development and details of initiatives already being progressed would be shared with Members.

Members were encouraged to share any further comments directly with Sharon Morrow and Charlotte Pomery.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the planning update and endorse the draft NEL Joint Forward Plan Refresh 2024/25, as set out at Appendix 1 to the report.

34. ICB Finance Overview - Month 7 2023/24

Sunil Thakker, Director of Finance, NHS NEL, presented an update on the overall financial positions on the NEL ICS and ICB at period 7 of the 2023/24 financial year, along with an update on the budgets delegated to Barking and Dagenham

Place.

Summaries of the financial performance of the ICB and ICS were provided, showing a period 7 position of an adverse variance to plan of £16.5m for the ICB as part of a £87.2m adverse variance for the ICS. Mr Thakker referred to the main drivers for the overspend and the mitigations being put in place to bring expenditure as close to budget as possible, as part of a formal recovery plan (FRP). The main risks identified across the system included inflation, non-deliver of efficiencies, ongoing industrial action, operational pressures, and lost income for providers which contributed to limited productivity and value for money services.

Mr Thakker advised that since the report had been written there had been improvements in the financial positions, although he stressed that ongoing addition costs arising from industrial action would negatively impact on the end-of-year position. Discussions were being held with NHS England regarding potential additional funding and Mr Thakker undertook to keep the CiC informed of developments.

Charlotte Pomery highlighted the value of having a medium-term financial plan and referred to the aspirations for more joined-up finance reporting across the health and local authority sectors.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the updated financial position for 2023/24, as detailed in Appendix 1 to the report.

35. Draft Annual Report of the Director of Public Health 2022/23

Matthew Cole, LBBD Director of Public Health, presented his draft Annual Report for 2022/23, which was intended to inform local people about the health of their community as well as providing necessary information for decision-makers in local health services and authorities on health gaps and priorities that needed addressing.

The Annual Report covered the legacy period of Covid-19 and highlighted its lasting impacts in areas such as life expectancy and healthy life expectancy determinants for Barking and Dagenham residents. The Borough had been disproportionately hit by the consequent economic difficulties and continued to struggle post-Covid due to significantly higher demand for health and social care services. All of those factors meant that health bodies and the Council faced many challenges which would inevitably affect performance levels and mean that very difficult decisions would need to be taken going forward.

Mr Cole referred to the connections between his report and other high-level documents such as the Borough Manifesto, the Council's Corporate Plan and the ICS Joint Local Forward Plan discussed earlier in the meeting. It was also acknowledged that the report would feed into the 2024 Joint Strategic Needs Assessment, which would be presented to the CiC later in the year.

Key messages within the Annual Report included:

- The need to exploit the opportunities within the Place-based Partnership and locality working to improve healthy life expectancy;
- The need to focus on increasing healthy life expectancy and addressing those

contributing factors which, in the short term, impacted on overall health, the ability to live independently in later life, and on the increasing demand on the local health and care system;
- What needed to be done to address the key contributing factors to health life expectancy for both men and women, i.e. addressing long term conditions, key behavioural risk factors and the wider determinants of health;
- Greater focus on actions that can affect short term change for adults but also those that span across the life course, as today's children would be tomorrow's adults and issues experienced in childhood often shaped the trajectory of an individual's health through to older age;
- Breaking down barriers that were causing health inequalities, especially amongst those groups who were considered to be 'hard to reach';
- An alignment of strategic plans and delivery plans, investment in programmes delivering the priorities and a reprioritisation of spending of the Public Health Grant;
- The impact of the Covid-19 pandemic on mental health and the important role of the place-based approach for early intervention to improve mental health and wellbeing;
- An emphasised on a 'health in all policies' approach to understand the role of health inequalities in driving community priorities, such as employment opportunities for residents; and
- The need to drive forward the vaccinations and immunisations programmes to reduce communicable diseases, especially amongst children and babies. On that point, the Chair asked those present to do all they could to promote the MMR jab across all age groups and it was suggested that bus stop advertising would be an effective means of advertising.

Ms Elspeth Paisley welcomed the focus on healthy life expectancy as a wider determinant of health and suggested that understanding how they were linked and having short and longer-term targets to aim for would be useful ways to assess progress and ensure accountability. Other observations made included:

- Recognising the role of communities as an asset in helping to deliver improvements and how it could be developed further;
- The issue of social isolation and 'loneliness' and high neurodiversity levels which impacted on healthy life expectancy and mental health, with a focus on keeping people in the community;
- Understanding who and why people are presenting themselves and having better pathways for referral to support the prevention and early intervention aims, with obesity and diabetes cited as examples,
- The excellent social prescribing set up in Barking and Dagenham;
- The impact that consistent health checks would have over the long-term in respect of improving health outcomes;
- The disparity between central funding received within Barking and Dagenham, which was lower than neighbouring boroughs.

Nathan Singleton also referred to a report recently completed by Healthwatch in relation to Education Health and Care Plans (EHCP) and the expected three-fold increase in cases by 2035, which highlighted the need for early intervention in that area.

Concluding the discussions, Councillor Worby referred to the work being

undertaken within the Council with regard to localities and how its various services could work in a more seamless way. Mr Cole also advised that a peer review on the local public health approach would take place in February 2024, led by the Local Government Authority (LGA).

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the Director of Public Health's draft Annual Report for 2022/23, as set out at Appendix A to the report.

36. Barking and Dagenham Partnership Risk Register

Sharon Morrow, Director of Partnership, Impact and Delivery, NEL ICB, introduced a report on the partnership risk register which captured the key risks to achieving the partnership strategic objectives.

The risks that had been identified in respect of partnership priorities for 2023/24 included:

- the capacity within management and clinical teams and the impact that may have on delivery;
- capacity in children and young peoples' therapy services to meet the increasing demand for children and young people with SEND;
- the current High Intensity Service across BHR was not adequately supporting Barking and Dagenham residents who met the criteria for the service; and
- the current model for proactive care did not meet best practice guidance and there was not a case-finding tool in place.

Ms Morrow confirmed that the risk register was continually monitored by the partnership delivery groups and would be regularly updated to reflect changes in circumstances and updated plans for 2024/25.

The Health and Wellbeing Board and ICB Sub-Committee **resolved** to note the current partnership risk register at Appendix 1 to the report.

37. Questions from the public

There were no additional questions from the public.

38. B&D GP Federation - CQC Inspection

Craig Nikolic, Chief Operating Officer, B&D GP Federation, was pleased to announce that following a recent inspection of the Federation, the Care Quality Commission (CQC) had been given an overall 'Good' rating, with an 'Outstanding' rating in recognition of how patients and residents of the Borough were listened to.

Colleagues congratulated the Federation and noted that the CQC was expected to publish the report shortly.

The Chair suggested that the Committees in Common would benefit from regular reports on the outcome of CQC inspections.

39. Procurement of Integrated Adult and Young People Substance Misuse (Drug and Alcohol) Services

(The Chair agreed that this report could 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.)

Matthew Cole introduced a report on proposals to procure an Integrated Substance Misuse Service under two contracts (Lot 1 - Adults and Lot 2 - Young People).

Mr Cole advised that the contracts would be for up to seven years commencing 31 March 2024, with a combined value of circa £2.5m per annum funded from core grant via the Office of Health Improvement and Disparities (OHID).

In view of the late publication of the report, CiC Members were invited to pass on any comments they may have on the proposals to Mr Cole after the meeting.

The Health and Wellbeing Board **resolved** 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.

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North East London
Integrated Care Board

Committees in Common of ICB Sub-Committee and Health and Wellbeing Board

12 March 2024

Title of report	London Ambulance Performance in Barking and Dagenham
Author	Patrick Brooks, Systems Partnership Transformation Manager - North East London, London Ambulance Service
Presented/Sponsored by	Patrick Brooks, Systems Partnership Transformation Manager - North East London, London Ambulance Service Kelvin Hankins, Deputy Director Barking and Dagenham Place Team, NHS North East London
Contact for further information	Kelvin Hankins, Deputy Director Barking and Dagenham Place Team kelvin.hankins@nhs.net
Wards affected	All
Key Decision	No
Executive summary	The report gives an overview of the ambulance performance in North East London. The report includes an overview of the improvements made in over the last year but also recognises that there is ongoing transformation work to improve performance and the service provided to Barking and Dagenham residents
Action / recommendation	The Board/Committee is asked to note the report
Previous reporting	None
Next steps/ onward reporting	None
Conflicts of interest	None
Strategic fit	• To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	Ambulance services are a key service to local residents when urgent access to emergency care is required. The report details the work being taken to ensure that residents access the service in a timely manner.
Impact on finance, performance and quality	There are no financial implications of this report. The report details the current performance and quality of the service being provided to residents.

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London Ambulance Service
NHS Trust

LAS Performance Report
North East London

We are the capital's emergency and urgent care responders

About us

We are the capital's emergency and urgent care responders. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

A day in the life of London Ambulance Service

We treat **3,000** patients on scene or over the phone

We answer **5,700** calls in 999

We answer **6,000** calls in 111

Our clinicians typically go to:

240 fallers

230 patients with breathing problems

200 patients reporting chest pain

Delivery of **4** babies

28 confirmed cardiac arrests

42 suspected strokes

33 suspected heart attacks

Workforce

Over **10,000** people working, studying and volunteering with us

2,600+ operational support and corporate staff

7,400+ operational staff

21% from an ethnic minority background

32% of new starters recruited in 2022/23 were from an ethnic minority background

Patient-facing staff

1,300 call handlers in 999 and 111

1,550 Emergency medical technicians, assistant ambulance practitioners and Non-Emergency Transport Service (NETS) crews

3,200 paramedics, including 100 advanced paramedic practitioners

380 nursing and medical staff

Support staff

400 make ready staff, restocking and refuelling ambulances

80 cleaning staff

60 repair workshop staff

Teaching and apprentices

130 staff in clinical education & standards

1,130 students

680 apprentices

Our three missions 2023-28

Our care

1 Delivering outstanding emergency and urgent care whenever and wherever needed.

- Rapid and seamless care
- Individualised clinical responses
- Outstanding care and leadership of major incidents and events
- A learning and teaching organisation

Our organisation

2 Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.

- Inclusive and open culture
- Well-led across the organisation
- Improved infrastructure

Our London

3 Using our unique pan-London position to contribute to improving the health of the capital.

- A system leader and partner
- Proactive on making London healthier
- Green and sustainable for the future

LAS in North East London

- North East London ICB covers Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

- Five ambulance groups: Homerton, Newham, Romford, Whipps Cross and Ilford

We are the only pan-London NHS Trust

Ilford Ambulance Station
North East Sector HQ

33,203 face-to-face responses across the sector this year
(1 January – 26 February)

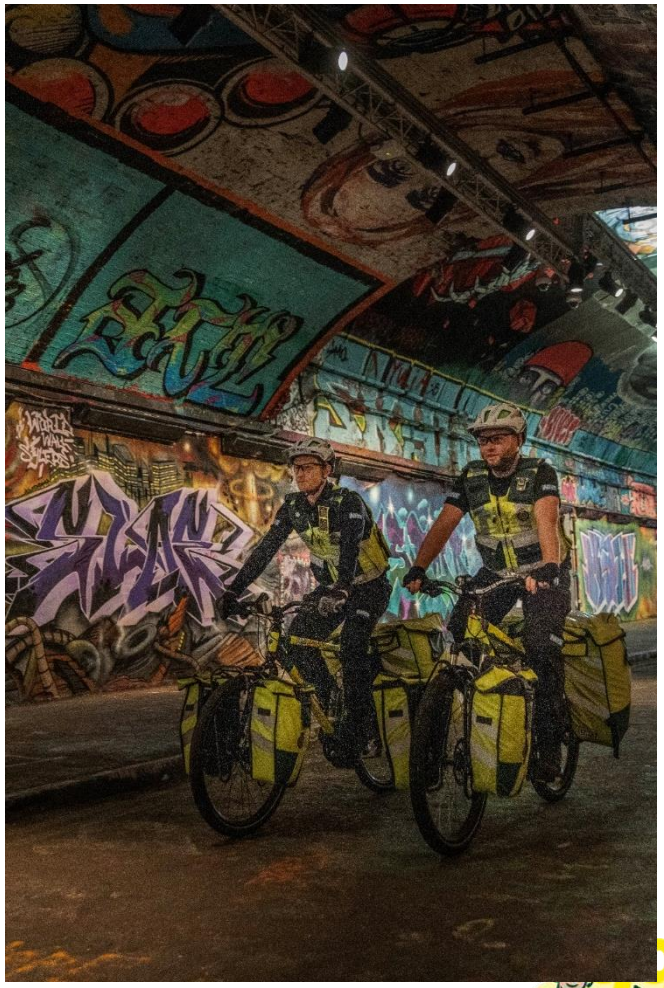
853 LAS team members working in North East London

A **range of frontline colleagues** working across stations in Barking and Dagenham

7 minutes 36 seconds
Average response time to our most seriously unwell patients (Cat 1 calls) across the NEL sector in January 2024

North East London – our estate

- North East London is a home to a number of hugely important LAS sites:
  - We have **10 operational ambulance stations** across the sector.
  - Our **Hazardous Area Response Team** has its East Base in Newham.
  - Building1000 Dockside in Newham is home to both our **Dockside Education Centre** and state-of-art **Emergency Operations Centre,** which handles half of the 999 calls that come into the Service.
  - **NHS 111/ Integrated Urgent Care Barking** handles half of the 111 calls across the capital, providing urgent care and GP out-of-hours services.



