

## SLOUGH BOROUGH COUNCIL

**REPORT TO:** Cabinet

**DATE:** 21<sup>st</sup> November 2022

**SUBJECT:** **Re – procurement of an Integrated Substance Misuse Recovery and Treatment services including Rough Sleepers Outreach Service**

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

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

**CONTACT OFFICER:** Jane Senior – Associate Director People Strategy and Commissioning  
Deborah Redknapp Senior Public Health Practitioner – Adults

**WARD(S):** ALL

**KEY DECISION:** YES

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

**DECISION SUBJECT TO CALL IN:** YES

### **APPENDICES :**

Appendix 1 **EXEMPT – Successful Bidder**

Appendix 2 **EXEMPT** Pricing Schedule

Appendix 3 – Performance Targets

Appendix 4 – Equalities Impact Assessments

### **Summary and Recommendations**

1.1 This report seeks approval to award contract(s) for the provision of:

(a) Integrated Adults and Young Peoples’ Substance Misuse Treatment and Recovery service including Shared Care; and

(b) the Rough Sleepers' Substance Misuse Community Outreach service

Service (a) will be for 5 years with an option to extend for 2 years, plus 2 years; and Service (b) will be for 1 year with an option to extend for 1 year

### **Recommendations:**

Cabinet is recommended to:

1. Agree to the award of contract(s) with supplier A for the delivery of two services:

Service 1: The Integrated Adults and Young Peoples' Substance Misuse Treatment Services which will be for a 9-year period (five-years plus two extension periods of two years, subject to satisfactory performance.) This service will operate from 1<sup>st</sup> April 2023 and will be funded through the Public Health Grant, the Supplementary Substance Misuse Treatment and Recovery Grant and the Rough Sleepers Initiative Grant. The total value of this service for the first five years is £ 6,394,360. Thereafter, any extensions will be dependent upon the overall value of the Public Health grant thus renegotiations may be necessary.

Service 2: The Rough Sleepers' Substance Misuse Outreach service for 2 years (1 year plus a 1 year extension, subject to continuation of grant funding and good performance). The new contract will commence 1<sup>st</sup> April 2023. This will be funded through the OHID Rough Sleepers Drug Treatment & Recovery grant (Office for Health Improvement and Disparities) at a total value of £619,034.

2. Delegate authority to the Executive Director for People (Adults) in consultation with the Lead Member for Public Health and Social Care to complete the final negotiations and enter into the contract(s) with Supplier A.

3. Approve the grant of a lease and any supplemental document(s) of Elliman Resource Unit 27 Pursers Court Slough SL2 5DL to Supplier A for a minimum term of 5 years commencing 1 April 2023 at nil rent. This is an exceptional arrangement and should not be utilised in the future.

4. Delegate authority to the Executive Director of Resources and Executive Director of Property and Housing to finalise terms and execute the lease and supplemental documentation of the above property to Supplier A.

### **Reason:**

To ensure continuity of care for Slough residents accessing drugs and alcohol provision so that a treatment and recovery service can continue to be offered.

To avoid disruption in clinical care whilst supplier A is bringing together a number of existing services under the referenced contract(s).

### **Commissioner Review**

*"The recommendations are supported."*

## Report

### Introductory paragraph

- 2.1 In July 2022, Cabinet approved the re-tendering of the Adults and Young People's Drugs and Alcohol Treatment and Recovery Service in two lots.
- Lot 1 (the main part of the service) which brings together a number of existing smaller drugs and alcohol contracts/services under one umbrella organisation giving us a lead provider and,
  - Lot 2, a new service funded through the Rough Sleeper Treatment and Recovery grant.
- 2.2 This report sets out the results of the tendering and evaluation process and recommends contract awards to a single lead provider as per our July 2022 Cabinet report and the approved procurement business case.
- 2.3 One lead provider will take on the processing and oversight of services which are currently procured via a number of contracts. This includes clinical oversight and monitoring which will be through a centralised system. This reduces the number of individual contracts from 27 to single lead provider contract(s). This will establish a platform to increase partnership efficiencies and provide value for money.
- 2.4 The role of a lead provider was indicated in the tender documents to all bidders.
- 2.5 The purpose of expanding and then remodelling substance misuse provision is to support the key priorities contained within the new ten-year drugs strategy, From Harm to Hope; a 10-year drugs plan to cut crime and save lives.

