

**For General Release**

<b>REPORT TO:</b>	<b>CABINET 14 July 2014</b>
<b>AGENDA ITEM:</b>	<b>14</b>
<b>SUBJECT:</b>	<b>Drug and Alcohol Engagement, Treatment and Recovery Service for Adults and Young People</b>
<b>LEAD OFFICER:</b>	Hannah Miller, Executive Director Adult Services, Health and Housing Paul Greenhalgh, Executive Director Children, Families and Learning Dr Mike Robinson, Director of Public Health
<b>CABINET MEMBER:</b>	Cllr Simon Hall, Cabinet Member for Finance and Treasury Cllr Louisa Woodley, Cabinet Member for People and Communities Cllr Alisa Flemming, Cabinet Member for Children, Families and Learning
<b>WARDS:</b>	<b>ALL</b>
<p><b>CORPORATE PRIORITY/POLICY CONTEXT</b></p> <p>The provision of Drug and Alcohol Engagement, Treatment and Recovery services will support key indicators within the Public Health Outcomes Framework, in particular:</p> <ul style="list-style-type: none"> <li>2.15: Successful completion of drug treatment.</li> <li>2.16: People entering prison with substance dependence issues who are previously not known to community treatment.</li> <li>2.18: Alcohol related admissions to hospital.</li> </ul> <p>The engagement, treatment and recovery service also positively contributes to other indicators within the Public Health Outcome Framework (PHOF) and three goals of the Joint Health and Wellbeing Strategy:</p> <ul style="list-style-type: none"> <li>◆ increased healthy life expectancy and reduced differences in life expectancy; between communities;</li> <li>◆ increased resilience and independence;</li> <li>◆ a positive experience of care.</li> </ul> <p>The service will contribute to the Council’s priority theme of better prevention and early intervention for people who are vulnerable and support key health outcomes for children, young people and adults, as laid out in the Community Strategy (2013–2018). In addition, the service is aligned to the Corporate Plan Outcome ‘to be a place where people take responsibility of their own health and wellbeing’. (Priority B: Manage</p>	

Need and Grow Independence).

The reduction of substance misuse remains a priority within the Croydon Children and Young People's Plan. The young people's specialist substance misuse service will play a significant role in the delivery of actions identified in the Plan through both the provision of specialist assessment and treatment interventions for young people already using drugs, and supporting mainstream agencies to address substance misuse through early intervention and prevention.

### **FINANCIAL IMPACT**

The budget for the recommended contract award comes from the ring-fenced Public Health grant and a grant from the Mayor's Office for Policing and Crime (MOPAC). The Public Health grant to the Council is intended to support achievement against the priorities set out in the Public Health Outcomes Framework, including reducing the impact and prevalence of substance misuse.

The service model has been designed to generate efficiencies through economies of scale and to enable a shift of resources to preventative services over the contract lifetime. Investing in effective services will reduce demand for substance misuse services, particularly high-cost crisis provision, by supporting improved levels of sustained recovery.

Prior to tendering, funding was allocated for the contract based on an average annual reduction to the current budget of 10.4% (£310k). This reduced available funding from £2,977,900 per annum to an average of £2,669,300 per annum over the lifetime of the future contract (5 +2 years). The tendered price from the recommended provider will achieve an average saving of 11.52% per annum over the lifetime of the contract (5 +2 years) compared with the current budget, which equates to a saving of £2.4m over the seven year contract lifetime. The average contract saving is calculated based on a saving of 179k in year one and a further £192k saving in year two. By year two of the contract, efficiencies will have been embedded and the annual cost of the service will be £2,607,610, a reduction of 12.43% (£370k) compared to the current budget of £2,977,900.

It is expected that phase two of the redesign of the drug and alcohol system will achieve further efficiencies and savings.

Funding from the Mayor's Office of Policing and Crime is contingent upon achievement of specific criminal justice outcomes and this has been built into the new service through a payment by results contracting approach.

The recommendation is to award a contract to the provider who submitted the most economically advantageous tender. The contract will be subject to quarterly monitoring arrangements and annual review.