North East London – our patients

- North East London experiences the longest hospital handover delays of all London ICS geographies.
- North East London has the **highest proportion of residents aged under 35** of any sector (52%).
- Just over half (54%) of the population are from **ethnic minority backgrounds**, with the highest share in Newham (69%).
- Nearly a quarter of residents live in one of the most deprived areas in England.
- By 2041, the population is **projected to grow by nearly 364,000** (17%), equivalent to the borough of Newham.

North East London – hospital handovers

- We continue to work with our NHS partners in North East London to reduce delays and safely release ambulance crews from hospitals and this is making a big difference for our medics and patients, freeing up our clinicians to attend to those who need the most urgent care.

Ambulance Response Programme

LAS provide an integrated approach to managing Urgent and Emergency care.

Working to ensure all patients get the most appropriate response irrelevant of what number they call.

Providing a Pan London validation service across all 111 contracts and supporting crews on scene to support hospital avoidance.

Category	Types of calls	Response standard	Likely % of workload	Response details
Category 1 (Life-threatening event)	Previous Red 1 calls and some Red 2s, including: • Cardiac arrests • Choking? • Unconscious • Continuous fitting • Not alert after a fall or trauma • Allergic reaction with breathing problems	7 minutes mean response time 15 minutes 90th centile response time	Approx. 250 incidents a day (8% of total workload)	• Response time measured with arrival of first emergency responder • Will be attended by single responders and ambulance crews • The only category that rest breaks will be interrupted to attend
Category 2 (Emergency – potentially serious incident)	Previous Red 2 calls and some previous C1s, including: • Stroke patients • Fainting – not alert • Chest pain • RTCs • Major burns • Sepsis	18 minutes mean response time 40 minutes 90th centile response time	48%	• Response time measured with arrival of transporting vehicle (or first emergency responder if patient does not need to be conveyed) • Some Category 2 calls will be attended by single responder if an ambulance is not available for dispatch within eight minutes of call being received
Category 3 (Urgent problem)	• Falls • Fainting – now alert • Diabetic problems • Isolated limb fractures • Abdominal pain	Maximum of 120 minutes (120 minutes 90th centile response time)	34%	• Response time measured with arrival of transporting vehicle
Category 4 (Less urgent problem)	• Diarrhoea • Vomiting • Non-traumatic back pain • HCP admission	Maximum of 180 minutes (180 minutes 90th centile response time)	10%	• Maybe managed through hear and treat • Response time measured with arrival of transporting vehicle

Our performance across NEL in January

Category of call	LAS mean response time	NEL mean response time	England average	National target
CATEGORY 1	00:07:25	00:07:36	00:08:26	7 minutes
CATEGORY 2	00:36:50	00:40.06	00:40:06	18 minutes (30 mins outlined in national recovery plan)
CATEGORY 3	01:14:25	01:27.35	2:12:48	2 hours
CATEGORY 4	02:09:32	02:13:11	02:42:39	3 hours

Source: NHS England

Improving our performance in NEL

- Introduction of **45-minute handover process** has reduced handover times at King George Hospital from 50 minutes in first three months of 2023 to 23 minutes by the end of the year. At Queen's Hospital, 1 hour + handovers have fallen from 491 in February 2023 to 59 in February 2024.
- Our new **Teams Based Working** approach is empowering our frontline staff to choose their preferred way of working, shape their rotas and make sure they have better access to their managers and training days. Surveys show staff are happier, feel more part of a team and have more opportunities.
- NEL instigated the **Future Dispatch Model** at LAS where our clinicians in the control room review Cat 2 calls, often downgrading them to Cat 3, allowing crews to respond quicker to those patients who need an emergency response.
- We have **additional ambulances, response vehicles, control room staff and clinicians** who are able to speak to patients who have called 999.
- We have **Same Day Emergency Care Units** across the BHR footprint which allow patients to be seen and treated and discharged more quickly from these specialist units.
- We also manage demand using some of our specialist resources including our **mental health cars** and our urgent **community response cars**, which mean patients can be treated in their own homes or referred to care in their community rather than having to go to hospital.

Improving our performance in NEL

- Introduction of **Remote Emergency Access Coordination Hub (REACH)** which gives paramedics direct access to expert advice from emergency clinicians. This means around 70% of patients referred to REACH in the BHR footprint are being cared for in the community rather than being conveyed to hospital.

- We have a **frailty support line** which helps crews convey patients to specialist frailty units for definitive care, and contact specialists while on scene for advice and guidance for the patient and their family.

- We champion the use of **Alternative Care Pathways** (ACPs) within Barking and Dagenham to reduce unnecessary conveyances of patients to emergency departments and ensure our patients are getting the most appropriate care for their needs.

- **Training opportunities** in Barking and Dagenham are being used to discuss a range of topics, such as end-of-life-care and mental health. This has increased our crews' confidence in their decision-making and improved patient care, while increasing non-A&E conveyances.

- 2022/23 saw our biggest ever recruitment drive with **1,600 new starters**, including over 900 frontline ambulance staff and almost 400 call handling staff. As of December 2023, the number of staff hours on the road in emergency vehicles and caring for patients has **increased by 10%** compared to this time last year. We are also supporting our clinicians on scene and maximising the number of solo responders we have available.

Questions

HEALTH AND WELLBEING BOARD and ICB SUB-COMMITTEE
(Committees in Common)
16 January 2024

Title: A New Strategic Approach to Healthy Weight in Barking & Dagenham	
Report of the Lead Member for Health	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:** No
Report Author: Philip Williams – Head of Localities Commissioning	**Contact Details:** Tel: 07849833756 E-mail: philip.williams@lbbd.gov.uk
Accountable Director: Fiona Russell - Director of Care, Community and Health Integration	
Accountable Executive Team Director: Elaine Allegretti - Strategic Director Childrens and Adults	

Summary
The Borough has one of the highest rates of overweight & obese adults and children in London and this has a significant impact on the overall health of the population with increased risk of morbidity and mortality from conditions such as type 2 diabetes, hypertension, cardiovascular diseases, liver disease & some cancers.

The primary means of tackling the issue of unhealthy weight in the borough has been through the delivery of individualised weight management programmes. The focus of many of these current programmes is on supporting individuals in the population who are at a higher risk of disease due to their unhealthy weight. For many people these programmes simply do not work and can only ever be made available to a tiny fraction of the population. They provide no discernible impact at all in supporting improvements in healthy weight for the overwhelming majority of residents.

All evidence points to a whole-systems approach working preventatively 'upstream' as being the most effective way to support improvements in healthy weight within local communities and provide the largest positive impact for the greatest number of people. We have therefore concluded that we need a new strategic approach that is not reliant on individual weight management programmes but shifts us to a population focus – building a whole borough partnership around food, activity & the environment that supports a greater & more diverse proportion of the population to mitigate the risk factors that lead to unhealthy weight & poor health outcomes.

The following report sets out the background, rationale for change and proposals for a new strategic approach.

Recommendation(s)
The Committees in Common is recommended to:

(i) Recognise the need to urgently change our approach to managing healthy weight in Barking and Dagenham and
(ii) Agree this new strategic way forward.

Reason(s)
This supports the Council priority: Residents live healthier, happier, independent lives for longer. Through better use of funding & resources it also supports the principle of providing value for money

Vision: We want current and future generations to live in a local environment that promotes a healthier weight and wellbeing as the norm. This makes it easier for everyone, regardless of age, background, circumstance or where they live, to access healthier food, eat healthier diets and live active lifestyles, and ensures support available for people with excess weight. We achieve this through collective action across the system, in partnership with local communities.[1]

1. Introduction and Background

1.1 The London Borough of Barking & Dagenham (LBBD), along with many other authorities & NHS partners, is facing significant financial pressures and is consequently going through a process of rebuilding & rightsizing to be fit for the future. Essentially this means that we are reviewing all of the council's functions to ensure that we are directing our limited funding to where residents most need it & where it will do the greatest good.

1.2 Whilst providing impetus, this process of review had already started in terms of how the council best uses it's available funding to improve the health of our population, with particular consideration being given to the equity, reach and effectiveness of healthy weight programmes in the borough.

1.3 Following this review, & for the reasons stated below, the Council has concluded that a new strategic approach to healthy weight needs to be developed. We want to 'move the dial' on health in Barking & Dagenham through helping many more people in the borough maintain a healthy weight.

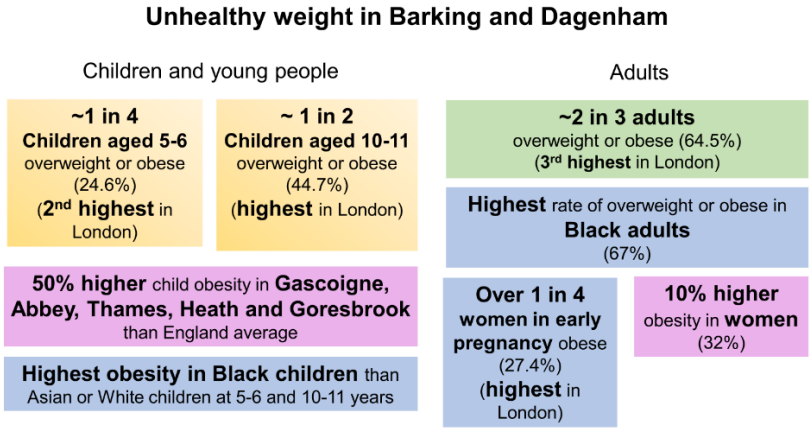
1.4 This will involve making very significant changes to the way we work together as a system and the means we employ to support our residents – intervening upstream at a population/community level wherever possible and moving away from an adherence to what could be termed traditional weight-loss programmes that only ever reach a tiny fraction of the population.

1.5 Further impetus to changing our approach has been provided through the just completed LGA Peer Review on Public Health which identified childhood obesity as a first priority that B&D Place should focus on to develop a cohesive, strategic approach. This also supports the proposed Place 24/25 priorities which include obesity.

2. Issues

2.1 The Scale of the Problem

[1] ADPH What Good Healthy Weight for all ages Looks Like: What-Good-Healthy-Weight-Looks-Like.pdf (adph.org.uk)



2.1.1 The Borough has one of the highest rates of overweight & obese adults and children in London and this has a significant impact on the overall health of the population with increased risk of morbidity and mortality from conditions such as type 2 diabetes, hypertension, cardiovascular diseases, liver disease & some cancers.