Priorities include:

- Increasing the number and quality of treatment places
  - Strengthening workforce skills
  - Decreasing drug and alcohol related deaths
  - Decreasing associated crimes such as burglary, robbery and theft
  - Increasing treatment places for rough sleepers and/or those at risk of rough sleeping
  - Increasing treatment places for every offender
  - More people recovering from addiction in sustained employment
  - More people recovering from addiction in stable and secure housing
- 2.6 The government has set aside £293M funding over the next three years for this purpose and SBC has been awarded an additional £700k per year for 2-3 years for this purpose, and this has been accounted for within the tender pricing structure. A condition of receiving the additional grants is that our investment in drugs and alcohol services remains at the 20/21 baseline as stipulated by The Office for Health Improvement and Disparities and the Department for Levelling Up, Housing and Communities.
- 2.7 The provision of drug and alcohol treatment and recovery services meets the following Council priorities and objectives:

## **Slough Health and Wellbeing Strategy**

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

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

## **Slough Corporate Plan 2022-25**

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

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

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

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

### **Options considered:**

**2.8** In the July 2022 Report to Cabinet, a number of procurement options were considered and presented. Option 4 was recommended and approved. The options were:

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

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

Option	Pros	Cons
	<p>management and a strong delivery plan)</p> <p>Contract is for longer than initial funding period.</p>	<p>outcomes for local residents.</p> <p>The additional funds will strengthen our local services, reduce harm and save lives but the plans need time to embed and create a new culture of service delivery. This can be achieved within a strong and lasting partnership approach</p> <p>The National Commissioning Quality Standard seeks to stabilise treatment provision and to engage in competitive tendering only when local improvement needs to be made</p>
<p>Option 4</p> <p>Approve</p> <ol style="list-style-type: none"> <li>1. The recommissioning of the substance misuse and treatment service under two lots to minimise the financial risk to the Council</li> <li>2. Direct award to the existing provider, Turning Point and Farnham Road for the in-year (2022/2023) additional funds</li> </ol> <p><b>Recommended Option</b></p>	<p>We install stability in the system that allows partnerships to develop and flourish thus delivering on the 10 year strategy. Consequently, this will benefit our residents who require help and support to reduce their risky behaviour.</p> <p>Supports the ambitions of the Crime and Drugs Strategy to strengthen existing arrangements for substance misuse provision.</p> <p>Allows for an efficient implementation to maximise the use of additional funds whilst supporting competitive procurement over the longer term.</p> <p>Supports long term funding of drugs and alcohol services from the ring-fenced Public Health grant.</p>	<p>Provides limited options to withdraw from the contract should performance not be satisfactory.</p> <p>There is uncertainty of long term ring-fenced public health grant. (see risk table at section 3.41 below)</p>

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

### 3.0 Background

- 3.1 Under the Health and Social Care Act (2012) local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.
- 3.2 Mandatory reporting on the non-prescribed “conditions of the Public Health grant” include:
- i. Treatment for drug misuse
  - ii. Treatment for alcohol misuse
  - iii. Preventing and reducing harm from drug misuse in adults
  - iv. Preventing and reducing harm from alcohol misuse in adults
  - v. Specialist drugs and alcohol misuse services for children and young people
- 3.3 In order to fulfil its duties the local authority must have accessible drug and alcohol treatment and recovery systems that include a full range of National Institute of Clinical Excellence (NICE) compliant drug and alcohol interventions to treat both alcohol and drug dependence and to reduce harm, based on local authority prevalence, need and current outcomes.
- 3.4 In addition, the local authority must have evidence-based prevention activities to reduce harm and improve resilience among young people and vulnerable groups such as homeless/hostel dwellers, offenders and those using new psychoactive substances.
- 3.5 The duty also requires local authorities to be compliant with National Drug Treatment Monitoring System (NDTMS) reporting.
- 3.6 Public Health England 2021/22 Drug Information Pack estimates that the number of opiate and/or crack cocaine users in Slough is 1284, and this ranks Slough with one of the highest levels of opiate and/or crack cocaine use amongst people aged 15-64 years in the Southeast.
- 3.7 Local data taken from the National Drug Treatment Monitoring System (NDTMS) shows an increase in the number of clients aged 50+ over the last 5 years; from

19% 2015/16 to 23% in 2019/20 across all substances. There is a pattern of an ageing substance misusing population with significant health and social care needs. 64% of adults seeking treatment are related to opiates, which remains the largest substance group.

