



Mayor and Cabinet

Substance Misuse (Core Contract) – Permission to Procure

Date: 9 June 2021

Key decision: Yes.

Class: Part 1

Ward(s) affected: All

Contributors: Executive Director of Corporate Resources and Substance Misuse Commissioning Team

Timeline and Engagement

9 June 2021 – Mayor & Cabinet approval to procure suitable provider to deliver substance misuse services (based on lower budget)

10 June 2021 – Director of Corporate Resources approval to procure substance misuse services

3 November 2021 – Award of Contract

Outline and recommendations

The Mayor and Cabinet are recommended to agree to officers undertaking an open tender exercise to procure the following service:

Core Contract (Adults Substance Misuse Service) for a period of three years from April 2022 with an option to extend for a further one + one years

The existing 2021-22 contract value is £2,227,608. This contract is fully funded through the 2021/22 grant from Public Health England, the Mayor's Office for Police and Crime and the Ministry for Housing Communities and Local Government (MHCLG)

It is recommended that The Mayor and Cabinet are recommended to agree to officers undertaking an open tender exercise to procure the following service - Core Contract (Adults Substance Misuse Service) for a period of three years from April 2022 with an option to extend for a further one + one years.

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1. Summary

- 1.1 The London Borough of Lewisham commissions a range of services to create a system to meet the treatment needs of those with drug and alcohol problems.
- 1.2 The treatment system provides medical treatment and rehabilitation programmes as well as intensive support services that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment, training or volunteering. The system also delivers support through arrangements known as 'shared care' with GPs in the borough and work with community pharmacies on harm minimisation projects.
- 1.3 The system consists of four main contracted services:
 - Core contract
 - Community based / shared care service for people with drug and alcohol problems
 - Drug and alcohol treatment service for young people under 25
 - Detox and rehabilitation services
- 1.4 The treatment system was reconfigured in 2015 and 2017, although the core contract remains in place since 2010.
- 1.5 The current core contract is due to expire on 31 March 2021 and therefore officers have undertaken a full review of the current system to develop proposals to better meet need while delivering considerable savings to the Council's overall budget.
- 1.6 This report summarises the work undertaken and makes recommendations regarding the procurement approach which consists of an open tender exercise leading to the award of a three-year contract with two one-year extension options
- 1.7 This approach is recommended in order to deliver best value and to provide stability within the treatment system. The nature of the contract will allow flexibility to respond to a changing policy landscape and leave scope for further changes and savings if required.

2. Recommendations

- 2.1 It is recommended that The Mayor and Cabinet are recommended to agree to officers undertaking an open tender exercise to procure the following service:
 - Core Contract (Adults Substance Misuse Service) for a period of three years from April 2022 with an option to extend for a further one + one years

3. Policy Context

- 3.1 The proposed procurement of this contract meets the corporate strategy 2018-22 as follows:
 - Priority 3, Giving children and young people the best start in life; the renewal of the contract will provide treatment and support to families where substance misuse has been identified as a concern regarding child protection and safe guarding.
 - Priority 5, Delivering and defending: health care and support; the services within

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the contract will provide physical and mental health assessments on all service users and where appropriate refer to primary and secondary NHS services. There will be a strong emphasis on education, training and leisure activities to support the service users' self-improvement and assist with re-integration into the community.