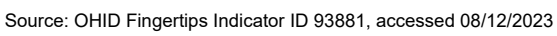
2.1.2 **Childhood Obesity:**

- The prevalence of obesity in children is getting worse.
- Obesity prevalence is 5 times higher than it was in 1950
- Inequalities in childhood obesity is getting worse. Children living in the most deprived areas are disproportionally affected by obesity
- There is a year on year widening of inequality - they're widening in Reception because the more affluent are doing better, they're widening in Year 6 because the most deprived are doing worse. The figures are really shocking in year 6
- Extrapolating from NCMP figures there are an estimated 5,250 obese or severely obese 5-11year old children in Barking & Dagenham's primary schools (this figure does not include children assessed as overweight)
- Being overweight or obese harms children & young people. Children and young people are more likely to suffer stigmatisation, bullying & low self-esteem with a consequent impact on their emotional wellbeing & behaviour. They are more likely to have high cholesterol, high blood pressure, pre-diabetes, bone & joint problems and breathing difficulties. They are also more likely to suffer educationally through higher school absence.
- Being obese as an adolescent is also associated with being 5 times more likely to being obese as an adult and an 80% chance of lifetime obesity.

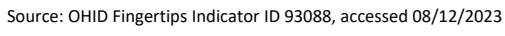
2.1.3 **Adult Obesity:**

The percentage of adults in Barking and Dagenham who are overweight or obese is significantly higher than the London and England averages. Additionally, there has been no consistent improvement of adult obesity prevalence over time in Barking and Dagenham since 2015.

Percent of overweight and obese adults (age 18+)



Source: OHID Fingertips Indicator ID 93881, accessed 08/12/2023



Source: OHID Fingertips Indicator ID 93088, accessed 08/12/2023

2.2 Key Challenges

2.2.1 A key challenge in Barking and Dagenham is that it is an obesogenic environment. Physical, social and demographic characteristics of Barking and Dagenham are associated with (i.e. drivers of) unhealthy weight in children and young people, e.g.: childhood poverty / access to places for children to undertake physical activity / fewer adults undertaking physical activity / lower breastfeeding rates / maternal obesity / living with adults who are an unhealthy weight / concentration of fast-food restaurants.

2.2.2 Based on 2020/21 data the percentage of physically active adults in Barking & Dagenham (58.4%) is the lowest in London (London region average 66.8%) and comfortably in the bottom 10% of all Authorities in England (England average 67.3%)

2.2.3 Analysis in the Broken Plate report 2023[2] also shows that the most deprived fifth of the population (which are around 1 out of 2 households in Barking & Dagenham) would need to spend 50% of their disposable income on food to meet the Government-recommended healthy diet. For households in the bottom 10% of household income to follow healthy eating guidance, they would have to spend 74% of their income on food. It is not ignorance or the inability to cook that is the problem. It is poverty.

2.3 Our Current Approach

2.3.1 The primary means of tackling the issue of unhealthy weight in the borough has been through the delivery of individualised weight management programmes. The focus of many of these current programmes is on supporting individuals in the population who are at a higher risk of disease due to their unhealthy weight.

2.3.2 LBBD provides Tier1 & Tier2 Weight Management Services through its own in-house Healthy Lifestyles Team. Services include Adult & Children's structured weight management programmes (although nothing for adolescent young people), an Exercise on Referral programme, activities for people 60+, an 'Eat Well, Live Well, Feel Good' programme of activities and a 'Schools Out Get Active' programme of holiday activities for 5-17year-olds.

[2] TFF The Broken Plate 2023_Digital_FINAL..pdf (foodfoundation.org.uk) (p8)

2.3.3 There are currently no Tier3 services for children or adults in the borough that professionals can routinely refer people into.[3]

2.4 The Case for Change

2.4.1 Providing these traditional individualised healthy weight programmes has been a 'safe' default option for many local authorities, as weight management interventions are clinically validated & countable, so councils can be seen to be 'doing something'. However, many areas are now reviewing this approach & concluding that whilst undoubtedly clinically effective for some individuals many more do not benefit significantly, & they generally do not lead to sustained changes in healthy behaviours beyond the life of the programme and in many cases lead to a 'rebound' weight gain.

2.4.2 Also, by their nature, these programmes can only ever be made available to a tiny fraction of the population and have no discernible impact at all in supporting improvements in healthy weight for the overwhelming majority of residents.

2.4.3 Reliance on these programmes has been likened to 'emptying an ocean with a teaspoon'.

2.4.4 An illustration of their limited reach is provided by Greg Fell the Director of Public Health in Sheffield (and current ADPH President) who calculated the negligible impact such programmes had on healthy weight in his city.[4]

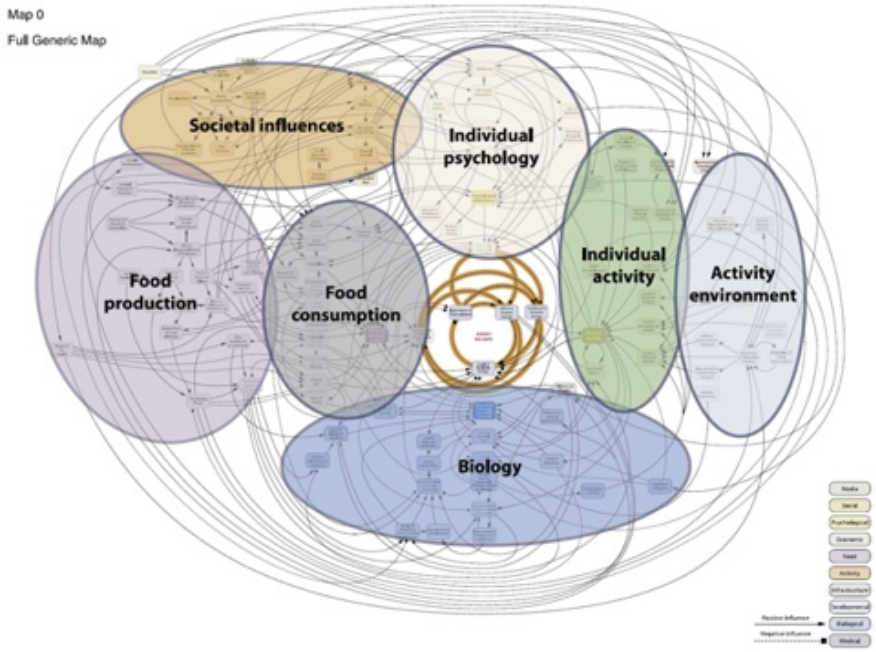
2.4.5 Looking at one year's figures he showed that the healthy weight programmes provided had only reached 732 or 0.24% of eligible residents (i.e. the 60% of people in the city who were overweight or obese) leaving 99.76% without support. Of this 0.24% only one fifth (142) lost clinically relevant weight, and of this number only a very small proportion had managed to maintain their weight loss at the 12 months follow-up.
This calculation demonstrates that, whilst these programmes can help some people, any notion that they move the dial on obesity at a population level is not realistic.

2.4.6 When this work was replicated for Barking & Dagenham it was estimated it would take 115-130 years of services just to support those B&D residents currently eligible today (never mind the many thousands more who will become eligible).

2.4.7 The factors affecting people's health are complex, multi-factorial and often closely related.

[3] Whilst not a Tier3 service, there is a pilot 'Complications of Excess Weight Service' being trialled through the NELFT Health Visiting Team. This is for CYP identified with health damaging complications of severe obesity and is a 2year family liaison pilot limited to ~20 CYP/families per year.

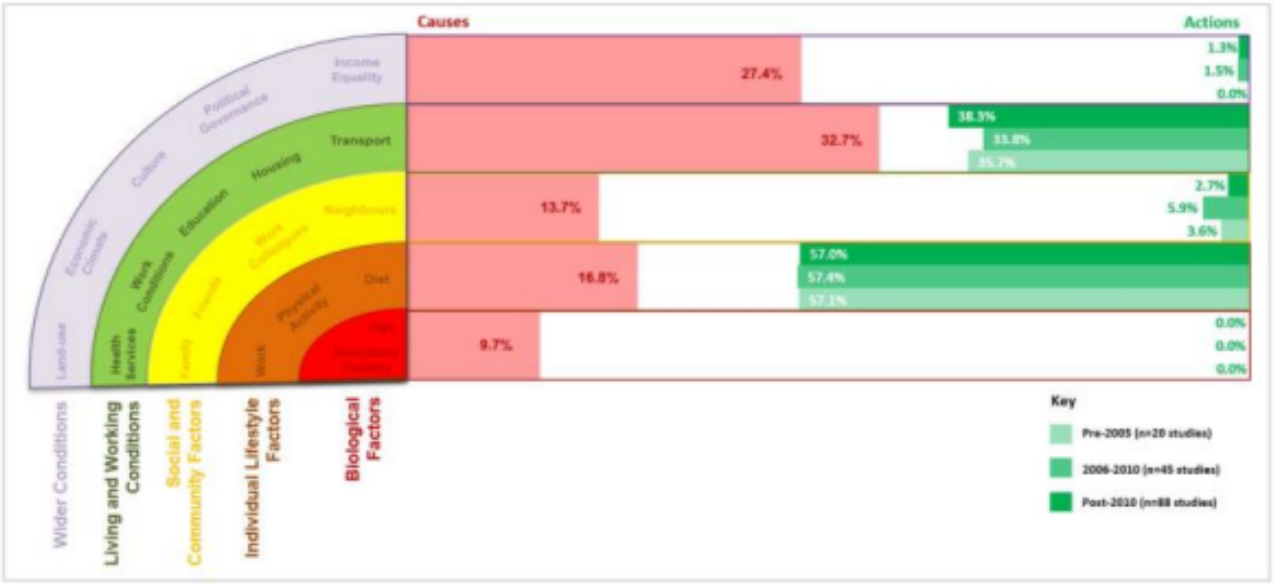
[4] Population impact of weight management services – Sheffield DPH (wordpress.com)



2.4.8 The King's Fund's population health framework sets out four overarching factors that interact to shape health:

- The wider determinants of health
- Health behaviours
- Places and community
- Integrated care systems

2.4.9 However, despite this awareness, the majority of interventions and strategies until very recently have still not taken this complexity into account and the funding of commissioned services has continued to be disproportionately focused on individual behaviour change programmes (as shown in the diagram below)



2.5 What Residents are telling us

2.5.1 There have been a number of recent pieces of resident engagement work around healthy lifestyles including a Healthwatch Report *Healthy Living in Barking and Dagenham: The resident perspective* (August 2022), a Good Food Partnership survey report (Jan 2023) and a peer research report by the Barking and Dagenham Youth Forum (September 2022) into CYP lived experience of what causes unhealthy weight decisions.

2.5.2 In summary the issues highlighted through these engagements are:

- That residents are keen to make positive changes but busy schedules, high levels of stress and low income appear to be the main drivers that are preventing people from living healthier lifestyles. Highlighting the need to embed healthy weight services within wider resilience support.
- The majority of respondents to the Healthwatch survey had not heard of or engaged with any of the Barking & Dagenham's healthy living services listed in the survey. Those who had heard of the services but had not yet engaged with them reported either that the service didn't appeal to them, or that they hadn't been sure how to access them.
- The use of trusted voices is highlighted as being very important – that key groups being provided with tailored messages by trusted voices are most effective (e.g. people with similar experiences & from culturally similar backgrounds etc.)
- People repeatedly raised that lots of them face multiple barriers to taking part in community initiatives & activities – these range from time-poverty, lack of digital access and housing insecurity
- Across the board, the Cost-of-Living Crisis is also perceived as a significant barrier to making healthy life choices with affordability being the main factor impacting people's choices around the sustainability of the food they buy and cook.
- People are frustrated by how limited and unhealthy the existing food offers are. The borough is perceived as unhealthy, with fast, fried food as a staple feature, and people would like to learn how to cook and eat healthier & want to see more diverse, healthier offers on their high streets and at local events.
- People feel there's a need for clearer signposting to existing health and wellbeing activities and training & said there isn't enough clear information about local initiatives and activities.
- Residents wish to see more local people being developed and 'lifted up' to become trainers, food champions, advocates and leaders in healthy change in their communities.
- Young people listed barriers to taking part in physical activity as: safety concerns about going out / unsafe parks / leisure centers too expensive / the cost of after-school clubs / activities too far away to walk to / influence of social media / other commitments & interests / lifestyles not conducive to exercise
- Around healthy eating barriers included: affordable healthy food / family budget / parental meal decisions / cooking knowledge & confidence / social media / cultures / influence of adverts / mood & circumstance

2.5.3 As can be seen through all these engagements with residents in the borough there is a desire for change, alongside some frustrations, but it is also clear that any initiatives need to be systemic, centred within communities and grounded in real life, supporting & empowering people to overcome the barriers to healthier living.

