



## Mayor and Cabinet

### **Business Case and Procurement Strategy for an integrated Substance Misuse and Sexual Health Service for Young People**

**Date:** 16 June 2021

**Key decision:** Yes

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Emily Newell, CYP Commissioner (Maternity and 0-19 Public Health Services)

### **Outline and recommendations**

This report sets out the business case and procurement strategy for a new integrated Substance Misuse and Sexual Health Service for young people in Lewisham. The procurement process will begin in August 2021 with an anticipated start date of 1<sup>st</sup> April 2022. The successful provider will be awarded a contract for three years with an option to extend for 1 + 1 years following this. The expected cost of the contract will be £452,000 per year, or £2,260,000 over the possible lifetime of the contract.

It is recommended that Mayor and Cabinet approve the commencement of the procurement of a new Young People's Substance Misuse and Sexual Health Service as outlined in this report.

### **Timeline of engagement and decision-making**

**9<sup>th</sup> December 2021:** Mayor and Cabinet agreement to extend contract to March 2022 to allow for the service review and procurement exercise to take place.

**March – April 2021:** Consultation survey with local professionals

**April – May 2021:** Focus groups with local young people

**May – June 2021:** Recommendations for future commissioning approved by Public Health SMT, Children and Young People's DMT, Community Services DMT, and Lewisham CCG SMT.

## 1. Summary

- 1.1. This report seeks approval from Mayor and Cabinet to proceed with the procurement of a new Young People's Substance Misuse and Sexual Health Service. The service will increase access to information, advice and support around substance misuse and sexual and reproductive health and relationships, and reduce the harm associated with drug and alcohol use and risky sexual behaviour.
- 1.2. The current Young People's Health and Wellbeing Service (YPHWS) has been in operation in the borough since 2017. As a new and innovative model for Lewisham bringing together support across the areas of substance misuse, sexual health and emotional wellbeing, the YPHWS has been on a continuous journey of developing, testing and implementing the best approaches to deliver the service. Though positive outcomes have been achieved, there have been a number of challenges in delivering the service, which were examined through the review process outlined below.
- 1.3. The report outlines the rationale behind the new commissioning model, which is based upon an extensive review of the current service undertaken in partnership with local young people and stakeholders. Based on the conclusions of this review, commissioners made a number of recommendations for how the future service model should differ from the current provision, as set out below. Options for potential service models were appraised and recommendations presented to Directorate Management Teams across the Council and CCG.
- 1.4. The overarching conclusion from the review was that it has proven challenging for the service to meet intended outcomes across all three disciplines as effectively as intended. The key recommendation is that the new model focus more strongly on improving outcomes in terms of substance misuse and sexual health, with support for emotional wellbeing proven to be provided more effectively through the range of existing and developing provision in this area.
- 1.5. The report sets out the proposed procurement strategy for this new contract, which is expected to begin in August 2021. This will be to procure a 3-year contract commencing from 1<sup>st</sup> April 2022. The contract will include an option to extend for 1 + 1 years following the initial term. The procurement will be carried out via a restricted (2 stage) process with one successful provider being awarded the contract. The standard 50:50 price:quality weighting for this procurement will be used. An Insourcing Options Appraisal has been completed on this service provision, with the commercial contracting option scoring highest.

## 2. Recommendations

- 2.1. It is recommended that Mayor and Cabinet approve the commencement of the procurement of a new Young People's Substance Misuse and Sexual Health Service as outlined in this report. The contract is expected to commence on the 1<sup>st</sup> April 2022 for a period of three years, with an option to extend for an additional 1 + 1 years. The maximum annual budget available is £452,000.