- 3.8 Based on the Office for National Statistics ('ONS') mid-year population estimates, the proportion of people in Slough who are dependent on opiates and/or crack cocaine or alcohol who are not in the treatment system was 69.2% in 2016/17. This figure stands at 53.9% nationally, evidencing the need for continued investment in substance misuse treatment.  
(<https://publichealthmatters.blog.gov.uk/2016/07/25/tools-for-assessing-value-for-money-for-alcohol-and-drug-treatment/>)
- 3.9 The estimated unmet need rate for 2018/19 shows that 86.1% dependent drinkers were not in treatment in Slough, compared to 82.3% regionally and 82.4% nationally. The local estimate is 1,266 users, compared to 486,426 nationally (<https://www.ndtms.net/VFM>). Alcohol misuse is the biggest killer of working age adults in England.
- 3.10 The procurement for the existing Substance Misuse and Recovery Services was commissioned during 2016. The services went live 1<sup>st</sup> April 2017, for a period of 3 years plus two extension period of one year each. A further extension period of one year was approved at Cabinet in January 2022 under Regulation 72(1), The Public Contracts Regulations 2015 (PCR), to enable a full procurement to be completed by March 2023.
- 3.11 The services that make up the current substance misuse treatment services in Slough are:
- Adult and young peoples' substance misuse treatment and recovery
  - Clinical Prescribing Service
  - GP Shared Care
  - Pharmacy Needle Exchange
  - Pharmacy Supervised Consumption
  - Supply of needle exchange and hazardous waste
- 3.12 The new integrated substance misuse service will bring together all services into the contract(s) recommended for approval in this report through a 'lead provider' model. Supplier A is the 'lead provider' and will be responsible for the delivery of both Lot 1 and Lot 2 , either through subcontracting services or inhouse provision.

### **Stakeholder Engagement**

- 3.13 Market engagement: a virtual on-line market engagement event was carried out to assess the market conditions and readiness for a revised service specification during October 2021 and again in June 2022. Both times, a range of experienced main stream drug and alcohol service providers attended the events indicating a competitive and active market. Several different commissioning models were presented to inform the final specifications, with a preference for a Lead Provider model.
- 3.14 In addition, engagement with partners and service users was also undertaken . The partnership engagement included criminal justice, mental health, acute hospital

care, children's and adults social care and the voluntary sector. Feedback from partners identified the following areas of improvement:

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

3.15 Service User consultation: service user consultation took place in October 2021 and May 2022. Both times a paper-based survey and an on-line questionnaire were offered. Feedback from service users highlighted the following gaps and need for improvement in the following areas:

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

3.16 New service specifications have been developed and include all of the service improvement areas that were highlighted during engagement. These specifications were published with the procurement documents.

### **The Procurement Process**

3.17 A Procurement Officer from the Commercial Team was consulted on the procurement process and published the requisite notifications. The procurement was undertaken in accordance with the Public Contracts Regulations 2015.

3.18 Consultation from potential providers was sought via our market engagement events plus direct contact with mainstream drug and alcohol services. Notification of the tender was issued through the electronic shared tender portal Intend .

3.19 As part of the tender response, bidders were required to respond to a separate quality questionnaire for each of the 2 lots, as well as submitting separate pricing schedules (again one for each Lot), alongside their required declarations and other contractual documentation returns. Bidders were advised that the evaluation would be based on a 50/50 quality/price ratio for each of the 2 lots.

3.20 As part of the submission, 18 expressions of interest (EOI) were received however only 1 compliant bid was received by the bid due date. During the clarification phase 42 clarifications queries were raised by a number of the interested organisations.

3.21 By the deadline of 12 noon on the 27<sup>th</sup> September 2022, only one bid was submitted which has now been evaluated and the pricing matrix validated by Finance.

- 3.22 As a 'lessons learnt exercise' it is planned to contact the remaining non-bidding suppliers who had expressed an interest in this tender but decided not to submit a bid. Feedback will be useful to inform future tendering exercises.

### **Quality Evaluation**

- 3.23 Bidders were required to complete 10 questions for Lot 1 and 4 questions for Lot 2 in relation to the quality of the service. Bidders were informed within the guidance notes provided of the weightings applied to each question and how the overall tender would be evaluated and awarded.
- 3.24 The weighting that was applied was 50% quality and 50% price and no minimum quality criteria had been set.
- 3.25 An evaluation panel comprising two officers, one from Public Health and the other from the People Strategy and Commissioning team undertook independent scoring of the Quality Method statements.
- 3.26 The pricing schedules were validated by a finance officer. As there was only 1 submission, the maximum price score of 50 % was awarded to that supplier.
- 3.27 During the evaluation of the bids, one clarification question was raised by the Drug and Alcohol commissioner to ensure medication costs had been included. Assurance was given by the bidder and the costs were identified within the pricing schedules.