2.6 Opportunities – changing the focus

2.6.1 A recent review of Healthy Weight Services led by the LBBD Public Health Team provides the criteria for 'what best looks like' & sets out some of the opportunities around changing healthy weight services in the borough, these included:

- Exploiting place-based arrangements to commission/provide a system-wide response
- Exploring the role of health champions, care navigators, social prescribers, community and voluntary sector, primary care, education, council, policy, social workers, frontline staff, school nursing, health visiting etc. in delivering the support within the community
- Recognising the potential greater connectivity the community and voluntary sector has to local communities, and that they may be better placed to provide targeted support to underserved populations
- Building community capacity and providing support in various community venues i.e. churches, mosques, synagogues, temples children centres, libraries and other CVS estates to improve access and to help with the system-wide approach.

2.6.2 Obesity has been identified as a complex problem requiring systems approaches and a collaborative coordinated approach to address it.

2.6.3 The opportunities around providing a system response have over the past decade become increasingly prominent nationally. In 2019 Public Health England published its 'whole-systems approach to obesity programme' which evidenced that adopting a systems approach, working 'upstream' and investing in work that supports improvements within local communities and the environments they live in ultimately provides a positive impact for a greater number of people.

2.6.4 Whilst national policy can drive the creation of healthier environments there are also actions available at a local level which can be utilised to address local environmental drivers of overweight and obesity.

2.7 Opportunities – Localities Programme

2.7.1 A key opportunity to develop this approach is through the Localities Programme that is currently mapping out and planning a new way of working for the Council and its partners.

2.7.2 This is not really about designing a new model but engaging all partners and stakeholders in working to develop a system, led collectively, and consisting of a network of connected services, organisations and access points, through which residents can access information, advice, guidance when and how they need it, as well as targeted preventative and statutory support services, welfare, housing, skills and employment etc. With all of these being delivered by and with our communities, working alongside health and care teams.

2.7.3 The aim of moving to a Localities way of working is to achieve the following:

- Being more proactive in reaching out to residents
- Help to residents is more targeted, helping those who are struggling
- Greater focus on reducing health and wellbeing inequalities
- Right information and advice first time every time
- Advice that prevents, reduces or delays need
- Services and help are closer to residents

- Stronger and deeper partnership with voluntary, community and faith organisations and groups

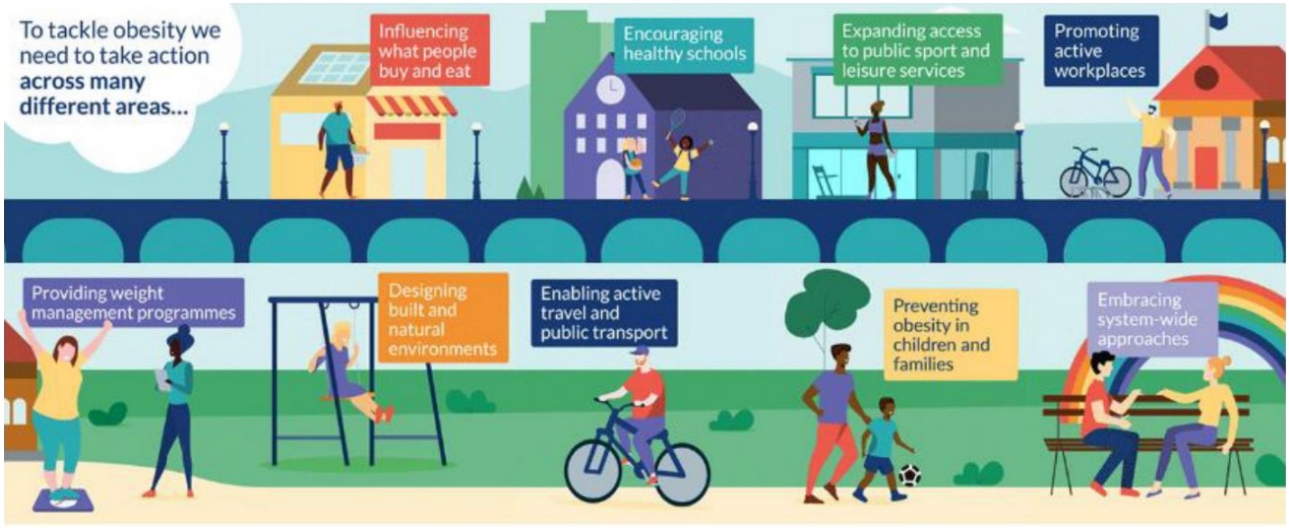
2.7.4 This dovetails completely with the proposed new approach to improving healthy weight in the borough. There are a number of primary building blocks or principles we need to employ in capitalising on these opportunities which are set out below.

2.8 Building Block 1. Developing a Systems Approach

2.8.1 Evidence, including that set out in the PHE 'Whole Systems Approach to Obesity'[5] points to favouring investing in system level work that supports improvements within local communities and the environments they live in & which ultimately provides a positive impact for a greater number of people. This includes:

- Collaborating with all partners and sharing acceptance of the challenge and its complexity
- Understanding the causes of obesity
- Seeing where it is possible to intervene
- Identifying levels of action that have greatest leverage for change
- Agreeing, aligning and monitoring actions (short, medium & long-term)

[5] Whole systems approach to obesity - GOV.UK (www.gov.uk)



2.8.2 Many authorities across the country are rethinking the way they deliver healthy weight support and are increasingly adopting a systems approach.

GOOD PRACTICE EXAMPLE: SHEFFIELD CITY COUNCIL

Sheffield City Council

Live Lighter Sheffield

- Whole City Approach, owned by the whole city & focused on shifting the mission around healthy weight.
- Vision and mission oriented – seeking to influence other systems in all sorts of spaces (schools, transport, parks and green space, leisure, comms and marketing, VCS) through both heart and minds approach and through commissioned work
- All age approach that's not reliant on a small number of interventions but looking at multiple opportunities for win-win co-benefits across health and environment.
- Viewing both food and physical activity as important in their own right, not just a subset of obesity
- Providing non-traditional weight management programmes that support people to make small sustainable changes – 'No Pressure, No Scoring, Just Simple Positive Support'

2.9 Building Block 2. A Community Driven Approach

2.9.1 As noted in section 2.5 a repeated reaction to current healthy weight services is that, even when people are aware of them, they don't appeal, and they don't fit into the way people live their lives. Unless support is built around communities needs it is never going to succeed in reaching those it would most benefit. In designing a new approach we need to ensure the following:

- Community Engagement & Participation – the guiding principle of our approach is that we work directly with & within communities, gaining relevant insight & building on community strengths.
- Community capacity building – providing the expertise, knowledge and skills to deliver targeted, evidence-based support programmes alongside community organisations whilst jointly working together to develop strong peer support networks & better ways to reach into communities. The central goal over time is to enhance/engender a 'community spirit' & grow wider capacity to take on more – utilising, where possible, grass roots funding.
- Continual engagement – jointly developing formal & informal collaborative goals working together to ensure that all initiatives have relevance & no new weight management initiatives feel like they are being imposed on communities.
- Inclusive – ensuring that all individuals are able to access, & feel comfortable in accessing, services irrespective of age, gender or ethnicity. Systematically building intergenerational activities into interventions.

GOOD PRACTICE EXAMPLE: BRISTOL MODEL

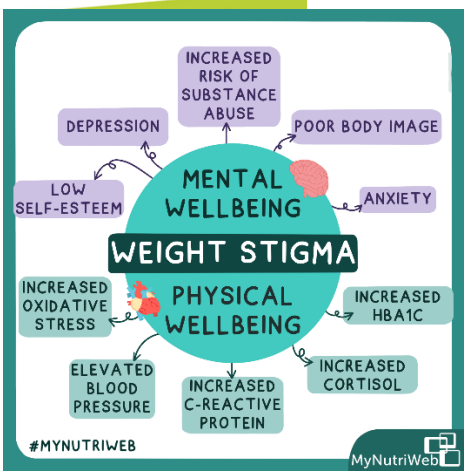
Innovative weight management pilot in Bristol beezee bodies **Bristol City Council and BeeZee Bodies are partners in driving innovation in Public Health, through:** 1. **Local engagement and co-production** to learn with local organisations and people what matters to them, what is good about where they live, and facilitators and barriers to healthy lifestyles 2. **Delivering a high-quality remote weight management** service at scale to people in Bristol, **gradually beginning to tailor the service** (including content and delivery techniques) towards the insights from co-production in real-time 3. **Long-term engagement** with local people to co-produce the commissioning/procurement process and the long-term implementation of prevention and treatment services 4. **Insight project** to identify the natural capacity of communities to produce weight management outcomes	1 Aims to provide support tailored to the needs of different communities 2. Training and capacity building - To increase the capacity of the relevant workforce (particular focus on School Health Nursing) to support healthy weight in a consistent, non-stigmatising and evidence-based way 3. Community development and co-production - Including the delivery of services that are based on local needs, in partnership with local communities - supporting community groups in delivery of their own programmes to support healthy weight 4. Integrated leadership and partnership-building - Contributing to joining up the wider system to support the vision for 'healthier communities' (facilitated largely through the ICS)

2.9.2 Bristol is currently moving away from Tiered Weight Management completely as are other areas as noted below. We need to be open to a similar approach.

2.10 Building Block 3: A Realistic & Compassionate Approach

2.10.1 Obesity means different things to different people but generally, as a society, it is too often conceptualised as an individual failure. A product of lack of willpower, greed and laziness. Whilst there are issues of personal responsibility individualising obesity in this way is harmful and wrong & leads to a fallacious discourse and a focus on individual behaviour change.

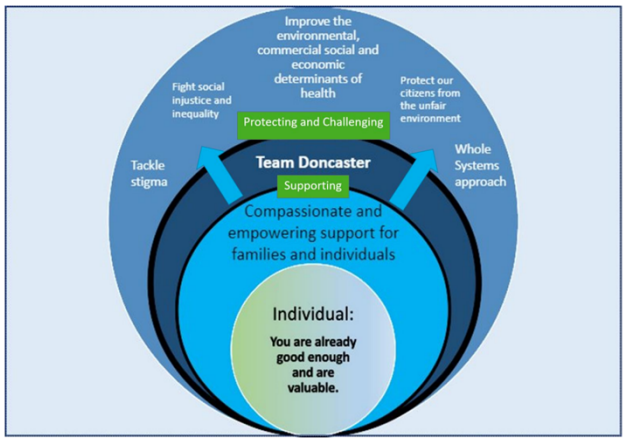
A Focus on individual responsibility & lack willpower is also self-defeating when promoting healthier weight as it leads to stigma & feelings of shame that prevent progress & can cause harm.



2.10.2 This is a fundamental misunderstanding of population etiology. The environment in which we make hundreds of decisions every day has changed, the food environment has completely changed, the built environment has radically changed, the way we live our lives has changed.