## 3. Policy Context

- 3.1. The provision of this service contributes towards the Council's Corporate Strategy (2018-22) priority to 'Give children and young people the best start in life', and in

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particular to the following commitments made in the strategy:

- 'All health and social care services are robust, responsive and working collectively to support communities and individuals'
- 'Children and young people and their families from our BAME communities have equal access to care and support'
- 'We will make our sexual health services easier to access, offering choice and quality throughout the borough'
- 'We will work with schools and other providers to encourage accessible relationship advice and support for our young people'
- 'We will develop a public health approach to youth violence and knife crime that looks at tackling the root causes. We will ensure all agencies – social services, schools, police and our NHS – work together while involving parents and local communities.'

- 3.2. This provision also supports the delivery of our Children and Young People's Plan (2019-22), and is one of the key services contributing to the Early Help and Prevention Strategy (2021).
- 3.3. 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.
- 3.4. 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.
- 3.5. The National Alcohol Strategy also sets a range of outcomes underpinned by an understanding of the need to; ensure everyone is aware of the risks of excessive alcohol consumption and can make informed choices about responsible drinking, and; 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. 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. The service outlined in this report 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 this service is one. The Council have committed to delivering this service, or similar, until the end of March 2022 with the expectation that funding will continue beyond this point.
- 3.7. Sexual Health is an important public health priority at both a national and local level. In 2013, Lewisham's Health and Wellbeing Board identified sexual health as one of the 9 priorities for Lewisham. Lewisham continues to experience high demand and need for sexual health services reflected through high rates of teenage pregnancy, abortion and sexually transmitted infections. Contraception and sexual health services for diagnosis

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and treatment of STIs are currently commissioned from Lewisham and Greenwich NHS Trust (LGT).

- 3.8. The provision of this service contributes towards the Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy (2019-24) and Lewisham's Local Sexual Health Action Plan. It will help to achieve the following visions of the strategy; 'People are empowered to make their sexual relationships healthy and fulfilling', 'People effectively manage their fertility and reproductive health, understand what impacts on it and have knowledge of and access to contraceptives', and 'The local burden of STIs is reduced, in particular among those who are disproportionately affected'.

## **4. Background**

- 4.1. Lewisham Council currently hold a contract with Compass UK for the provision of a Young People's Health and Wellbeing Service (YPHWS), which provides a range of support across the areas of substance misuse, sexual health and relationships and emotional wellbeing. A competitive tender process took place for this contract in 2016, however the successful provider went into administration soon after contract award and the contract was subsequently transferred to Compass UK in May 2017. The contract expires on 31<sup>st</sup> March 2022.
- 4.2. The YPHWS was designed to provide a universal and targeted offer that widens access to health and wellbeing support for young people, and contributes to a reduction in demand for specialist services. The aim is to lead to the following outcomes amongst young people:
- Improved sexual health and relationships
  - A decrease the level of substance misuse
  - Improved mental health and wellbeing
- 4.3. The service adopted a new model integrating these three areas of work, and was focused around the core principle that young people who engage in one type of harmful risky behaviour (substance misuse or sexual health) may be more likely to engage in others, and that there is likely to be an emotional wellbeing need underlying any risky behaviour.
- 4.4. The service is commissioned to provide universal health promotion and education, brief advice and interventions, and longer-term structured support, for the universal population and targeted at high needs groups.

## **5. Review of the current service model**

- 5.1. In January-May 2021, commissioners undertook an extensive review of the YPHWS in order to inform future delivery of these provisions. This review was multi-faceted and included:
- Review of service performance and data
  - Completion of a rapid needs assessment, plus a full Joint Strategic Needs Assessment for substance misuse
  - Consultation with young people, including six focus groups on the service in

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general and three focus groups specifically for substance misuse.