### **KEY DECISION REFERENCE NO.: 1283**

This is a Key Decision as defined in the Council's Constitution. The decision may be implemented from 1300 hours on the 5<sup>th</sup> working day after it is made, unless the decision is referred to the Scrutiny & Strategic Overview Committee by the requisite

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

## **1. RECOMMENDATIONS**

1.1 To approve the award of a contract for Drug and Alcohol Engagement, Treatment and Recovery Services to the provider and on the terms detailed in the associated Part B report on this agenda proposed to commence on 1 October 2014 for an initial term of five years at a value of £13,229,622, with the option to extend for up to two further years at a value of £2,607,610 per annum, for a total maximum contract value of £18,844,802 over seven years.

## **2. EXECUTIVE SUMMARY**

2.1 The Council has adopted a whole systems approach to reviewing and re-commissioning substance misuse services. This has allowed the Council to maximise efficiencies and deliver better long-term recovery outcomes for service users. A Procurement Strategy report recommending a phased approach to re-commissioning substance misuse services was approved by the Council's Contracts and Commissioning Board (CCB) in December 2013 (reference CCB0837/13-14). The strategy aims to ensure Drug and Alcohol Engagement, Treatment and Recovery Services (the services) are aligned to local needs and priorities for drugs and alcohol, whilst delivering efficiencies and significantly improving outcomes. The strategy has two phases:

- ◆ Phase one comprised a procurement exercise to source a redesigned service (as recommended for award within this report).
- ◆ Phase two will comprise a review of detoxification, rehabilitation, pharmacy and primary care services, with future re-commissioning aligned to the new engagement, treatment and recovery service.

2.2 The purpose of this report is to seek approval to award a contract for a drug and alcohol engagement, treatment and recovery service following completion of the phase one procurement exercise.

2.3 The new service will provide recovery-focused care pathways for both adults and young people requiring treatment services. This will include proactive engagement, holistic person-centered treatment packages, and recovery and relapse prevention support. Additionally, there are preventative elements through targeted early intervention as well as support and training for the wider workforce.

2.4 To procure these services, a Part B, restricted procurement process was undertaken, commencing in January 2014. As per the agreed procurement strategy, tenders were evaluated on the basis of 50% cost and 50% quality.

2.5 The contract start date for the proposed award is 1 October 2014 for an initial five year term, with provision to extend up to a further two years.

### **3. DETAIL**

3.1. The Council has responsibility for implementing the Government's Drug Strategy and Alcohol Strategy, in part through commissioning a range of substance misuse services. In recent years, strategic priorities have refocused on not only engaging services users in to treatment, but also to the creation of a recovery focused system which supports service users to sustain their recovery and minimise re-presentations into treatment. The approach recognises that the treatment system should be supported by preventative interventions to prevent drug and alcohol use from escalating, reduce the harm that people cause themselves or others, and, in the case of young people, to prevent them from becoming drug or alcohol-dependent adults.

3.2. The impact of drug and alcohol misuse is widespread and affects health, crime, domestic violence, sickness absence and lost productivity. Investment in engagement, treatment and recovery services reduces the demand for other public services. Poorer outcomes for service users result in additional Council spend in the medium and longer term; crisis re-presentations are high cost and there is further cost to the public purse where treatment is not completed and recovery is not sustained. This includes additional spend against services for looked after children, housing, adult social care, and community safety. As such, a quality service represents a greater efficiency for the Council.

3.3. There are changing trends in drug and alcohol use, as well as particular local challenges which the redesigned service will seek to address. The treatment population is ageing, with people aged over 40 years now the largest group starting and receiving treatment. Many are older heroin users who have failing health and entrenched addiction problems, requiring a more flexible treatment system and provision of holistic support to enable sustained recovery.

3.4. The current system was designed to meet historic national priorities for drug and alcohol services. Although the Council has worked closely with providers to improve performance as part of the contract management and partnership arrangements for the current system, the existing treatment system is not sufficiently recovery focused. Accordingly, it is not able to respond to changing needs and local priorities. Croydon has comparatively low rates of successful treatment completions for drug and alcohol users compared to the national average, with a disproportionately high number of service users re-presenting to treatment services. For both adult and young people in the criminal justice system and youth offending services, there are high attrition rates resulting in poor engagement with to treatment services.