GOOD PRACTICE EXAMPLE: DONCASTER CITY COUNCIL

City of Doncaster Council



Trauma Informed Practice – without an understanding of the emotional drivers no programme will succeed
An approach to nutrition that supports a positive relationship to food and eating, and food beyond nutrition (e.g.) the cultural and social aspects of food and eating well)
And an emphasis on "enjoyable movement" - enjoying physical activities.
Doncaster's Compassionate Approach to Weight - City of Doncaster Council

2.11 Conclusion

2.11.1 Drawing the strands of this section together the key issues are:

1. The borough is facing an obesity crisis
2. We can't treat our way out of this with individual programmes
3. In every context upstream intervention beats downstream in terms of both equity and impact
4. The council can no longer afford to provide weight management programmes that in their current form only reach a small proportion of residents
5. We need to tackle this as a system – we can't be reliant on a small number of interventions that we hope will solve the problem
6. We know that focussing on obesity as solely an issue of personal responsibility is harmful, wrong & doesn't work
7. A 'one-size-fits-all' approach is not going to work in Barking & Dagenham - no weight management approach will work unless it is realistic and recognises the way people actually live their lives
8. We know the value of working with communities to co-develop inclusive, accessible & more successful healthy weight support
9. We have opportunities to try different ways of working & evaluate them (accepting there may be failures)
10. This is everyone's responsibility & must be owned by the borough as a whole

3. Options & Proposal

3.1 Making Choices

3.1.1 In looking at our options we have to be clear that we are trying to solve a problem that has been decades in the making and is multifaceted. A problem that is compounded by poverty, access, affordability & social norms – which all need to be tackled and may well take generations to undo.

3.1.2 Obesity is incredibly complex as an issue, and it can all seem too big and difficult to tackle so it is not surprising that the default option is to look for straightforward solutions with short term measurable impacts. As such there is an exceptionally strong pull to frame solutions around individual level behaviour – offer exercise & diet programmes, teach people how to cook on a budget, educate people to make better choices etc.

3.1.3 These all have their place. Weight management & educational cooking programmes may play a part but there are no straightforward solutions (they don't really exist) and the single most important thing here is that there isn't one single intervention and there is no short-term fix.

3.1.4 There are though some choices we can make. We can continue to put the majority of our limited funding, energy & resources into trying to 'solve' the problem for specific individuals living with obesity, or, knowing that multiple small changes in large numbers of people can have a significant impact at population level we can shift the focus of our

funding towards developing a different, approach that supports a greater & more diverse proportion of the population to mitigate the risk factors that lead to unhealthy weight & poor health outcomes.

3.2 Proposal

3.2.1 As a result of local reviews and a shift in national focus towards a systems approach to tacking unhealthy weight we have concluded as a council that we can no longer justify the continued funding of weight management programmes in their current form as the primary vehicle for tackling unhealthy weight in the borough. We want to 'move the dial' on health in Barking & Dagenham through helping many more people in the borough maintain a healthy weight.

3.2.2 Redesigned & targeted weight management programmes may still be needed and may have a place but will no longer be the primary component as we focus our funding on developing a new, innovative & more preventative community approach.

3.2.4 We are therefore proposing to radically shift the focus of work in this area to a predominantly systems based, whole population level.

3.2.5 Shifting from an individual to population focus given the scale and trajectory of the issue is key, & this is supported by the modelling we have done. The key target populations are those for whom 'traditional' services are least relevant and evidence shows that they would provide access to support to help them gain control themselves. It is a social, not medical issue and so using a traditional medical 'treatment' approach make no sense, i.e. "Why treat someone and put them back into the environment that made them sick in the first place"[6]

3.2.6 In proposing "a whole system approach" we understand that this will not happen organically - no single person or organisation knows the whole and to make the changes we need we have to build a whole borough partnership around food, activity & the environment that supports healthy weight.

3.2.7 We also understand the value & absolute necessity of working with communities to co-develop inclusive, accessible & more successful healthy weight support. We need to gain deeper insights & understanding of the complex factors leading to unhealthy weight across our many different communities and use this to design a new approach together that actually works for people – tailoring interventions to local population groups and cultures, reaching into underserved communities, better targeting interventions and evolving a realistic approach to weight management that recognises the way people live their lives.

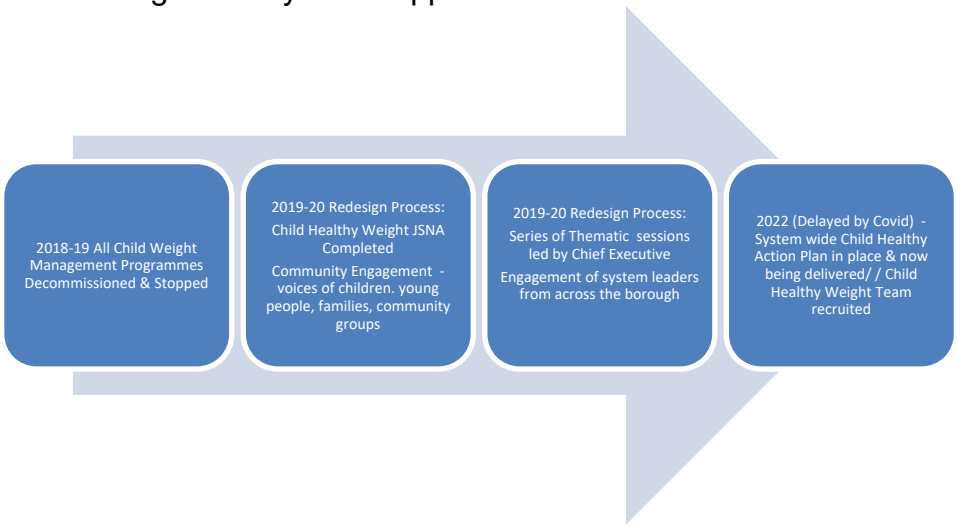
3.2.8 The 'whole system' preventative model of support we want to see in place at the end of this process should recognise environmental & societal factors be locality based, self-sustaining, built on community strengths, providing upstream interventions wherever possible, and based on a systemic, partnership approach that harnesses the connective reach of our VCFS sector, local groups & organisations to work with & within local communities.

3.3 Tower Hamlets Example

[6] Marmot

3.3.1 As previously noted, we are far from being alone in wanting to make these changes. Some good practice models are presented in the previous section of this report from other areas that have redesigned their services and, more locally, Tower Hamlets have changed their entire approach to child weight management (and are now looking at replicating with adults).

3.3.2 The Tower Hamlets Public Health Team undertook reviews of the child weight management programmes in the borough & having concluded they were having no impact at all on childhood obesity they took the decision to decommission them & use the funding to build and strengthen a systems approach instead.



Child healthy weight action plan (towerhamlets.gov.uk)

3.3.3 This is similar to the approach we are now proposing to take for the whole of our healthy weight services in Barking & Dagenham.

3.4 Our Aims: Providing Joined-Up Targeted & Inclusive Support

3.4.1 Our key aim is to work 'upstream' wherever possible, targeting support around changing or modifying the behaviours and lifestyles that lead to unhealthy weight and working in partnership to reduce the impact of obesogenic environments.

3.4.2 We understand the psychological factors that can lead to unhealthy weight, so we want initiatives to have a strong focus on mental wellbeing and take a trauma informed approach.

3.4.3 We want the support we provide to be inclusive, providing a service to those who have additional needs - including mental health or learning disability – engaging with representative groups & specialist services on an ongoing basis to ensure that the healthy weight support is easy to access, flexible, attractive and responsive to the needs.

3.4.4 We also recognise the vital importance of school-based initiatives & want to ensure that partnerships are strong in this area. Evidence shows that weight management programmes for children have been significantly more successful in schools than in community settings & where we want to focus development. There should be clear links to

The Healthy Schools Programme, School Nursing, MHSTs & mental wellbeing support in schools.

3.4.5 Promoting & supporting healthy weight & nutrition in early years is also of vital importance and a key aim. We will there will also need to be a strong links with services and professions leading on healthy weight & nutrition in this area including Health Visitors, Family Hubs, nurseries etc. and working with organisations such as UNICEF to develop greater capabilities in the borough.

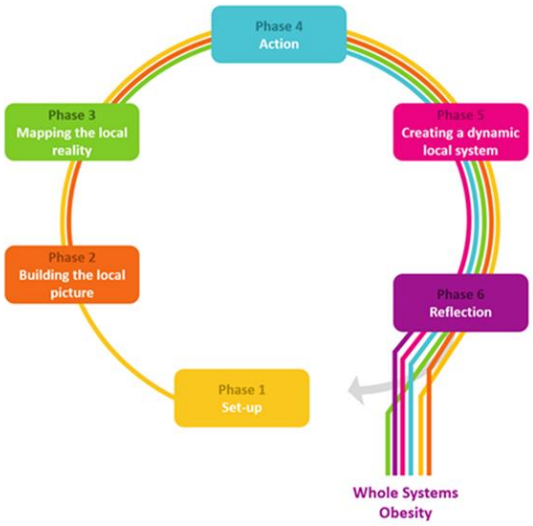
3.4.6 To reach more people we want to ensure that there is better digital support for people through the council's website providing inclusive & accessible information linked to an on-line community directory of support services and free and easy to use digital weight loss programmes. We also want to provide more engaging and better targeted Communications around healthy weight that are focussed, non-stigmatising, inclusive, culturally appropriate & realistic – based on very strong community engagement and social marketing approaches.

3.4.7 Many of the skills required to live healthy lives are not complicated and our aim is to deliver healthy weight support that also encourages residents to learn & teach these skills to their families, friends and communities.

3.5 Delivering Change

3.5.1 This will require considerable resources to achieve these aims which is why we have, in a similar way to Tower Hamlets, decided to stop the programmes that are not working and put our resources instead into developing support and interventions that do make a difference. This is a large task & we need to invest in this activity - coordination and connection alone is a really big job

3.5.2 One of the major challenges when setting up a Whole Systems Approach to Obesity is how to bring all stakeholders together, with the mind set and motivation to address the issue and create a joined up, dynamic plan and on-going network.



3.5.3 To help us in achieving this we are proposing to commission a provider who will act as an enabler in this process of change – using their expertise in engaging with

communities, networks & partners, and their experience of developing innovative healthy weight initiatives to create a new approach.

3.5.4 We are intending to move quickly to get a design & delivery partner in place to achieve the following:

Phase 1. Design (June/July 24 - March25)

- Facilitate work with locality partnerships & networks to build a whole borough approach to healthy weight, food, activity and the environment
- Work with partners & hand in hand with communities to develop good local insights about ‘what works’
- Look at all opportunities to address health inequalities
- Assess what is within our control & influence and able to be achieved within our collective available resources
- Work with partners to continue supporting vulnerable priority groups through testing out new models for the delivery of healthy weight interventions
- Delivering an all-age ‘Healthy Weight Plan’ for the borough. This will be based on community insight, an understanding of community strengths & assets and evidence from the testing of different models of support.