- Consultation with professionals. 67 professionals across 14 different professions responded to an online survey.
  - Review of service model and benchmarking with models in other boroughs
- 5.2. A number of conclusions were drawn through this review process which informed the recommendations for a new commissioning model, as set out below.
- 5.3. As an innovative service model for Lewisham bringing together these three complex areas of work (substance misuse, sexual health and mental health), the YPHWS has been on a continuous journey of developing, testing and implementing the best approaches to deliver the service.
- 5.4. The overall conclusion from the review was that, though positive outcomes have been achieved in the lifetime of the YPHWS, it has proven difficult to deliver a service that achieves the wide range of desired activity and outcomes across the three disciplines of sexual health, substance misuse and emotional wellbeing, with the relatively small resource provided. The requirements of the current service specification are vast and encompass multiple methods of service delivery across varying 'tiers' of support.
- 5.5. It has been recognised that there is a growing demand for children and young people's mental health services in Lewisham, and this level of demand has made it challenging for the provider to deliver outcomes across all three areas of the service to the standard expected. It has been difficult for the provider to manage this demand whilst effectively meeting outcomes for the sexual health and substance misuse disciplines of the service.

#### **Recommendations from service review**

- 5.6. Based on the conclusions of this review, commissioners made a number of recommendations for how the future service model should differ from the current provision, as set out below.
- 5.7. **Support for emotional wellbeing should be provided through a separate service(s), though existing and developing provision.** There is significant work underway to improve access to mental health and emotional wellbeing services in Lewisham, particularly focusing on provision for young people that don't meet the thresholds for specialist CAMHS. These developments are set out in section 6 below. The recommendation is that there should be a clear, stand-alone pathway and service offer for emotional wellbeing, however with strong pathways in place (including co-location) with the new Substance Misuse and Sexual Health Service, so that young people still experience a seamless journey of support. This change will provide clarity for the young person and the referrer, prevent dilution of the services offered, and ensure demand is more appropriately managed.
- 5.8. **Sexual health and substance misuse support should remain jointly delivered at the brief intervention level.** The target 'at-risk' groups for this support are largely the same, and pooling resources will mean that a single staff team can be trained to deliver a range of brief interventions across both disciplines, leading to better value for money and maximum reach from resources.
- 5.9. **Clinical sexual health services should continue to be provided through the core sexual health clinic contract** (currently held by Lewisham and Greenwich NHS

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Trust), and through pharmacies and GPs. This will protect the clinical specialism of this work, build on existing skills and resources in the system, and prevent the difficulties recruiting sexual health nurses previously experienced.

- 5.10. **The Substance Misuse and Sexual Health Service outlined in this report should become more targeted to ‘at-risk’ and priority groups** based on the evidence available, whilst maintaining open referral routes for all young people. This will provide clearer specification for the service provider and ensure that the limited resources are directed to the areas of highest need.
- 5.11. **There should be a stronger digital offer from the service**, including via social media and including instant messaging, to increase the ease and speed of access to the service for young people. This includes better provision of health information and advice online.
- 5.12. Alongside the changes listed above, the new service will ensure that the following principles are maintained. These are priorities for the young people that engaged with the review process:
  - Support will be offered from multiple community locations, flexible to the needs of the young person.
  - Face-to-face support will be offered as the default option, but with digital options available. A timely response will be essential.
  - The promotion of the service will emphasise confidentiality, privacy and trust
  - The service will be as seamless as possible from the user’s perspective, across the different tiers and disciplines of support. This includes using contractual arrangements to bring partner services together in closer alignment.
- 5.13. A number of options for service models that adopted the above recommendations were appraised by commissioners. These options and the recommended model were presented to various boards for approval, including Public Health SMT, Children and Young People’s DMT, Community Services DMT, and Lewisham CCG SMT. The culmination of this process is the proposed service model set out below.

## **6. Provision of support for CYP mental health and emotional wellbeing**

- 6.1. The procurement outlined in this report relates to an integrated Substance Misuse and Sexual Health Service without dedicated emotional wellbeing provision, however it is important to note that any support provided will address the wider wellbeing needs associated with substance misuse and risky sexual behaviour.
- 6.2. There is work ongoing as part of the CYP emotional and mental health programme to strengthen the mental health service provision for children and young people in Lewisham. This is in response to the growing importance of children’s mental health on the national agenda, and concern within Lewisham about the mental health needs of local young people.
- 6.3. Over recent years the Council, the SEL CCG, SLaM and partners have been working collaboratively, informed by feedback from families and young people and a number of local reviews, to increase access to a strengthened local provision. This has included

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priorities to reduce CAMHS waiting times, expand support and care for children and young people in mental health crisis, invest in voluntary and community sector organisations to support children, young people and their families better in the community, and strengthen support for people transitioning between children's and adult mental health services.