3.5. Many young people in Croydon receiving specialist interventions have a range of vulnerabilities; in 2013, 64% of young people seen by specialist substance misuse services had between two and four risks or vulnerabilities identified, and 5% had more than five. In 2013, 63% of young people leaving specialist substance misuse services in Croydon did so in a planned way compared with the national average of 79%. The

new service has been designed to address these issues, whilst providing a flexible model which can respond to changing needs and priorities.

3.6. Croydon remains in the top quartile for high numbers of alcohol related hospital admissions in the London region and has a significantly higher number of alcohol related ambulance call outs than the London average. One in four people who consume alcohol in Croydon are drinking at increasing or higher risk levels, and an estimated 1 in 9 adults are binge drinkers in Croydon. The proportion of children in the UK drinking alcohol remains well above the European average, with the UK ranking among the countries with the highest levels of consumption among those who do drink, and with British children more likely to binge drink or get drunk compared to children in most other European countries.

3.7. Historically, substance misuse services have not provided appropriate support for hazardous or harmful drinkers, with support available only for high need dependent drinkers. The new service model will adopt preventative approaches to reduce harm and ensure that people with lower level needs can access appropriate community based support.

3.8. In terms of emerging issues, the increasing prevalence of synthetic drugs, performance enhancing substances legal highs, over the counter medications and prescribed medication also provide new challenges. The new service recognises a requirement to address the needs of existing service users, whilst delivering an adaptable model which can respond effectively to changing patterns in drug use and the needs of the wider population.

3.9. With an increased focus on prevention, a re-designed substance misuse system provides opportunities to deliver interventions that have not only a direct impact on the individual, but also indirectly address other Public Health outcomes. These include reducing re-offending, improving the emotional wellbeing of looked after children and reducing mortality from liver disease.

### 3.10. **Service Model**

3.11. The new engagement, treatment and recovery service will bring together six existing services to improve care pathways, achieve outcomes and maximise efficiency. The service is outcome focused, seeking to inspire and support service users, their families and carers to achieve sustained recovery from problematic substance misuse.

3.12. For Croydon, recovery is not only the successful completion of treatment, but also the increased personal resilience and improved life outcomes for the service user. The new engagement, treatment and recovery service will achieve this by:

- ◆ Using innovative, evidence based approaches to support service users;
- ◆ Promoting positive examples of people in recovery;
- ◆ Providing a clear and visible golden thread of recovery;
- ◆ Responding effectively, efficiently and flexibly to changing needs and trends;

- ◆ Supporting successful sustained recovery, enabling the shift of resources to emerging priorities including prevention;
- ◆ Providing a family focused holistic service.

3.13. The provider is expected to deliver a service that positively impacts upon the following high level outcome domains for both adults and young people:

- ◆ A reduction in substance misuse related harm through effective early intervention;
- ◆ Improved health and wellbeing for individuals and freedom from dependence on drugs or alcohol;
- ◆ Improved independence, personal resilience and support networks for people recovering from drug and alcohol problems;
- ◆ A reduction in crime and offending.

3.14. The service will be innovative, seeking solutions with the golden thread of recovery at its core, delivering a range of interventions to service users. A staff skills audit and training and development programme will underpin improvement in service delivery. The service will be provided to five key service users groups:

- ◆ Opiate and Crack Users (OCUs);
- ◆ Non opiate and crack users (non-OCUs);
- ◆ Alcohol users who are dependent, hazardous and/or problematic;
- ◆ Service users in the criminal justice system with substance misuse problems;
- ◆ Young people who use drugs and alcohol.

3.15. The service will enhance access to people with protected characteristics through outreach and community based provision, in particular to ensure that black and minority ethnic people are fairly represented in the profile of service users.

3.16. The interventions are grouped into four service elements aligned to the care pathway:

- ◆ Access, engagement, early intervention and prevention, including outreach and triage assessment;
- ◆ Specialist community treatment including pharmacological, clinical, structured psycho-social and specialist harm reduction interventions;
- ◆ Recovery, reintegration and relapse prevention including mutual aid and support for education, training and employment support;
- ◆ Partnership working including integration and working with other agencies and workforce development for the wider partnership.

3.17. The initial contract term of five years, with the option to extend for up to a further two years, reflects the requirement to build a transformative service through a strategic partnership with the provider and reflects the trajectory and level of change required. It also reflects feedback from market engagement prior to the tender opening which identified that a shorter term contract was unlikely to attract the appropriate caliber of provider whilst meeting the required efficiency targets.