Phase 2. Healthy Weight Plan Implementation (From April 25)

- Supporting ongoing partnership work around food, activity and the environment
- Facilitating the delivery of co-produced community healthy weight and nutrition activities and targeted programmes that will be sustainable
- Development of improved, better targeted communications & digital support around healthy weight
- Work with VCFS partners to build a volunteer / healthy weight champions network / Peer support groups
- Improving equity through providing targeted weight-management support for children and adults who experience the poorest health outcomes & providing accessible support to specific priority groups and underserved communities (whether structured weight loss programmes are implemented in phase 2 & what these will look like if they are will depend on the outcome of engagement and development in Phase1)
- Providing evaluation, follow-up and continuity

3.5.5 These requirements are currently being set out in a full specification in preparation for procurement.

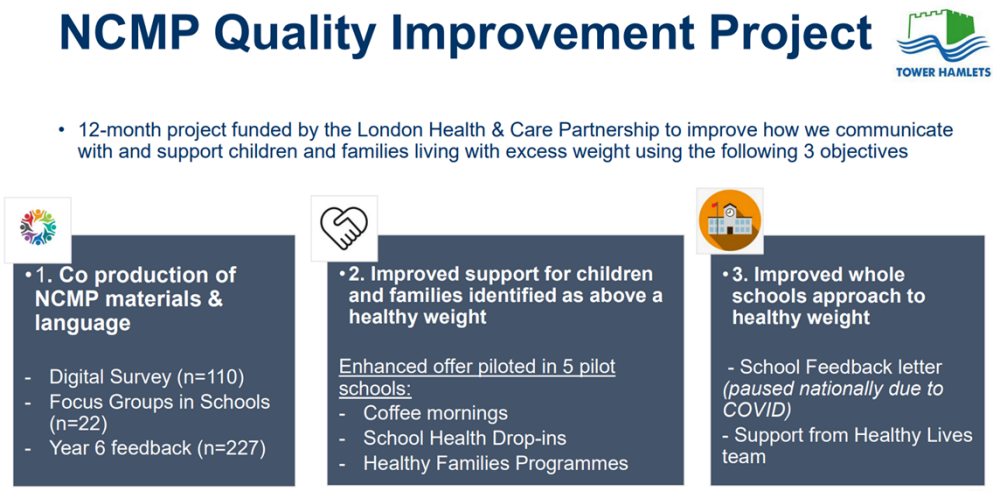
3.6 Examples of possible future ways of working & healthy weight initiatives

3.6.1 What we will have in place in the future to support healthy weight in the borough will be determined by the work we are proposing to undertake over the next year; however, we do have examples of the way services and support has changed in other areas who have already been through this difficult process.

3.6.2 Some are macro changes, whole borough/city initiatives and some are small local initiatives but supporting the wider system changes.

3.6.3 Tower Hamlets for example having decommissioned all their child weight management programmes invested in a comprehensive co-designed training programme

delivered by trained and skilled nutritionists and movement specialists for people working or volunteering in all child-facing services. The aim is to deliver what they term a ‘deconstructed’ healthy weight programme – i.e. activities & interventions happening in different places at different times through different groups across the borough, rather than being concentrated into a single 8-12week programme. This has involved significant investment into playgroups, schools, GPs, infant feeding etc. (It is important to note that although the commissioned training, advice & support is delivered through the local health trust the focus is on social not clinical interventions). This is reflected in the direct NCMP support that is provided to parents which provides information on cookery, food growing, parental support and is backed up by clear assessable information for parents & a very easily accessible Child Healthy Weight Directory to support professionals working with children. This though is only one part of an ambitious borough wide focus on growing healthy places, settings and services to help support children and young people to be a healthy weight.



3.6.4 Sheffield has invested in a whole city Food Partnership, creating many, many more opportunities for residents to grow, cook & enjoy healthy food.

3.6.5 It has also worked with partners and communities to totally re-imagine its healthy weight & activity services which are delivered through a community enterprise and are social, fun & low pressure whilst still targeting those most in need of support.

3.6.6 Many areas are also delivering this support online with great success. For example, Bristol commissions on-line healthy weight sessions as well as fun, interactive webinars that you can take part in from the comfort of your own home.

3.6.7 ‘Get Doncaster Moving’ takes a different approach to supporting its communities to be physically active, healthy and vibrant. It's a partnership of people, groups, organisations and businesses who work together on these shared goals. The investment is not in healthy weight programmes but in developing the many small interventions for all ages such as walking groups, dance, environment projects, cookery groups, sports etc. and funding a team who provide the central contact point & who help to co-ordinate this work on behalf of the partnership and also co-ordinate the voluntary support.

3.6.8 Many areas have also developed on-line interactive digital support for parents, children & adults- providing ideas and support around diet & activities (e.g. this Padlet developed in Manchester).

3.6.9 The general theme of all these approaches is that there are many different ways to reach people and positively address unhealthy weight. Some have structured healthy weight programmes, but these look very different from traditional models, some have no structured programmes at all.

3.6.10 There is no single thing that works and solutions will be as different as the many different areas, communities and people across the country. What works in one area will not work in another.

3.6.11 This is why we are proposing to invest in a largescale project to really understand what will work for the residents of Barking & Dagenham & to test out new ideas and interventions as well as learn from the experience other authorities such as Tower Hamlets & Sheffield who have agreed to support us on this journey.

3.6.12 We also have some excellent work to build on around developing a good food partnership - Sustain Good Food London report 2024 recognises the progress B&D has made in this area and the B&D progress profile recognises work such as the good poverty alliance, UNICEF baby friendly initiatives, Healthy Start and Holiday activities and food.

3.7 Risks & Issues

3.7.1 Although there is a great deal of consensus on the need to move prevention further upstream – to change from individual models of support to a population model, to be bolder in ambition and to be open to greater experimentation, the gap between this rhetoric and achieving real change on the ground is a difficult one to bridge. It means stopping some things that are long established and professionally recognised and starting things that are less concrete in nature and where there is no single defined outcome.

3.7.2 Transitioning to working at population level to bring about multiple small changes is far less straightforward, it's harder to conceptualise, harder to measure, harder to point at as evidence that we are 'doing something', it doesn't involve one simple big idea & it isn't the responsibility of one organisation. It is all much harder to do.

3.7.3 It also takes time. The unhealthy weight of our population is the product of multiple factors over generations & will take time to undo. As such it will be hard to point to quick or immediate results from changing our strategy to rebut perceived notions that we are

abandoning people to live with unhealthy weight, even if the opposite is true. Knowing something is the right thing to do doesn't always make it the easiest thing to do.

3.7.4 Whilst recognising these risks we do though need to ensure that we are acting ethically and that there is some degree of continuity as we move to a new way of working, for example in supporting obese and severely obese children identified through the NCMP process and looking at how we can ameliorate other areas of risk through transitional arrangements.

3.7.5 As such we will be looking to commission additional support through summer programmes and other activities whilst we get the redesign work going and from the early autumn we will be working with partners and the provider to ensure that new healthy weight interventions are being provided & tested for key priority groups.

3.7.6 The longer-term challenge as we move to multiple population level preventative interventions is providing something meaningful to people currently living with obesity. The key point is that prevention through acting on food and PA environments ALSO supports people who already have obesity. 'Obesity is not a dichotomous yes/no problem – it's about changes in risk profiles.'[7]

3.8 Conclusion

3.8.1 We know that tackling obesity requires a sustained and integrated portfolio of preventative measures to address the obesogenic environment and social norms so that healthy behaviours become easier for all. We know that multiple small changes in large numbers of people can have a large impact at population level and we know that these need to be delivered across a whole system not just through individual programmes.

3.8.2 We know though that this is not a straightforward change, and it will be difficult to achieve but as we develop a new much more localised approach to delivering help, advice and support to our communities it is the right change to make at the right time.

List of appendices:

Risk Assessment

[7] Greg Fell – ADPH Director

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Healthy Weight Services redesign - Risk Profile

Risk	Likelihood of the risk occurring
Lack of confidence of health, education and other professionals in ability of alternatives to structured programmes to address unhealthy weight leading to failure to identify/refer CYP / adults living with obesity	Medium – there is a risk that professionals will not recognise a less tangible 'deconstructed' healthy weight programme – i.e. activities & interventions happening in different places at different times through different groups across the borough as being effective
Lack of confidence in general population in ability of alternatives to structured programmes to address unhealthy weight leading to failure to seek support	Low – evidence indicates low visibility/recognition of current services so change in provision unlikely to impact on numbers seeking support due to lack of confidence in alternatives
Increase in population obesity rates as a result of removing structured weight management programmes	Low - Any increase in population obesity rates will not be due to a reduction in individual weight management programmes. The impact of these programmes on overall rates has been repeatedly evaluated as miniscule.
Safeguarding / neglect risk – if no services for the GP / NCMP Team to refer obese children to.	Medium - determining the level of actual risk rather than perceived risk is difficult as there is a lack of evidence as to the impact that referring children with severe obesity to existing child weight management programmes has.
Reputational Risk - in removing traditional structured programmes it may be perceived that we are abandoning people to live with unhealthy weight in a borough with one of the highest obesity rates in London	Medium - but could be high if messaging unclear and all partners are not in agreement with the new approach

Impact if the risk occurs	Severity
High	Medium
Low – numbers are very low so overall population impact will be low although individual impact will be higher	Low
Low	Low
High	Low
High	Medium

Mitigation	Contingent/transition action
Deliver child & adult healthy weight pathways that professionals can have confidence in. Deliver training to all professionals & deliver evidence-based healthy weight training to early-years settings (children and family hubs) Make greater use of social prescribers to act as intermediaries/ facilitators linking patients to help, advice and local support	The primary risk is during the transition as new support is being developed - so need to capitalise on support resources that are there now & have a Healthy Weight Directory in place as a priority action (that can then be built on)
The new approach is aimed at breaking down current barriers, introducing small manageable changes, using trusted voices and raising visibility of healthy weight support through developing a professional communications strategy for residents	Clear & immediate communications to residents about what we are doing & why with relatable examples of how the change will benefit them - a key message is that individuals, communities and organisations will all be part of making these changes - No 'doing to'
There is no short-term mitigation as overweight & obesity levels have been on an upward trend for decades & it is very unlikely that there will be any immediate drop off in rates through changing our approach. Impact will need to be measured over the next 10 years. A good evalution methodology needs to be created and properly resourced so that changes can be evidenced	None
There will be a focus on working with partners and the provider to ensure that new healthy weight interventions are being provided & tested for key priority groups as quickly as possible. (Acknowledging this may take some time to set up and build up and not be available until the early autumn) For very severe CYP obesity leading to other health complications we would 'Complications of Excess Weight Service' to pick up	During the transition period we will ensure additional commissioned service is in place to support parents and the statutory child weight management programme, this could include bolstering summer activity programmes and strengthening the NCMP team through additional, specific short term nutrition & activity roles if required. Pilot a supported offer in selected schools in the borough
We know the best way to lose weight is slowly, by making achievable changes to eating and physical activity habits. Managing weight is a life-long commitment – not just following a healthy weight programme for a few weeks so we need to convey that message effectively and convincingly. This is critical	An immediate comms strategy explaining the changes and reasons for them

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

12 March 2024

Title: Contract Variation Adult Substance Misuse (Drug and Alcohol) Integrated Service	
Report of the Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health Integration	
Open Report / Open Report with Exempt Appendix / Fully Exempt Report Open Report	**For Decision** Yes
Wards Affected: All	**Key Decision:** No
Report Author: Amolak Tatter, Commissioning Manager	**Contact Details:** Tel: 0797 200 3623 E-mail: Amolak.tatter@lbbd.gov.uk
Accountable Director: Chris Bush, Commissioning Director for Children's Care and Support	
Accountable Executive Team Director: Elaine Allegretti, Director of People and Resilience	

Summary:
To approve the variation of the contract for the provision of Adult Substance Misuse Service ("the service") with CGL to extend it for a period of 5-months from 1 April 2024 to 31 August 2024 in accordance with the Council's Contract Rules. The current contract is due to end 31 March 2023.

It was intended that new contracts would start on 1 April 2024, however delays in the current procurement exercise means that a variation of the current contract with the provider of the service is required to ensure continuity of services and sufficient time for the completion of the procurement exercise and a new service to mobilise and in place to start 1 September 2024.

It should be noted that the service provides critical specialist interventions for adults with substance misuse problems which alleviates and prevents harm from addiction including risk of death. The service also prescribes medication for opioid dependency. No alternative service exists that can provide a suitable replacement for the work of a community substance misuse service for adults with multiple need in borough. The service was granted a retrospective waiver for 2023/24.

The value of the contract for 1 April 2024 – 31August 2024 *pro rata* of the total budget 2024/25 given below

- Core funding £703,500
- SSMTR Grant £186,527
- Total £ 890,027

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Approve the variation of the contract for the provision of Adult Substance Misuse Service ("the service") with CGL for a period of 5-months from 1 April 2024 to 31 August 2024 in accordance with the strategy set out in the report; and

(ii) Delegate authority to the Director of Director of People and Resilience, in consultation with the Cabinet Member for Adult Social care and health Integration and Director of Public Health to extend the contract all other necessary or ancillary agreements.