- Priority 7, Building safer communities: safety, security and a visible presence; the renewal of this contract will support the work within the partnership to combat anti-social behaviour that is linked to alcohol and drug misuse.
- 3.2 London Borough of Lewisham has a statutory responsibility under the Crime and Disorder Act 1998 to work with partners to reduce crime, disorder and substance misuse.
- 3.3 The National Drug Strategy 2017 puts a key focus on recovery. Whilst recognising that recovering from dependent substance misuse is an individual person-centred journey, there are high aspirations for increasing recovery outcomes. Drug and alcohol recovery systems are increasingly being geared towards the achievement of the following outcomes:
- Freedom from dependence on drugs or alcohol
 - Prevention of drug related deaths and blood borne viruses
 - A reduction in crime and re-offending
 - Sustained employment
 - The ability to access and sustain suitable accommodation
 - Improvement in mental and physical health and wellbeing
 - Improved relationships with family members, partners and friends
 - The capacity to be an effective and caring parent
- 3.4 The National Alcohol Strategy also sets a range of outcomes underpinned by the understanding the need to:
- Ensure everyone is aware of the risks of excessive alcohol consumption and can make informed choices about responsible drinking
 - Recognise that some people will need support to change their behaviour and ensuring that this is available, particularly for the most vulnerable in our community.
- 3.5 The Strategy has identified reducing Alcohol Harm as one of nine priority areas for action over the next ten years highlighting identification of harm, reduction of hospital admissions and increased numbers of adults and young people accessing and completing services as areas where more work is required.
- 3.6 A strong evidence base exists for the range of interventions that are effective in substance misuse. Detailed statistical analysis estimates that, nationally, every pound invested in drug treatment saves two pounds fifty in costs to society. When modelled specifically for Lewisham this increases to saving of £3.73 for every £1 spent with the accrued benefits over time being even higher than this.
- 3.7 The Core Contract also meets the Council's responsibilities to the Mayor's Office for Policing and Crime (MOPAC) which delivers the Mayor's role as the Police and Crime Commissioner for London. MOPAC are committed to delivering their Police and Crime Plan and have provided funding to local authorities to deliver specific local delivery projects of which the IOM service is one. The Council have committed to delivering this service, or similar, until the end of March 2021 with the expectation that funding will continue beyond this point.

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4. Background

- 4.1 The Prevention, Inclusion & Public Health Commissioning Team commissions a range of services to meet the needs of those with a drug and/or alcohol problem and to reduce harm to society as a whole.
- 4.2 The majority of the treatment services provided in Lewisham are funded through the Public Health (PH) grant which contributes £3,412,000 to the overall treatment budget of £3,783,000 for 2020/21.
- 4.3 The remaining funding of £371,000 comes from the Mayor's Office for Police and Crime (MOPAC) –London Crime Prevention Fund and funds specific elements of the Change, Grow, Live (CGL) contract
- 4.4 As 2.3 above the CGL contract also meets the Council's responsibilities to the Mayor's Office for Policing and Crime (MOPAC) which delivers the Mayor's role as the Police and Crime Commissioner for London. MOPAC are committed to delivering their Police and Crime Plan and have provided funding to local authorities to deliver specific local delivery projects of which the Integrated Offender Management service is one. The Council have committed to delivering this service, or similar, until the end of March 2021 with the expectation that funding would continue beyond this point.
- 4.5 London Borough of Lewisham has a statutory responsibility under the Crime and Disorder Act 1998 to work with partners to reduce crime, disorder and substance misuse.
- 4.6 The Prevention, Inclusion and Public Health team works to align services with the ambition of Public Health England (PHE) to reduce health inequalities and the Government's Drug and Alcohol Strategies to increase the number of individuals recovering from addiction. The team works to reduce drug and alcohol related offending as it is well demonstrated that cessation of drug use reduces re-offending significantly. This in turn will have benefits to a range of wider services and will help reduce harm in local communities.

5. Current Treatment System

- 5.1 The current approach to treatment was reconfigured in April 2017 in order to better meet the needs of the following groups:
 - Alcohol users
 - Young people under the age of 25
 - People who wish to access services in primary care settings
 - People who come into contact with the criminal justice service
 - Minority groups who do not wish to access a mainstream integrated drug services
- 5.2 This redesign included the re-commissioning of the Core Adults contract alongside the Integrated Offender Management (IOM) service and the open tendering of the following services:
 - Drug and alcohol treatment service for young people under 25
 - Community based/shared care service for people with drug and alcohol problems
 - Detox & rehabilitation
- 5.3 The system therefore consists of four main commissioned substance misuse services and a range of associated activity delivered via the Prevention, Inclusion and Public Health team, GPs, Pharmacists and the providers of detoxification and rehabilitation services.

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Core Adults/IOM - 'Change, Grow, Live'

- 5.4 The system has at its heart a large core service which delivers interventions for adults aged 18 years and over with complex needs including poly-drug use and dual diagnosis (with Mental Health conditions). It provides support, treatment and rehabilitation programmes that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training. The service provides prescriptions for opioid substitute medications such as Methadone as well as managing the interface with health services including hospitals and pharmacies.
- 5.5 The provider of this service is 'Change, Grow, Live' (CGL), formerly known as CRI, who also delivers the Integrated Offender Management (IOM) service providing the interface with the Criminal Justice System. This merger has been in place since 1st April 2017 with the IOM service funded via MOPAC.
- 5.6 CGL has held the contract since 2010 (although the service was remodelled in 2017 as outlined above) and, as such, there is requirement that this contract is re-tendered for April 2022.