6.4. Significant steps forward have been made, including:

- Progress in funding and performance. As a result of increased NHS funding, the budget for CYP mental health services rose from 37% from £5.2 million in 2017/18 to £7.2 million in 2020/21, with the prospect of further increases to come between now and 2023/24.
- Waiting times from referral to assessment at the South London and Maudsley have fallen significantly.
- The introduction of Mental Health Support Teams in schools, with additional funding so far of almost £1.5m over two years. Headteachers have reported that these teams were valuable in providing support when children returned to schools after the initial Covid-19 lockdown.
- The establishment of a dedicated CAMHS team for children who are looked after, accessed through the Lewisham Virtual School, meaning children aged 5-18 in care can seek help without a GP referral.

6.5. The work of the CYP emotional and mental health programme is ongoing, and it is recognised that there are further improvements to be made. A particular priority is to increase access to support for children and young people whose needs fall below thresholds for specialist CAMHS. The aim of this work is to strengthen emotional wellbeing support for children, young people and families, and improve the early identification of emerging mental health and emotional wellbeing needs. This is also a key focus on the Council's new Early Help and Prevention Strategy. Work underway in 2021/22 includes:

- Further increasing the capacity of Mental Health Support Teams in schools from January 2022
- Developing a dedicated multi-agency pathway of support for children and young people that are self-harming
- Recruiting a Family Therapist working with the 'Family Thrive' team to review 'early help' cases to provide insight, advice and guidance to prevent escalation.
- Increasing uptake of the Kooth online counselling service
- Developing a new model of targeted family support and youth work
- Training for universal and early intervention services on working with children that are self-harming

6.7. NHSE nationally are increasing national funding levels to support children's mental health annually up to 2023/24. An allocation of funding from NHSE has recently been received for 2021/22, and the Council, the SEL CCG, SLaM and partners are working collaboratively to understand the best options for using additional resources when delivering ambitions set out for children and young people's mental health within the

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NHS Long Term Plan. This will include allocations to support the development of the initiatives listed above.

- 6.8. Oversight and governance of this programme is covered under the multi-agency CYP Mental Health and Emotional Wellbeing Board which meets quarterly. The board is chaired by the Director of Education and responsibilities include oversight of the refreshed CAMHS Transformation Plan and ongoing work as part of the wider Early Help and Prevention Strategy. There is a strong and valued commitment for all partners will work together to maximise the use of all system resources to deliver increased capacity to meet growing demand for children and young people mental health services in Lewisham.
- 6.9. In light of the positive developments outlined above, it is felt that the service outlined in this report should focus more strongly on improving outcomes in terms of substance misuse and sexual health, with dedicated support for emotional wellbeing provided more effectively elsewhere. Commissioners will ensure that all provision for emotional wellbeing works in close partnership with the new Substance Misuse and Sexual Health Service, including via co-location, joint working agreements and information sharing. All of these services fall within the 'Getting Help' and 'Getting More Help' domains of the i-Thrive framework, which will form the basis for early intervention in Lewisham, and will improve awareness of and access to services.