### **Evaluation Outcome**

- 3.28 The Quality Method Statement score was 38.6 /50 for Lot 1 and 42.5/50 for Lot 2.
- 3.29 The pricing is set out in Exempt Appendix 2.

### **Market Conditions**

- 3.30 Whilst there was significant interest from some of the mainstream service providers they failed to bid for the service. The organisations will be contacted to determine the reason for their lack of submission which will improve our understanding of the market.

### **Preparation for the Next Stage**

- 3.31 Further to approval of the recommendation to award the contract(s) commissioners will work with the successful bidder to deliver the implementation plan set out below.

Implementation Plan	Date
Pre-contract mobilisation and service improvement plan development with the provider.	Dec 22
Contract and subcontracting arrangements put in place	Jan 23 – Feb 23
Staffing Structures to meet the new requirements	Dec 22 – Feb 23
Marketing and communication plan (inc. YP consultation)	Dec 22 – Mar 23
Pharmacy Provision transferred from Slough Borough Council contracts to new lead provider	Mar 23
Needle Exchange transferred from existing to new subcontractor	Mar 23
Monitor mobilisation plan implementation.	Dec 22 – Mar 23
Contract Go-Live Dates	April 1 <sup>st</sup> 2023

### **Contract Monitoring**

- 3.32. Performance will be measured against high level performance objectives consisting of clearly defined targets by the Slough Substance Misuse Partnership, and Office for Health Improvement and Disparities. Information is contained at Appendix 3. Targets will be reviewed annually and benchmarked against regional and national comparators to reflect changes in trends, strategy and performance.
- 3.33 These Key Performance Indicators will evidence minimum standards around the Services' delivery and monitor the provision of an inclusive service with the full breadth of interventions available. Contract performance will be assessed via quarterly monitoring meetings. As the contract(s) progress, further monitoring requirements will be developed with the successful provider as changing needs will have to be addressed.
- 3.34 There will be clauses in the contract(s) covering breaches in performance and remedies available to the Council, including withholding payment. The contract(s) contain specific clauses relating to grant funding, including the ability of the Council to terminate part of the services, or the contract(s), on three months' notice, where the grant monies are either reduced, suspended or withheld from the Council.

Supplier A must also return any unspent funds to the Council if such an event arises.

### **Financial implications**

- 3.35 The pricing schedule received from the bidder is within budget. This equates to £6,394,360 for the first 5 years for lot 1 and £619,034 for 2 years for lot 2. The bidder has also described how they will adjust the workforce as the additional supplementary grants expire. Please see Exempt Appendix 1 for further detail.
- 3.36 Starting this year 2022/23, the Department of Health and Social Care has made it a condition of the Public Health Grant that a local authority must “have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners”
- 3.37 Part of the conditions set out for additional funding awarded through the national ten-year strategy is a commitment and assurance required from all local authorities to maintain its treatment funding in line with the 2020/2021 baseline. Local areas will be awarded additional funds to aid the implementation of the new national strategy, but these will be dependent upon maintaining local investment as mentioned above. Slough Borough Council faces the additional conditions in light of the Section 114 notice and must give:
- Assurance that any additional grants awarded to the local authority is ring fenced and is in line with agreed expenditure to achieve the ambitions of the ten-year strategy
- 3.38 The funding of the substance misuse treatment and recovery service will be funded from a number of different grant sources. As such each grant source will have a different duration this has been clearly communicated during the re-procurement process.

### Legal implications

- 3.39 Under the Health and Social Care Act (2012) local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.
- 3.40 The contract(s) will enable the Council to comply with its duties under s12 Health and Social Care Act 2012, which provides that each local authority must take such steps as it considers appropriate for improving the health of the people in its area. The draft terms and conditions of contract were published with the procurement documents and HB Public Law shall support by finalising the contract(s) with Supplier A, in line with the PCR and the Council’s Contract Procedure Rules.
- 3.41 Paragraph 8.2 of the Contract Procedure Rules states that where a competition has been undertaken and only a single bid has been received, the award of a Contract subject to an appropriate review being undertaken and an audit trail being available for inspection, can be approved by the Executive Officer and or Cabinet.