Primary Care Recovery Service (Humankind)

- 5.7 The Primary Care Recovery Service (PCRS) is delivered by Humankind Charity and provides a recovery-orientated model offering support, advice and treatment options for people living in Lewisham whose drug and/or alcohol use is stable enough for them to receive services via primary care. The service is delivered in partnership with GPs and pharmacists and includes opioid substitute therapy, nurse led community detoxification and a range of other psycho-social recovery interventions.
- 5.8 Humankind has held the contract since April 2020 and are currently in year two of a three-year contract.

The "HUB" Young Persons service (Compass)

- 5.9 The "HUB" Young People's service provided by Compass is open to any Lewisham resident between 11-25 who require support regarding their substance use, sexual health and emotional well-being. The service has a base in Catford Shopping Centre but delivers services in a range of locations across the borough. Young people can refer themselves to the service or can be referred by a family member or professional and staff will meet with the Young Person at a location that is convenient to them.
- 5.10 Compass has held the contract since April 2017 and are currently in year four of a four-year contract. Officers are currently reviewing the service with the intention to re-configure for 2022.

Residential Detox and Rehabilitation

- 5.11 Residential detoxification and rehabilitation are delivered via core contracts with three providers while rehabilitation provision is procured on a need led basis via a framework agreement which was recently refreshed in 2020.

6. Joint Strategic Needs Assessment

- 6.1 In order to ensure that the reconfigured treatment system continues to effectively meet the needs of Lewisham's population the Prevention, Inclusion and Public Health team has updated Lewisham's Joint Strategic Needs Assessment on drug and alcohol. This needs assessment provides an overall picture about alcohol and drug related harm in Lewisham and suggests how it can be addressed. It allows Lewisham to demonstrate

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the effectiveness of the existing treatment system and highlights any gaps in treatment delivery, which prevent an individual from moving through and out of treatment and on to live a substance free life in the community.

- 6.2 The needs assessment was conducted between October 2020 and April 2021, by the Prevention, Inclusion and Public Health team and Public Health, drawing on a variety of data sources. Officers continue to collect data on protected characteristics.
- 6.3 The full JSNA is attached in background papers - but there are a number of key points that officers feel to be particularly pertinent when looking to re-commission the core contract.
- 6.4 The JSNA has identified underrepresented groups within the treatment system. As part of the development of the specification, Officers are currently consulting with local community organizations and existing service users from minority ethnic communities about their needs and experiences which will inform the new service for 2022. The new service provider will also be expected to proactively reach out to the target community ensuring that women's groups and youth groups, as well as religious leaders and faith-based organisations are informed of the substance misuse support available locally and are able to direct those experiencing drug or alcohol problems to relevant services.
- 6.5 Low numbers of referrals from the Criminal Justice System despite some improvements:
- The number of referrals via criminal justice has shifted dramatically – constituting nearly a quarter of referrals (24%) in 2009/10 to 11% in 2019/20.
 - Referrals via the criminal justice system locally are 14% on average compared to nationally 17% and are lower than would be expected. Lewisham figures have been averaged compared to a single national year snapshot (2019-20).
- 6.6 Lewisham has high and increasing levels of alcohol need, which is identified by the following:
- Lewisham has high and increasing levels of alcohol need, which is identified by the following:
 - Over 11,000 drinkers are considered to be at high risk, and over 31,000 drinkers are at increasing risk, of harm.
 - Lewisham has a fluctuating alcohol treatment population which has proven to be more consistent than for drug users: 325 alcohol-only clients in 2009/10 to 250 in 2018/19; although rates of severe dependency are higher in Lewisham than compared to the national average
 - Hospital admission episodes for alcohol-related conditions, Lewisham has a higher rate per 100,000 (2,561) compared to London (2,500) and nationally (2,367).
 - Admission episodes for alcohol-specific conditions for people aged under 18s was higher between 2016-17 and 2018-19 in Lewisham (22 per 100,000) compared to the rest of London (16.5 per 100,000).
 - Alcohol-related mortality rates for 2018 and for 2016-2018 also show higher rates for Lewisham residents compared to London and national figures.
 - Lewisham clients were slightly less likely to stay in treatment with a reported average of 156 days compared to 180 nationally.
- 6.7 A large proportion of opiate clients in Lewisham have been using the substance longer than 6 years, which averages approximately 48% - 372/780 compared with an average of 31% amongst our most similar authorities. This is in part due to the aging cohort of older drugs users, particularly opiate/opioid users that have multiple additional risk

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factors resulting from their deteriorating physical and mental health including difficulty in navigating complex health and social care systems and experience of stigma.