3.18. Given the length of the proposed contract term, the Council has ensured flexibility through the inclusion of a three month break clause, quarterly monitoring meetings, annual contract reviews and contract variation provision.

3.19. The contract management framework prioritises strategic relationship management to encourage innovation and a partnership approach. As part of the service redesign exercise, the Council developed a local outcome model which sets out a high level view of how the new treatment system and associated contracts will be monitored; this will be updated to include agreed social value outcomes and deliverables. The associated key performance indicators for this contract will be monitored monthly.

### 3.20. **Payment by results for criminal justice services**

3.21. Funding from MOPAC is contingent upon achievement of specific criminal justice outcomes and this has been built into the new service through an incentivised payment by results (PbR) contracting approach. The maximum annual PbR payment is £69,300 and this is included within the annual contract value of £2,799,181 in year one and £2,607,610 per annum thereafter.

3.22. The PbR payment model is incentivised so that achievement of significant improvements to performance in priority areas will be rewarded. If the provider fails to achieve the required improvement in performance against key criminal justice indicators, the PbR payment will be reduced according to a scaled payment model. This is structured so that no payment is due where performance meets only acceptable standards.

### 3.23. **The Procurement Process**

3.24. The procurement was undertaken in line with the strategy agreed by CCB in December 2013 (CCB CCB0837/13-14). The process was a Part B restricted tender, with evaluation weighting of 50% cost and 50% quality. The 50% quality score reflects the nature of the service and the complex needs of service users, many of whom will be vulnerable as a result of their substance misuse. The specification is needs based and outcome focused meaning that tenderers were required to identify the service solution that best meets identified outcomes, within specific parameters. Further, given the scope for provider innovation, a higher quality rating was required. The Council's affordability threshold of £13,346,500 over the initial five year term was disclosed to bidders at ITT stage, reducing the risk that tendered bids would be in excess of the budget allocation. No tender submission received was priced above the affordability level.

3.25. The procurement process undertaken is outlined below:

Date	Activity/Outcome
12 Dec 2013	Advance information notice published and expressions of interest opened on the London Tenders Portal
15 Jan 2014	Tender opportunity advertised via the Council's website and the London Tenders Portal
12 Feb 2014	Deadline for completed Pre-Qualification Questionnaires (PQQ)
12-28 Feb 2014	Evaluation of PQQ submissions
28 Feb 2014	Notification of outcome of PQQ and Invitation to Tender (ITT) issued on the London Tenders Portal
16 April 2014	Deadline for ITT submissions
16-28 April 2014	Evaluation of ITT submissions
30 April – 1 May 2014	Post tender clarification interviews where bidders were invited to respond to two case study scenarios for their proposed service model and answer tender clarification questions
12 May 2014	Evaluation panel agreed recommendation for contract award

3.26. Eight PQQs were submitted and evaluated against the criteria below.

Evaluation	Sub Area	Weighting
Compliance	<ul style="list-style-type: none"> <li>◆ PQQ Compliance</li> <li>◆ Legal Eligibility</li> <li>◆ Company Information</li> <li>◆ Economic and financial standing</li> <li>◆ Equalities Act and Public Sector Equality Duties</li> <li>◆ Health and safety</li> <li>◆ Sustainability &amp; Environmental Management</li> <li>◆ Safeguarding children and adults</li> </ul>	Pass/Fail
Technical and Professional Ability	<p>Eight questions testing experience of delivering high performing services and success achieving outcomes across:</p> <ul style="list-style-type: none"> <li>◆ Services for those with dependencies on alcohol, opiate and crack use or poly drug use, requiring medically assisted interventions</li> <li>◆ Non-medical services for users of non-opiates and those who use alcohol harmfully or hazardously</li> <li>◆ Recovery and re-integration services</li> <li>◆ Substance misuse services for young people</li> </ul>	Weighted score of 12.5% per question

3.27. For the weighted technical and professional ability questions, a 0-5 scoring methodology was applied. Bidders were required to achieve a minimum score of



three, representing a satisfactory response, against each technical and professional question in order for their submission to be deemed compliant. The top seven highest scoring tenderers for Technical and Professional Ability would be issued an Invitation to Tender (ITT), provided that they had fully completed the PQQ documentation and had also achieved a Pass for all criteria with a Pass / Fail rating.