3.42 Pursuant to section 123 of the Local Government Act 1972 (“Section 123 LGA 1972”), the Council has the power to dispose of land in any manner it wishes, subject to certain provisions. The Council has a statutory duty to obtain the best price reasonably obtainable, subject to certain exemptions. Section 123(2) permits a disposal at less than the best price reasonably obtainable with the consent of the Secretary of State. When considering the duty under section 123 LGA 1972, what is reasonable in any particular case depends entirely on the facts of the transaction.

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

3.44 The proposed lease of Elliman Resource Unit 27 Pursers Court Slough SL2 5DL will be for a term of a minimum of 5 years at nil rent. The priorities noted within Slough’s Health and Wellbeing Strategy clearly identify this proposal will contribute to a promotion and improvement of the wellbeing of residents within the area, so the General Disposal Consent of 2003 should apply on this occasion.

Risk management implications

3.45 The recommended option decision will ensure continuity of care of our residents in a new and strengthened service offer that meets the requirement of the new drug strategy.

<b>Risk</b>	<b>Assessment of Risk</b>	<b>Mitigation</b>	<b>Residual Risk</b>
Mobilisation will not take place on time	Low	This risk is low for the reasons set out in exempt appendix 1	Remains low
Existing partnership could be lost if a new provider wins the tender	Medium	The mobilisation plan will include engagement with all existing partners and this will be facilitated by both the existing providers and local authority officers	Low
Financial risk to the Council should the funding from Public Health be reduced or withdrawn	Medium	The contract(s) contain clauses to protect the Council if such an event arises.	Low

Poor performance outcomes	Medium	There will be clauses in the contract terms and conditions covering breaches and under-performance.	Low
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### Environmental implications

3.46 During the procurement process, providers were requested to submit a copy of their environmental impact assessment and impact management measures.

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

### Equality implications

3.47 Please see the Equalities Impact Assessment at Appendix 4.

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

## Procurement implications

3.49 The following sets out the procurement timetable for integrated substance misuse treatment and recovery services.

<b>Procurement Stage</b>	<b>Estimated Timetable</b>
Notification of contract award decision	02/12/2022
"Standstill" period (must be 10 days )	03/12/2022 – 13/12/2022
Confirm contract award	14/12/2022
Start of mobilisation period	15/12/2022
Target service commencement date	01/04/2023

## Workforce implications

3.50 Officers do not believe that there will be staff TUPE implications but if TUPE applies, it will apply as a matter of law. The existing workforce will be re-structured to meet the needs of the new service during the implementation phase of mobilisation.

## Property implications

3.51 The Council currently host the existing provider Turning Point at 27 Pursers Court, Slough, SL2 7DL (Elliman Centre), this arrangement has been in place since 1<sup>st</sup> April 2017, at NIL rent. The property has never generated income and prior to Turning Point taking occupation was used by Adult Social Services for day opportunities. The current provider does not pay energy or maintenance costs, which are paid for by the Council, but they are the registered NNDR payer subject to any eligible reliefs.

3.52 In May 2022, building work took place to update 27 Pursers Court with a new kitchen and washroom facilities. Further work has been completed to secure the building and ensure compliance with fire safety and with CQC regulations for the provision of substance misuse treatment, the intention being to continue to use the premises for this purpose

3.53 In July 2022, Cabinet approved the granting of a lease and any supplemental document(s) of Elliman Resource Unit 27 Court Slough SL2 5DL to the new provider for a minimum term of 5 years commencing 1 April 2023. This was to be at nil rent, with the borrowing costs, energy and maintenance costs being met through alternative income sources via Adult Social Care for as long as the building is used for the agreed purpose. The circumstances and rationale for this arrangement along with actual and estimated costs were set out at section 3.8 and at exempt appendix 2 of the July 2022 Cabinet report. It should be noted that this arrangement should be considered an exceptional arrangement and should not be utilised in the future.

3.54 Officers from the People Strategy and Commissioning and Place and Community Teams have met to confirm approval given in the July 2022 Cabinet report and to also agree that the provider will work with the local authority to limit utility costs. It was agreed during the clarification stage of the procurement that utility costs will be monitored as part of the quarterly performance monitoring reports of the substance misuse service.