Lack of access by “People from Ethnic Minority” Groups

- 6.8 Individuals recorded as white British made up the largest ethnic group in treatment and all minority ethnic groups are under-represented in the treatment population – both drug and alcohol treatment.
- 6.9 Members of ‘White’ ethnicities are over-represented (78.3% of those in treatment compared to 51.7% of those in the population) while members of all minority ethnic groups are under-represented.
- 6.10 Asian communities appear to be particularly under-represented (1.4% of those in treatment compared to 7.9% of the population).
- 6.11 The Black communities are particularly under-represented (10.7% of treatment population versus 26% of the total population).
- 6.12 There is a need to work with sexual health service providers to understand the impact legal highs and or club drugs have on sexual health and Men who have Sex with Men (MSM) and LGBTQ residents, as they are more likely to use recreation drugs and participate in poly-drug use, and not access mainstream treatment provision.
- 6.13 As well as the specific needs identified above Public Health England has identified key points of effective commissioning of specialist treatment to achieves positive outcomes for individuals, families and communities including:
- Partnership working between local authority-led public health, the NHS (clinical commissioning groups and NHS England local area teams), mental health services, Jobcentre Plus, Work Programme providers, adult social care, children’s services and criminal justice agencies
 - Drug misuse and dependence are prevented through early identification and interventions
 - There is prompt access to effective treatment
 - Operating transparently according to assessed need
 - Bringing providers and mutual aid together
 - Service user and local communities’ involvement, including through Health watch
 - Access to suitable accommodation
 - Support into work
 - Integrated recovery support around training, education, voluntary work and general improvement of skills and work experience

7. Alcohol

- 7.1 Evidence points to a multi-faceted and integrated response aimed at individual drinkers, at risk groups and whole populations and best practice includes the following:
- Effective population level approaches are in place which will reduce the aggregate level of alcohol consumed and therefore lower the whole population’s risk of alcohol related harm.
 - Large scale delivery of identification and brief advice (IBA) to those at the most risk of alcohol related ill-health.
 - Early interventions aimed at individuals in at risk groups can make people aware of the harm they may be doing and prevent extensive damage to health and well-being.

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- Specialist alcohol care services for people in hospital.
- Prompt access to effective alcohol treatment. There are packages of psychosocial support, pharmaco-therapeutic and recovery interventions that are accessed by target populations and deliver sustained recovery from alcohol dependency.

8. Performance

8.1 The data below is based on Q3 20/21 as Q4 20/21 and Q1 21/22 is not available until later in the financial year. Within there were 1200 (775 drugs and 450 alcohol) Lewisham residents in structured substance misuse treatment. It also worth noting that performance has suffered due to Covid-19 and there has been an 18% reduction across London.

8.2 The PHOF indicator (Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months) shows that Lewisham has seen a decline in in all cohorts accessing treatment. Opiate successful completion decreases from 8.3% to 6.2%, non-opiate completions from 45.5% to 38.4 and alcohol successful completions down from 45.1% to 43.8%. Where performance has seen a decrease, Lewisham remains just below/similar to the national average and still within the top quartile.

8.3 Successful Completions as a proportion of all in treatment shows that, performance across all cohorts remains positive despite the reduced number of individuals successfully completing treatment:

a) Opiate completions have decreased from the baseline of 8.2% to 6.1%, a decrease of 2.1%. Lewisham are still within the top quartile nationally as those accessing treatment have successfully completed within Q3.

b) Non-Opiates have also decreased from the baseline of 56.7% to 44.8%. A reduction of 11.9%, again Lewisham still remain within the top quartile.

c) Regarding alcohol, it shows a 3.7% decrease from baseline with 50.8% of individuals completing treatment successfully, compared to the baseline of 47.1% service users. Lewisham is in the top quartile for this cohort.

d) Alcohol and non-opiates have also decreased. 37.4% of individuals have completed successfully, compared from the baseline of 39.7%. Lewisham is still within the top quartile for this cohort.

8.4 This quarter has shown that, Lewisham has seen 4 out of 21 opiate using individuals returning to treatment after successfully completing, 7 out of 26 alcohol users returning to treatment and 5 out of 25 alcohol and non-opiate users returning to treatment. It should be noted that the non-opiate cohort had no individuals returning to treatment within 6 months of completing and returning to treatment.