Reason(s)

To allow continuity of services during a delayed procurement exercise, to provide sufficient time for the completion of the procurement exercise and a new service mobilised and put in place for 1 September 2024.

1. Introduction and Background

1.1 LBBD has commissioned Integrated open access and specialist services that enable residents with drug and/ or alcohol problems to access treatment and work towards recovery. The current contract provides a Trauma Informed Approach (TIA), prescribing, structured drug and alcohol programmes, counselling, needle exchange and BBV (Blood Born Virus) testing.

1.2 The integrated substance misuse service, provided by CGL at St Luke's, has continued to be successful in engaging and providing treatment to the most vulnerable residents who are using Drugs and/or Alcohol, either through the voluntary route or those referred through the criminal justice system.

1.3 The service was awarded a three-year contract in April 2018 with an option to extend for a further 2 years on an annual basis which was undertaken. However, due to external uncertainties around funding a retrospective waiver was sought for an additional year (2023/2024).

1.4 Specifically, OHID had indicated that it was going to undertake a national Substance Misuse Direct Purchasing System from which Local Authorities could undertake 'mini re procurements or direct award. However, OHID did not deliver this procurement at the scale and pace indicated which led to considerable uncertainty. Alongside other local authorities, Barking and Dagenham was forced to go out to full procurement later than anticipated.

1.5 The procurement exercise has commenced, however the initial budgets given for the current were an overestimation which is likely to have a material impact on the ability of the successful bidders to undertake the services described in their bids.

1.6 The budgets have been revised and corrected and together with the request to vary the supplier's contract the proposed next steps are:

- Pause the procurement exercise to allow all bidders to revise their quality submissions and pricing in the light of new contract values.

- For the revised tender submissions to be evaluated and successful bidders selected based on revised submissions

- Vary the respective current adult and young people contracts for up to 6 months to allow the completion of the tender exercise and mobilisation of the new contract.

2. Proposed Procurement Strategy

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

2.1.1 **Integrated substance misuse service (drug and alcohol service)**
Core elements of the service delivered are:

2.1.2 The Community Integrated Substance Misuse Service is for Barking & Dagenham residents from the age of 18 experiencing problems with drugs and/or alcohol, family members, and other professionals working with residents with substance misuse addition. The service will work within a results-based accountability model that will have an integrated approach with staff working within the Criminal Justice System, such as Probation, Prison's and Police Custody, Anti-Social Behaviour (ASB) Teams, Community Mental Health Teams (CMHT), Pharmacies, GP's and A&E, Hospital departments.

2.1.3 The service will continue to provide:

- Supporting vulnerable service users to maintain abstinence.
- Encouraging ambition and aspiration and enable them to be realised through recovery plan goals.
- Enabling and encouraging service users who misuse substances to remain in or re-engage with education, training, and employment.
- Helping service users with substances to manage their behaviours and emotions appropriately, and to challenge inappropriate or damaging behavior and attitudes.
- Identifying service users 'At-Risk' of abuse or harm and working with them and other agencies to manage situations with a high standard of practice.
- Providing a unitary service with no clinical/talking therapy split.
- Promoting physical, mental, and sexual health on an individual and service wide level.
- Developing effective and meaningful user participation that achieves evidenced results for the service and the individuals involved.
- Working with people with service users to build, or rebuild, safe and positive social relationships and networks, particularly with their families.

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

2.2.1 The total value of the contract for 1 April 2024 – 31 August 2024 *pro rata* of the total budget 2024/25 is £890, 027 broken down as below:

- Core funding £703,500
- SSMTR Grant £186,527

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

2.3.1 Five-months from 1 April 2024 to 31 August 2024, (this includes a 2-month period for mobilisation of the new service).

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 Yes, the service being procured falls within the description of services covered by the Light Touch Regime under the Public Contracts Regulations 2015.

2.5 **Recommended procurement procedure and reasons for the recommendation.**

2.5.1 To approve the variation of the contract for the provision of Adult Substance Misuse Service ("the service") with CGL for a period of 5-months from 1 April 2024 to 31 August 2024 in accordance with the strategy set out in the report to maintain service continuity in the context of a delayed procurement.

2.5.2 The variation of contract providing an extension will allow a critical service to continue working with and providing support to vulnerable residents identified as using drugs and alcohol whilst the delayed procurement resumes and finishes allowing a sufficient time to mobilise a new service. The service also includes medical interventions which would not be available elsewhere in the borough.

2.5.3 Mobilisation of a new service is complex as a range data and clinical information will need to be transferred if a new supplier is successful at tender. Data transfer also involves national agencies as data for a national a national database is collected.

2.6 **The contract delivery methodology and documentation to be adopted.**

2.6.1 The contract document will be a Deed of Variation prepared by the legal team to vary the termination date of the contract.

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

2.7.1 To act as a gateway into drug and alcohol treatment for residents of Barking and Dagenham and case manage service users to recovery:

- To work with people with drug and alcohol problems to build, or rebuild, safe and positive social relationships and networks, particularly with their families.
- The service will continue to engage with adults 18-years and over and provide interventions regarding their drug and/or alcohol use.
- Enhance the engagement of adults who are in the criminal justice system, such as the Probation Service.
- Continue to provide continuity of care and engage with offenders released from prison and returning to the borough.
- To provide high quality, harm reduction interventions that are flexible to meet the changing demographics of the borough.
- To work in partnership with the Local Authority, Health, Criminal Justice and other key stakeholders
- To work and support Adult Social Care teams and provide Hidden Harm work.
- To provide needle exchange service within the service and local pharmacies.
- To assess and support service users who require residential rehabilitation and/or detoxification.
- Continue to provide specialist prescribing for stabilisation, reduction and detoxification for the following:
    - Opioid dependency.
    - Dependent Alcohol users assessed as safe for community detoxification.

2.8 **Criteria against which the tenderers are to be selected and contract is to be awarded.** N/A

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

2.9.1 The Council's social value responsibilities are taken through its vision: One Borough; One Community; No one Left Behind. Through the variation of the contracts, the Council will ensure service continuity that meets the needs of the local population who misuse drug and alcohol and their families.

2.9.2 The Council will work with the provider to seek to identify local opportunities for apprenticeships, training and recruitment for Barking and Dagenham residents as appropriate within the timeframe of the extension.

2.10 **London Living Wage (LLW).**

2.10.1 The requirement of LLW will continue to be met by the provider.

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

2.11.1 The provider will continue to provide a review and delivery plan of how they will support Barking and Dagenham's Net Zero Carbon Target.

3. Options Appraisal

3.1 The Council needs to commission and have in place services for adults 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.

4. Waiver

4.1 To waive the requirement to tender and approve the variation of the contract for the provision of Adult Substance Misuse Service ("the service") with CGL for a period of 5-months from 1 April 2024 to 31 August 2024 in accordance with the strategy set out in the report to maintain service continuity in the context of a delayed procurement.

4.2 The ground upon which this waiver is required is Contract Rule 6.6. (e) The circumstances of the proposed contract are covered by legislative exemptions.

5. Consultation – N/A

6. Corporate Procurement

Implications completed by: *Adebimpe Winjobi, Procurement Lead*

6.1 This report is seeking approval to waive the requirement to tender and approve the variation of the contract for the provision of Adult Substance Misuse Service ("the service") with CGL for a period of 5-months from 1 April 2024 to 31 August 2024 in order to maintain service provision while the procurement of a new contract is completed.

6.2 The contract variation for this contract is based on Reg 72(c) of PCR 2015 and the council can justify its use, as the need arises from circumstances which a 'diligent contracting authority could not have foreseen- in this case a delay to the procurement of a new service, the overall nature of the contract is not altered and the increase in price is less than or equal to 50% of the contract value.

6.3 The team will continue to support with the procurement of the new contract.

7. Financial Implications

Implications completed by Amar Barot – Head of Service Finance.

7.1 This report seeks the Health and Wellbeing Board's approval for the variation of the contract for the provision of Adult Substance Misuse Service with Change Grow Live (CGL) for a period of 5-months from 1 April 2024 to 31 August 2024.

7.2 The contract variation is required to ensure continuity of services during a delayed procurement exercise, and to provide sufficient time for the completion of the procurement exercise.

7.3 The cost of the variation will be £890, 027, which will be funded from Public Health grant and OHID supplemental grant respectively as set out in paragraph 2.2.1 of this report.

7.4 This cost is an increase from the previous contract value as additional supplemental grant has been used to expand and enhance the service. The commissioner has worked with the current provider to ensure that the service continues to meet the needs of users and offers value for money.

8. Legal Implications

Implications completed by: *Lauren van Arendonk, Acting Principal Contracts & Procurement Lawyer (Foreign Qualified)*

8.1 This report seeks a 6-month extension for the current substance misuse support services contract, initially procured in 2018. Due to delays in the procurement of the service (not entirely due to the fault of the Authority), the new contract is now due to commence in 1 September 2024, requiring interim cover for the period from 1 April 2024 to 31 August 2024.

8.2 Regulation 72 of the Public Contract Regulations 2015 permits a modification of a contract in term, in circumstances where the scope, price or the overall nature of the contract is not altered, and the price not increased to more than 50% of the original contract value. In this case, the original contract commenced in 2018 and ended in 2022 (including pre-determined extension periods). On this basis, the extension remains within the 50% threshold and is permissible. The Contract Rules also permits a variation to the term and price, provided that the 50% threshold is not exceeded.

8.3 The extension should be documented by way of a deed of variation and extension, which will also require sealing. Legal can assist with both upon instruction.

9. Other Implications

9.1 Risk and Risk Management

Risk register template doc.xlsx

9.2 TUPE, other staffing and trade union implications – N/A

9.3 **Corporate Policy and Equality Impact –** 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. (EIA attached as an appendix at the end of this document.)

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 LBBD 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.

List of appendices:

Appendix 1 Substance Misuse Equalities Impact Assessment (Adult)

Appendix 3 Adult Substance Misuse S

Appendix 1

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

COMMUNITY AND EQUALITY IMPACT ASSESSMENT	

About the service or policy development

Name of service or policy	Substance Misuse Procurement (Adult)
Lead Officer Contact Details	Jill Williams 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

C*onsider:*

- 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 substation 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.

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.
`	I91			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

				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

				provision for the LGBTQI+ community who have increased risk of problematic drug and alcohol use.	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.
Socio-economic Disadvantage	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.	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.
Any community issues identified for this location?					

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

COMMUNITY AND EQUALITY IMPACT ASSESSMENT	

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 **Sect/ion1 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
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.

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

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

12 March 2024

Title: Contract Variation Young People Substance Misuse (Drug and Alcohol) Integrated Service	
Report of Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health Integration	
Open Report / Open Report with Exempt Appendix / Fully Exempt Report Open Report	**For Decision** Yes
Wards Affected: All	**Key Decision:** No
Report Author: Amolak Tatter, Commissioning Manager	**Contact Details:** Tel: 0797 200 3623 E-mail: Amolak.tatter@lbbd.gov.uk
Accountable Director: Chris Bush, Commissioning Director for Children's Care and Support	
Accountable Executive Team Director: Elaine Allegretti, Director of People and Resilience	

Summary
To approve the variation of the contract for the provision of Subwize Service ("the service") with V-I-A formally known as WDP to extend it for a period of 5-months from 1 April 2024 to 31 August 2024 in accordance with the Council's Contract Rules. The current contract is due to end 31 March 2023.

It was intended that new contracts would start on 1 April 2024, however delays in the current procurement exercise means that a variation of the current contract with the provider of the service is required to ensure continuity of services and sufficient time for the completion of the procurement exercise and a new service to mobilise and in place to start 1 September 2024.