3.28. Following evaluation of the PQQs, six bidders had provided compliant submissions and were invited to tender. All invited bidders submitted a tender in line with the deadline. Tenders were evaluated against the below evaluation criteria, as set out in the ITT:

<b>Evaluation Section</b>	<b>Criteria</b>	<b>Weight</b>
<b>Qualitative Evaluation (50%)</b>	Method Statements	45%
	Clarification interview – scenario based presentation	5%
	Clarification interview – question and answers	0% (information provided to inform method statement scores)
<b>Commercial (50%)</b>	Price	50%

3.29. Tender responses were evaluated for compliance and cost by the Strategy, Commissioning, Procurement and Performance division. The Council set a maximum affordability threshold of £13,346,500 over the initial five year term, having reduced the available budget by 10.4% compared with the current budget prior to tender. There are minimum assumed service costs arising as a result of the workforce potentially subject to TUPE, premises and prescribing requirements. Given these parameters, it is likely that there is only a marginal difference between the upper affordability threshold (as defined by the Council) and a lower viability threshold (as defined by the market) where the service remains efficient yet safe and effective, and competitively priced yet commercially attractive. As a result, there was minimal variation between the lowest and highest priced bids.

3.30. The qualitative evaluation was completed by an evaluation panel comprised of representatives from the Integrated Commissioning Unit, Youth Offending Service and Public Health. The tender evaluation was completed by each individual member of the evaluation team and then moderated collectively. All members of the evaluation team attended the clarification interviews with each bidder.

3.31. The response to each method statement question and the scenario based presentation were evaluated using a 0-5 scale. In order for the tender submission to be considered compliant, tenderers were required to achieve a minimum score of three (satisfactory) for each method statement and for each scenario based presentation.

- 3.32. A total of eight tender responses were received at the Pre-Qualifying Questionnaire stage, and six were invited to, and submitted a tender at Invitation to Tender stage. Of the two providers who were not invited to tender one had failed to meet the quality threshold relating to previous experience and the other due to an incomplete submission and failure to meet compliance standards.

#### **4. CONSULTATION**

- 4.1. The Council consulted on the proposed service model with service users, existing providers, strategic partners, other local authorities and the wider provider market as part of the service redesign process. This has provided assurance that the service redesign process delivered maximum benefits and that optimal social impact can be achieved through the new model. The results of this exercise confirmed support for the approach that the Council is proposing and indicated that the new model should provide improved services that positively impact, both directly and indirectly, on a range of priorities within the Public Health Outcomes Framework.

#### **5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 5.1 The budget provision for the drug and alcohol engagement, treatment and recovery service comes from the Public Health Grant and funding from the Mayor's Office for Policing and Crime. The Public Health Grant is a ring-fenced budget to enable the Council to meet its statutory Public Health responsibilities and to achieve Public Health Outcomes, including those for reducing the impact and prevalence of substance misuse. Funding from the Mayor's Office for Policing and Crime is available through the London Crime Prevention Fund to reduce reoffending by drug using offenders by providing them with structured support. The continued funding of this service is dependent on the delivery of reduced reoffending amongst those that get treatment. reoffending by drug using offenders by providing them with structured support. The continued funding of this service is dependent on the delivery of reduced reoffending amongst those that get treatment. reoffending by drug using offenders by providing them with structured support. The continued funding of this service is dependent on the delivery of reduced reoffending amongst those that get treatment. reoffending by drug using offenders by providing them with structured support. The continued funding of this service is dependent on the delivery of reduced reoffending amongst those that get treatment.

The current budget is from two sources; £2,747,000 from the ring-fenced Public Health grant and £231,000 from the Mayor's Office for Policing and Crime (MOPAC).

The total value being recommended for contract award is £13,229,622 for the initial five year term, with an additional £5,215,220 for the two year extension option. This equates to a total contract award of £18,844,802 for the total seven year term. The annual contract value is £2,799,181 in year one (to allow for mobilisation costs) and £2,607,610 per annum thereafter.

The actual costs to be funded from the Public Health Grant, are £2,568,181 in year one and £2,376,610 per annum thereafter, with annual funding from MOPAC of £231,000 per annum. The savings arising as a result of this

contract will result in additional public health grant being available for funding other programmes with in the borough that deliver improved health outcomes.