8.5 It is pleasing to see abstinence rates for all adults in Lewisham within the expected outcome range at 6-month review. Those no longer injecting have increased to 46.7% from 39.4% this quarter compared with previous quarter. The proportion of opiate users in Lewisham working 10 days or more at treatment exit is similar to the national average at 27.8% against 24.0%. Housing outcomes remain below national average

8.6 The number of drug misusers in effective treatment is ahead of the national average.

8.7 Lewisham has a relatively low penetration rate for opiate and crack users compared to the national average, with an estimated 69.1% of those dependent on drugs in structured treatment, compared with a national average penetration rate of 53.7%.

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The estimated proportion of people within Lewisham dependent on alcohol is 86.4%, which is higher than the national average, which is 82.4%.

8.8 Lewisham has 250 accessing treatment for alcohol only and a further 175 reporting alcohol and other substances.

8.9 HBV completions and HCV testing in Lewisham are ahead of the national average.

9. Service Users' Views

9.1 Officers have sought the views of current service users via both the main service meetings and a range of smaller focus groups.

9.2 The service users provided a range of feedback that will be addressed through day-to-day performance management, but there were a number of recurring themes that it is important to consider in any re-procurement and investment decisions:

- It is important to provide tailored and targeted services for women and those with children.
- Specific work is required with the LGTBQ+ community' as they don't identify with the drug using population.
- Links with Mental Health services need to be improved.
- Successful completions should not be the only measure of success for treatment services and consideration should be given to the recovery outcomes achieved by those who continue to rely on scripted medication.
- Links to housing services need to be improved.
- Greater coordination of mutual aid/peer to peer support is required.

10. Commissioning Intentions

10.1 In light of findings from the JSNA, current performance data and service user views officers are recommending the re-commissioning of the core contract. The core service forms an integral part of LBL's treatment services and offer economies of scale as well as significant resource to provide crucial clinical governance infrastructure required for high-risk treatment work and links to the broader health service.

10.2 It is recommended that the Core Contract will be subject to a competitive tender with the new contract to be in place from 1 April 2022. This will be undertaken as a one stage procurement process based on the timetable outlined in the table below.

Drug and Alcohol Procurement Timeline	
Activity	Date
Approval at Mayor & Cabinet	09/06/2021
Market warming	w/b 14/06/2021
Final tender docs to legal & procurement	21/06/2021
Legal and procurement approval	28/06/2021

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Issue tender documentation	30/06/2021
Tender submission deadline	10/09/2021
Tender evaluation	w/b 20/09/2021
Evaluation interviews	w/b 08/11/2016
Award report submission	11/10/2021
Award Mayor & Cabinet	04/11/2021
Potential Overview and Scrutiny	18/11/2021
TUPE and mobilisation	January, February and March for 01/04/2022 start

10.3 Given the specialist nature of the services to be procured and the fact that savings have been identified as part of the wider remodelling exercise it is recommended that tenders be evaluated on a 50/50 quality/price ratio.

10.4 The following criteria and weightings will be used in the procurement exercise

Service Delivery and Mobilisation	50%
MS1 Service Delivery & Mobilisation	10%
MS2 Managing Complexities & Safeguarding	5%
MS3 Mental Health & Dual Diagnosis	10%
MS4 Managing the Alcohol Interface	5%
MS5 Equality, Diversity & Access	10%
MS6 Health and Safety	Pass/Fail
MS7 Social Value	10%
MS8 Environment and Sustainability	Pass/Fail

10.5 The evaluation panel will comprise of officers from the Prevention, Inclusion and Public Health team, a GP with specialist interest, and a representatives from Lewisham's Service User Involvement Team.

11. Financial implications

11.1 This report describes arrangements for the re-commissioning of the core drug and alcohol treatment services.

11.2 The report proposes that the current (core contract) drug and alcohol treatment service and integrated offender management, which both expire on 31/03/2022, are re-procured for a period of three years.

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- 11.3 The existing 2021-22 contract value is £2,227,608. This contract is fully funded through the 2021/22 grant from Public Health Grant, MOPAC and the Ministry for Housing Communities and Local Government (MHCLG)
- 11.4 There are however financial risks regarding the proposed recommendation to extend contract from 21-22 onwards. Whilst this has been the case for some time, funding beyond current year is uncertain. There is no confirmation of MOPAC, MHCLG and PH grant beyond the current financial year, and should income from these grants be reduced contracts would need to be adjusted to reflect that.