It should be noted that the service provides critical specialist interventions to young people with substance misuse problems which prevents addiction, significant harm to development and escalation in criminal activities due to drug misuse. No alternative service exists that can provide a suitable replacement for the work of a community substance misuse service for young people in borough. The service was granted a retrospective waiver for 2023/24.

The current value of the contract for 1 April – 31st August 2024 *pro rata* of the total budget 2024/25 given below:

- Core funding £138,660.00
- SSMTR Grant £ 87,245.00

Total £225,905.00

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Approve the variation of the contract for the provision of Young People Substance Misuse Service ("the service") with V-I-A for a period of 5-months from 1 April 2024 to 31st August 2024 in accordance with the strategy set out in the report; and

(ii) Delegate authority to the Director of Director of People and Resilience, in consultation with the Cabinet Member for Adult Social Care and Health Integration and Director of Public Health to extend the contract and all other necessary or ancillary agreements.

Reason(s)

To allow continuity of services during a delayed procurement exercise, to provide sufficient time for the completion of the procurement exercise and a new service mobilised and put in place for 1 September 2024

1. Introduction and Background

1.1 LBBD has commissioned an Integrated open access and specialist services that enable young people who misuse drug and/or alcohol to access treatment and work towards recovery. The current contract is providing a Trauma Informed Approach, structured drug and alcohol programmes, counselling, and Hidden Harm. If a young person is identified as using opioids, the Subwize Service will work in collaboration with the adult substance misuse service to ensure the young person is provided with the appropriate medical treatment.

1.2 Young people who have been identified by the Youth Offending Services (YOS) using substances and committing criminal offences, a referral is made to the substance misuse worker who is based within the YOS. This has enabled both the YOS and the substance misuse worker to work collaboratively, sharing information, ensuring that the young person is receiving a robust case management plan.

1.3 The service has built a robust relationship with CAMHS (Child and Adolescent Mental Health Services) and are working in collaboration to provide an extensive range of integrated community and mental health support and treatment to young people who are identified with dual diagnosis.

1.4 Barking and Dagenham received additional funding from the Government through the Office for Health Improvement and Disparities (OHID), initial finding came through the Universal Grant £384,000 which has been proportioned between the young people and the adult service enabling both services to set up a Complex Criminal Justice Team (CCJT). The CCJT engages with both young people and adult service users who are using substances and in the criminal justice system and has been highlighted as an example of good practice.

1.5 The service was awarded a three-year contract in April 2018 with an option to extend for a further 2 years on an annual basis which was undertaken. However, due to external uncertainties around funding a retrospective waiver was sought for an additional year (2023/2024).

1.6 Specifically, OHID had indicated that it was going to undertake a national Substance Misuse Direct Purchasing System from which Local Authorities could undertake 'mini re procurements or direct award. However, OHID did not deliver this procurement at the scale and pace indicated which led to considerable uncertainty. Alongside other local authorities, Barking and Dagenham was forced to go out to full procurement later than anticipated.

1.7 The procurement exercise has commenced, however the initial budgets given for the exercise were an overestimation which is likely to have a material impact on the ability of the successful bidders to undertake the services described in their bids.

1.8 The budgets have been revised and corrected and together with the request to vary the supplier's contract the proposed next steps are:

- Pause the procurement exercise to allow all bidders to revise their quality submissions and pricing in the light of new contract values.
- For the revised tender submissions to be evaluated and successful bidders selected based on revised submissions
- Vary the respective current adult and young people contracts for up to 6 months to allow the completion of the tender exercise and mobilisation of the new contract.

2. Proposed Procurement Strategy

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

2.1.1 **Integrated substance misuse service (drug and alcohol service)**
Core elements of the service delivered are:

2.1.2 The Community Integrated Substance Misuse Service is for Barking & Dagenham young people under the of 21 and where applicable the transitional age group 21-24 experiencing problems with drugs and/or alcohol, family members, and other professionals working with residents with substance misuse addition. The service will continue to work within a results-based accountability model that will have an integrated approach with staff working within the Children, Young People and Families, Anti-Social Behaviour (ASB), Youth Offending Service (YOS), Child and Adolescent Mental Health Services (CAMHS), this is not an exhausted list.

2.1.3 The service will continue to provide:

- Supporting vulnerable young people to maintain abstinence.
- Encouraging ambition and aspiration and enable them to be realised through recovery plan goals.
- Enabling and encouraging young people who misuse substances to remain in/or re-engage with education, training, and employment.
- Help and support young people with substances to manage their behaviours and emotions appropriately, and to challenge inappropriate or damaging behavior and attitudes.

- Identifying young people ‘At-Risk’ of abuse or harm and working with them and other agencies to manage situations with a high standard of practice.
- Providing a unitary service with no clinical/talking therapy split.
- Promoting physical, mental, and sexual health on an individual and service wide level.
- Developing effective and meaningful user participation that achieves evidenced results for the service and the individuals involved.
- Working with young people to build, or rebuild, safe and positive social relationships and networks, particularly with their families.

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

2.2.1 The total value of the contract for 1 April – 31 August 2024 pro rata of the total budget 2024/25 is £225,905 broken down as below:

- Core funding £138,660.00
- SSMTR Grant £ 87,245.00

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

2.3.1 Five-months from 1 April 2024 to 31 August 2024, (this includes a 2-month period for mobilisation of the new service).

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 Yes, subject to the Light Touch Regime

2.5 **Recommended procurement procedure and reasons for the recommendation**

2.5.1 To (approve the variation of the contract for the provision of Young People Substance Misuse Service (“the service”) with V-I-A for a period of 5-months from 1 April 2024 to 31 August 2024 in accordance with the strategy set out in the report; in order to maintain service continuity in the context of a delayed procurement.

2.5.2 The variation of contract providing an extension will allow a critical service to continue working with and providing support to vulnerable young people identified as using drugs and alcohol whilst the delayed procurement resumes and finishes allowing a sufficient time to mobilise a new service.

2.5.3 Mobilisation of a new service is complex as a range data and clinical information will need to be transferred if a new supplier is successful at tender. Data transfer also involves national agencies as data for a national a national database is collected.

2.6 **The contract delivery methodology and documentation to be adopted.**

2.6.1 The contract document will be a Deed of Variation prepared by the legal team to vary the termination date of the contract.

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

2.7.1 To provide advice, information, and treatment for those young people, who reside in the borough, aged up to 21, including transition age up 24-years who are affected by substance misuse (drug and/or alcohol) to help them grow and develop as an individual and reach their full potential in society:

- To work with young people with drug and alcohol problems to build, or rebuild, safe and positive social relationships and networks, particularly with their families.
- Enhance the engagement of young people who are in the criminal justice system, such as the Youth Offending Service, including the transitional age group.
- To provide high quality, harm reduction interventions that are flexible to meet the changing demographics of the borough.
- The service will continue to deliver to reduce the long-term demand on services by focusing on prevention and early and effective interventions to prevent escalation and crisis.
- To support and deliver workshops to both the students and teaching staff in schools and colleges.
- To work in partnership with the Local Authority, Health, Criminal Justice and other key stakeholders
- To work and support Children Social Care teams and provide Hidden Harm work.

2.8 **Criteria against which the tenderers are to be selected and contract is to be awarded –** N/A

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

2.9.1 The Council's social value responsibilities are taken through its vision: One Borough; One Community; No one Left Behind. Through the variation of the contracts, the Council will ensure service continuity that meets the needs of the local population who misuse drug and alcohol and their families.

2.9.2 The Council will work with the provider to seek to identify local opportunities for apprenticeships, training and recruitment for Barking and Dagenham residents as appropriate in the time frame of the waiver.

2.10 **London Living Wage (LLW)**

2.10.1 The requirement of LLW will continue to be met by the supplier.

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

2.11.1 The supplier will continue to provide a review and delivery plan of how they will support Barking and Dagenham's Net Zero Carbon Target.

3. Options Appraisal

3.1 Council needs to commission and have in place services for 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.

4. Waiver

4.1 To waive the requirement to tender and approve the variation of the contract for the provision of Young People Substance Misuse Service ("the service") with V-I-A for a period of 5-months from 1 April 2024 to 31 August 2024 in accordance with the strategy set out in the report in order to maintain service continuity in the context of a delayed procurement.

4.2 The ground upon which this waiver is required is Contract Rule 6.6. (e) The circumstances of the proposed contract are covered by legislative exemptions.

5. Consultation

5.1 N/A

6. Corporate Procurement

Implications completed by: Adebimpe Winjobi, Procurement Lead

6.1. This report is seeking approval to waive the requirement to tender and approve the variation of the contract for the provision of Young People Substance Misuse Service ("the service") with V-I-A for a period of 5-months from 1 April 2024 to 31 August 2024 in order to maintain service provision while the procurement of a new contract is completed.

6.2. The contract variation for this contract is based on Reg 72(c) of PCR 2015 and the Council can justify its use, as the need arises from circumstances which a 'diligent contracting authority could not have foreseen- in this case a delay to the procurement of a new service, the overall nature of the contract is not altered and the increase in price is less than or equal to 50% of the contract value.

6.3. The team will continue to support with the procurement of the new contract.

7. Financial Implications

Implications completed by Amar Barot - Head of Service Finance.

7.1 This report seeks the Health and Wellbeing Board's approval for the variation of the contract for the provision of Young People Substance Misuse Service with V-I-A for a period of 5-months from 1 April 2024 to 31 August 2024.

7.2 The contract variation is required to ensure continuity of services during a delayed procurement exercise, and to provide sufficient time for the completion of the procurement exercise.

7.3 The cost of the variation will be £225,905, which will be funded from Public Health grant and OHID supplemental grant respectively as set out in paragraph 2.2.1 of this report.

7.4 This cost is a marginal increase from the previous contract value as additional supplemental grant has been used to expand and enhance the service. The commissioner has worked with the current provider to ensure that the service continues to meet the needs of users and offers value for money.

8. Legal Implications

Implications completed by: Lauren van Arendonk, Acting Principal Contracts & Procurement Lawyer (Foreign Qualified)

8.1 This report seeks a 5-month extension for the current substance misuse support services contract, initially procured in 2018. Due to delays in the procurement of the service (not entirely due to the fault of the Authority), the new contract is now due to commence 1 September 2024, requiring interim cover for the period from 1 April 2024 to 31 August 2024.

8.2 Regulation 72 of the Public Contract Regulations 2015 permits a modification of a contract in term, in circumstances where the scope, price or the overall nature of the contract is not altered, and the price not increased to more than 50% of the original contract value. In this case, the original contract commenced in 2018 and ended in 2022 (including pre-determined extension periods). On this basis, the extension remains within the 50% threshold and is permissible. The Contract Rules also permits a variation to the term and price, provided that the 50% threshold is not exceeded.

8.3 The extension should be documented by way of a deed of variation and extension, which will also require sealing. Legal can assist with both upon instruction.

9. Other Implications

9.1 **Risk and Risk Management**


Risk register template doc.xlsx

9.2 **TUPE, other staffing and trade union implications –** N/A

9.3 **Corporate Policy and Equality Impact –** 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. (An EIA is attached in the document as an appendix at the end of this document.)

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 LBBD 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:

- Drug Market Profile Report 2019/20
- Governments 10-years drug strategy December 2021
- Need Assessment December 2022
- Cultural Competence Review May 2023

List of appendices:

Appendix 1 Substance Misuse Equalities Impact Assessment (Young People)

Appendix 4 EIA YP Substance Misuse P

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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

COMMUNITY AND EQUALITY IMPACT ASSESSMENT	

About the service or policy development

Name of service or policy	Substance Misuse Procurement (Young People)
Lead Officer Contact Details	Jill Williams 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

C*onsider:*

- 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 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

				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

				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

				treat addiction and support healthy self-acceptance thereby reducing increased risk of substance misuse in adulthood	their experiences impact their use of substances.
Socio-economic Disadvantage	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.	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.
Any community issues identified for this location?					

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)

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? *These actions should be developed using the information gathered in **Sect/ion1 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 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
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 (201)). 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.

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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