**5.2 The effect of the decision**

The award of this contract will commit the Council to the expenditure as detailed in the associated Part B report (subject to standard contractual break clauses).

**5.3 Risks**

<b>Risk</b>	<b>Mitigation</b>
Risk of procurement challenge from non-successful bidders	Robust procurement process undertaken supported by category manager and procurement officer.  Detailed feedback will be provided in the unsuccessful tender letter  10 day voluntary standstill period will be adopted

<p>Risk that available budget reduces over contract lifetime</p>	<p>Funding has been allocated for the contract based on an efficiency of 10.36% over the contract lifetime; the tendered price of the recommended provider will achieve total efficiencies of 11.15% over the contract lifetime.</p> <p>Funding from the Mayor’s Office of Policing and Crime is contingent upon achievement of specific criminal justice outcomes and this has been built into the new service through a payment by results contracting approach.</p> <p>The service model has been designed to generate efficiencies through economies of scale and enable a shift of resources to preventative services over the contract lifetime. Bidders were asked to model their service in line with this approach.</p> <p>Break clauses, annual contract reviews and contract variation provision have been included within the contract.</p>
<p>Risk that the project does not deliver and/or achieve priority outcomes for substance misuse</p>	<p>The specification is outcome focussed and the model provides the flexibility to respond swiftly to changing needs and demands.</p> <p>Bidders have committed to specific performance levels against key outcomes as part of the tendering process. Delivery against this will be monitored as part of the contract management process.</p> <p>Clear quality standards been stipulated and form part of the contract as well as informing contract monitoring.</p> <p>There are robust contractual mechanisms for varying the terms of the contract, to agree remedial action to address performance issues, and for terminating the contract.</p> <p>Contract extension beyond the initial term, will be dependent on both budget availability and the performance of the provider.</p>

**5.4 Options**

There are no alternative options under consideration at this stage. Options were considered and agreed within the Procurement Strategy Report.

**5.5 Future savings/efficiencies**

The recommended provider will achieve total efficiencies of 11.15% against the existing budget over the contract lifetime. By year two of the contract, efficiencies will have been embedded and the annual cost of the service will have been reduced by 12.43% compared to current cost. The service has been designed with a responsive and flexible model to provide a scalable service, which can reflect changing profiles of need and changes to the Council’s funding position. Annual contract reviews will allow further efficiency reviews to ensure optimum benefits are delivered against changing needs and priorities.

**(Approved by: Lisa Taylor – Head of Finance and Deputy S151 Officer)**

## **6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER**

- 6.1 The Solicitor to the Council comments that the procurement process as detailed in the report meets the requirements of the Council's Tender and Contracts Regulations and its statutory duty to secure best value under the Local Government Act 1999.

**Approved by: Gabriel MacGregor, Head of Corporate Law, on behalf of the Council Solicitor and Monitoring Officer)**

## **7. HUMAN RESOURCES IMPACT**

- 7.1 This paper makes recommendations involving outsourcing services which may invoke the effects of the Transfer of Undertakings (Protection of Employment) 2006 Legislation. If this was the case, then all staff that predominantly work in the identified service would be transferred to the new contractor on their existing terms and conditions of service (with the exception of pension rights, which have to be broadly comparable as set out in the Government's "Fair Deal" policy). The council's TUPE protocol and all other related policies and procedures must be followed, particularly the duty to consult. Consideration should be given to involve Trade unions and staff in the tender process and specification, which would ensure their engagement and a detailed prospectus. Trades unions and staff welcome a reasonable consultation period following the successful bid, which gives the council and the contractor good time to consult on any potential 'measures' and to deal with any potential 'objections'.
- 7.2 Any changes recommended after the consultation period which affect staff, should be managed in accordance with the Council's HR procedures.
- 7.3 Subsequent to the procurement process, the provider recommended for award has confirmed that it is its policy to pay the London Living Wage as a minimum and to ensure that any sub-contractors do likewise. The new contract will provide opportunities for local service users to improve their employability through enhanced volunteering opportunities and will provide other employment and training opportunities for local residents who are former service users.