**Appendices 1 and 2 contain exempt information and are in Part II of the agenda**

## Appendix Three

### Overview of targets

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

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

##### 1) Increasing numbers in treatment

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

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

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

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

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

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

Nearest 0..25 FTE	Baseline 2021-22	2022-23
Drug and Alcohol Workers	11	14
Dual Diagnosis Recovery Worker	0	1

Mental Health Outreach Liaison Worker	0.6	1.6
Criminal Justice Outreach Workers	2	2
Senior Practitioners / Team Leads	4	5
Rough Sleeper Outreach Workers	0	4
Nurses	1	1
Commissioning Support	0	2
Total	18.6	30.6

## 5) Quality Indicators

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

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

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

- 1) 120 persons at risk of homelessness to be in receipt of an unstructured treatment and harm reduction including a combination of: needle exchange, BBV testing, Naloxone Harm Reduction & brief interventions.
- 2) Caseload of 80 rough sleepers/persons at risk of homelessness to be engaged in structured treatment

- 3) Targeted outreach engagement with those experiencing Rough Sleeping expects access to treatment
- 4) Sustained treatment post six months from engagement
- 5) Increase in successful treatment
- 6) Increased access to residential rehabilitation
- 7) Increased access to Mental Health and general health care services
- 8) Improvement in reported physical and mental wellbeing from participating service users.
- 9) Reduction in long-term and repeated rough sleeping numbers
- 10) Decrease in evictions/abandonments from commissioned services and independent living due to behaviours and rent arrears
- 11) Increase in supported accommodation throughput into more independent living

**Appendix 4 - Equalities Impact Assessment**

# Equality Impact Assessment

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

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

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

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

Characteristic	Positive , Negative, Neutral or Unknown Impact	Rationale for Assessment
Age	Positive	The service will be available to all young people and adults who are concerned about their own or someone else's drug or alcohol use.
Disability	Positive	The Substance misuse service is available to all residents including those with a disability. For any residents whose disability prevent them from accessing the universal offer, home visits can be arranged and/or at a place that suits the individual. The service is tailored to meet the needs of an individual thus 121 support is available when needed.

<b>Gender Reassignment:</b>	Positive	There is a greater emphasise within the revised service specification to ensure that the LGBT community are more appropriately provided for. It is estimated that around 21% of those transitioning their gender are using substances thus the service will develop partnerships with the primary provider and offer 121 support if this is needed.
<b>Marriage and Civil Partnership:</b>	Positive/ Neutral	The revised service is explicit on refreshing the awareness of diversity and the different models of relationships that exist between individuals and or their families. This is echoed when the service works with partners such as schools and is invited to meet and talk in schools about the harms and disadvantages of drugs and alcohol use.
<b>Pregnancy and maternity:</b>	Positive/ Neutral	The Substance misuse service is by design inclusive and supportive of pregnancy and maternity and specifically supportive of the health needs and supports of the mother and the child. The service works particularly closely with children's social care to support parents with substance misuse issues who themselves are living with and/or have children.
<b>Race:</b>	Positive	The Substance misuse service is by design inclusive and supportive of different ethnicities and cultural groups by taking into account the taboos associated with substance misuse in some communities. Explicit focus in local delivery on meeting the needs of CYP and adults from ethnic minorities' communities (including but not limited to Black, Asian, Eastern European and Gypsy Roma and other Traveller communities) is a core element of the offer. In addition, substance misuse services are recognised as a primary service thus they are open to those within the borough who have no recourse to public funds
<b>Religion and Belief:</b>	Positive	The substance misuse service is by design inclusive and supportive of different cultural groups and offers a culturally sensitive model of health care and support in an inclusive and culturally sensitive matter. In particular the service will work with a range of local belief groups to help shape the service offer so that it meets the needs of the local communities.
<b>Sexual orientation:</b>	Positive	The Substance misuse service is by design inclusive and supportive of different sexualities within the community. As mentioned the service will have a particular focus on the LGBT community and training of staff to appropriately support service users.
<b>Other: Mental Health, Criminal justice</b>	Positive	The service will be positive for two different additional groups:  <b>Mental Health:</b> Adults and young people with co-occurring mental health needs will have additional support that will be better catered for when the service works partnership with the community mental health teams. This will be facilitated with a dual diagnosis worker based within the substance misuse service.  <b>Criminal Justice:</b> The service will work in close partnership with the criminal justice services to ensure both adults and young people can transition smoothly between the services in a seamless way thus ensuring continuity of care. In additional the service will work with Thames valley Police when divisionary actions are appropriate

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

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

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

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

**Action  
Plan and**

***Timetable for Implementation***

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

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

**Name:**  
**Signed:** .....Deborah Redknapp.....(Person completing the EIA)

**Name:**  
**Signed:** Vanita Dutta...( Policy Lead if not same as above)

**Date:**01.05.2022