12. Legal implications

- 12.1 The value of the individual contract across its term exceeds £500,000, which means that this is a Category A contract for the purposes of the Council's Contract Procedure Rules. The Contract falls under the Light Touch Regime under the Public Contract Regulations 2015 ("PCR 2015") being a Schedule 3 service: (health, social and related services or supply services of domestic help and nursing personnel).
- 12.2 The Contract would fall under the Light Touch Regime under the Public Contract Regulations 2015 ("PCR 2015") being a Schedule 3 service: (health, social and related services or supply services of domestic help and nursing personnel).
- 12.3 It is mandatory for Schedule 3 contracts over £589,148 to be advertised on FTS and also advertised within 24 hours of FTS advertising on Contracts Finder, with an advertisement complying with requirements set out in PCR 2015. Award notices must also be published on FTS and Contracts Finder in the prescribed form.
- 12.4 Procedures for tendering are to be determined by contracting authorities in accordance with regulation 76 PCR 2015. These require procedures to be transparent and ensure equal treatment of suppliers. Time limits must also be reasonable and proportionate.
- 12.5 This decision is a Key Decision under Article 16.2 (b) and Article 16.2 (c) (xxiii) of the Constitution as it will have an impact on more than one ward and it has a value of more than £200,000. It is therefore required to be contained in the current Key Decision Plan.
- 12.6 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.
 - The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality.
 - It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.
- 12.7 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010

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Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>

- 12.8 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
1. The essential guide to the public sector equality duty
 2. Meeting the equality duty in policy and decision-making
 3. Engagement and the equality duty
 4. Equality objectives and the equality duty
 5. Equality information and the equality duty
- 12.9 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

13. Equalities implications

- 13.1 The drug and alcohol contracts provide services for adults who are requiring drug and alcohol treatment both in the community and in residential settings. Each service is required to abide by equality legislation. The service specifications for the new services will incorporate the findings of the Joint strategic needs assessment and will focus on reducing barriers to treatment for all underrepresented groups in line with the Equality Act 2010, and have considered the potential impact on all of the nine protected characteristics.
- 13.2 The Council's Equalities objectives are addressed in the contract documentation and were part of the tender evaluation criteria.

14. Climate change and environmental implications

- 14.1 The Council's Environmental objectives are addressed in the contract documentation and are part of the tender evaluation criteria.
- 14.2 There are no environmental implications.

15. Crime and disorder implications

- 15.1 The Change, Grow, Live Contract relates to the provision of specialist drug and alcohol treatment to Lewisham residents, which is a critical component of Lewisham's substance misuse Adult Treatment Plan and therefore make an important contribution to the work of the Safer Lewisham Partnership and link in directly with the Safer,

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Stronger Communities outcome to 'minimise harm caused by illegal drugs. Access and engagement with drug treatment services, for example, is important in reducing

16. Health and wellbeing implications

- 16.1 The contract variation identified in this report, is required to ensure that continuity of care and support is in place for the service users accessing these services. If this contract is not commissioned, there is a risk of the Local Authority not fulfilling its statutory duties under the Care Act, and could lead to a significant increase in the number of patients with complex needs attending A&E, Primary and Secondary health services, the risk of neglect through lack of support and a reputational risk to the Council.

17. Background papers

- 17.1 Drug & Alcohol Service – CGL (Core Contract) Extension 2020/22

<https://lewishamcouncil.sharepoint.com/sites/CrimeDisorder/PreventionInclusionTeam/substancemisusecommissioning/Commissioning/MC%20Contract%20Extension%20CGL%202020.22.docx?d=w3cc11c8d77fd4ba49f31da47e09ba709>



Adult SMU JSNA
Lewisham 2021.pdf

18. Glossary



SMU GLOSSARY.pdf

19. Report author and contact

- 19.1 Danny Waites - Commissioning Manager (Addictions)
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- 19.3 **Comments for and on behalf of the Executive Director for Corporate Resources**
- 19.4 Yusuf Shaibu, Interim Group Finance Manager
- 19.5 **Comments for and on behalf of the Director of Law, Governance and HR**
- 19.6 Stephanie Fleck Stephanie.fleck@lewisham.gov.uk (Ref : JW)

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