Approved by: Michael Pichamuthu, Strategic HR Business Partner (on behalf of Heather Daley, Director of Human Resources)

## **8. EQUALITIES IMPACT**

- 8.1 A detailed / full Equality Analysis has been undertaken. The assessment shows that there is no potential for discrimination, harassment or victimisation and that the project already includes all appropriate actions to advance equality and foster good relations between groups.

- 8.2 The service specification includes a requirement for partnership working with mental health teams and the provision of dual diagnosis support. This will help to minimise barriers and improve engagement for those with dual diagnosis. There is also a requirement for services to identify and provide specific support to LGBT clients. This will help to attract people who are LGBT and need support for their substance misuse.
- 8.3 The Drug & Alcohol Action Team needs assessment identifies that there is under representation from women and BME groups in existing substance misuse service. Drug users from Black and Minority Ethnic communities are under-represented in treatment services. Of those in contact with treatment services, only 13% are from BME communities. In contrast, over three times that proportion (45%) of Croydon's population is from a BME community. Given Croydon's demographic profile, it is expected that the representation of Black and Minority Ethnic community in contact with treatment services would be higher. Additionally, there is under representation from women accessing services, with a disproportionate gender split of an average of 75% male and 25% female.
- 8.4 The new service model includes strategies to ensure services engage with protected groups, responding appropriately to individual needs. The proposed model gives alternative locations for treatment to be delivered. This will be particularly important for BME people, older people, 18 to 30 age group and those who are victims and perpetrators of domestic violence.

## **9. ENVIRONMENTAL IMPACT**

- 9.1 The provider will be required to have an Environmental Policy and Action Plan. Providers will be required to demonstrate through the provision of services that a contribution is made to improving Croydon's environment. Relevant actions include staff travel planning, encouraging people to recycle, and reducing the environmental impact of vehicles and buildings used for engagement, treatment and recovery services.

## **10. CRIME AND DISORDER REDUCTION IMPACT**

- 10.1 A key priority for the service is to reduce crime and disorder, providing engagement, treatment and recovery services for criminal justice clients affected by substance misuse. The service is tasked with significantly reducing attrition rates for criminal justice clients, through innovative solutions, flexible provision and the development of strong partnerships with key agencies as part of the Integrated Offender Management model. There will also be a strong relationship with the Youth Offending Service to ensure that provision best meets the needs of young people.
- 10.2 If poorly managed, there is a risk that service premises can disproportionately attract anti-social or criminal behaviour. The model for the new service includes a significant increase in satellite and mobile delivery and a requirement that premises used as delivery hubs are attractive, safe and appropriate. This will

ensure that service users can access treatment in the environment most suitable for them, whilst minimising the risk that the location of service premises impact on the recovery journey of individual service users.

## **11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION**

- 11.1 The procurement addresses the requirements for the redesigned drug and alcohol system and ensures the Council complies with EU procurement law. The tender recommended for award met all of the evaluation criteria and presented the most economically advantageous offer.
- 11.2 The provider recommended for award offers a strong community based proposition, with mobile provision and services delivered in a range of satellite locations across the borough. The provider will deliver an accessible service with a flexible outreach model to engage under represented and unwilling groups, as well as those not traditionally accessing substance misuse services. This is intended to increase penetration rates and reduce the frequency of high-cost and high-risk crisis presentations.

## **12. OPTIONS CONSIDERED AND REJECTED**

- 12.1 A total of six tender responses were received. One provider is recommended for award having submitted the most economically advantageous tender.

## **13. FREEDOM OF INFORMATION (FoI) / DATA PROTECTION CONSIDERATIONS**

- 13.1 The Council's Procurement Strategy and Tenders & Contracts Regulations are accessible under the Freedom of Information Act 2000 as part of the Council's Publication Scheme. Information requested under that Act about the specific procurement exercise and contract which are the subject of this report, held internally or supplied by external organisations, will be accessible subject to legal advice as to its commercial confidentiality, or other applicable exemption, and whether or not it is in the public interest to do so.
- 13.2 Subject to approval of the recommendation details of the successful bidder and contract award will be published as part of the Council's Contracts Register.

## **CONTACT OFFICER:**

<b>Name:</b>	Alan Hiscutt
<b>Post title:</b>	Head of Integrated Commissioning, Working Age adults & Contract Support Services



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**BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972**

*None*