## **7. Proposed service**

- 7.1. This report proposes to procure a new Substance Misuse and Sexual Health Service for young people aged 10-25 living, attending school or registered with a GP in Lewisham. This will be a single integrated service providing brief education and psychosocial interventions for sexual health and substance misuse, plus specialist structured support for substance misuse. The overarching aim of this provision is to increase access to health services and to reduce health inequalities amongst young people, particularly those considered most at-risk, vulnerable and/or under-represented.
- 7.2. The service will increase access to information, advice and support around substance misuse and sexual and reproductive health and relationships, and reduce the harm associated with drug and alcohol use and risky sexual behaviour. The overall outcomes expected from the service are:
- Reduced harm caused to young people partaking in risky sexual behaviours and substance misuse
  - Improved knowledge of issues and potential problems associated with drugs, alcohol, and risky sexual behaviours
  - Increased awareness of access to advice, information and services for sexual and reproductive health and substance misuse
  - Reduced health inequalities amongst young people, particularly those considered most at-risk, vulnerable and/or under-represented.
  - Improved mental wellbeing in affected young people, by building resilience, coping strategies and decision-making skills, in partnership with other agencies
- 7.3. The service will be delivered across three service 'levels' as below:

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- 7.4. **Universal and open-access services** - Access for all young people to information, advice, and brief interventions including; education and harm reduction for substance misuse; C-Card; STI screening; and support to access specialist and clinical services. This will include a strong online presence for health promotion and information, including via social media and instant-messaging functions.
- 7.5. **Targeted outreach and co-location** - Persistent and assertive engagement with at-risk young people in locations where they are already based. Delivery of the full range of information, advice and brief interventions outlined above, but tailored to meet the needs young people that are at higher risk of experiencing or being affected by substance misuse or risky sexual behaviour. This will be particularly focusing on the groups below and will include co-location with relevant partner agencies:
- Young people involved in the criminal justice system
  - Young people that are involved in or at risk from criminal or sexual exploitation, and violent crime
  - Young people with parents or carers that misuse substances
  - Young people that are not in education, training or employment, or in alternative education
  - Young people known to Children's Social Care (including Family Thrive)
  - Young people seen in A&E or hospital due to risky sexual behaviour and/or substance misuse
- 7.6. **Specialist support and case management for substance misuse** – This will provide longer-term structured support for young people affected by substance misuse to help them achieve abstinence, and will include a holistic assessment of need and risk, structured psychosocial interventions, pharmacological treatment for substance misuse in partnership with adult services and GPs, and support for young people to access wider provision to build up other life skills.
- 7.7. We know that the Lewisham 10-19 year-old population is ethnically diverse, with approximately 65% from an ethnic minority or mixed ethnic background. The current YPHWS caseload is generally representative of the wider 10-19 population, with young people of black and mixed ethnic background slightly over-represented. The service will continue to prioritise reach to young people from Black, Asian, and Minority Ethnic groups, and key performance indicators will measure success in this area.

## 8. Procurement strategy

- 8.1. The proposal is to procure a 3-year contract commencing from 1<sup>st</sup> April 2022. The contract will include an option to extend for 1 + 1 years following the initial term.
- 8.2. The procurement will be carried out via a restricted (2 stage) process with one successful provider being awarded the contract. A Standard Selection Questionnaire (SSQ) will be used to shortlist bidders to ensure they meet the minimum levels of suitability before proceeding with the full tender. This will include an additional question asking the provider to demonstrate their prior experience of delivering similar services.
- 8.3. A 50:50 price:quality weighting for this procurement will be used. Minimum scoring thresholds will be applied to key method statements within the tender process, such as

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those related to engagement with at-risk groups and digital innovation, to ensure that only quality providers succeed. The method statements will include one question to be evaluated by a small panel of local young people.

8.4. An Insourcing Options Appraisal has been completed on this service provision, with the commercial contracting option scoring highest. An overview of the scores for each element is below.

Delivery option	Surety of Service Delivery 10%	Barriers to entry into marketplace 10%	Responsiveness and Control 10%	Commercial potential 10%	Social Value 10%	Cost 50%	TOTAL (out of 100%)
Commercial contractor	9	10	7	2	8	50	86
In-house	5	6	8	5	8	42	74

- Surety of Service Delivery:** The outsourced contractor option scored more highly here due to insourcing leaving the Council with direct exposure to clinical, financial, delivery, reputational, public liability and H&S risks. There is currently a lack of organisational capacity and specially trained staff so it would also be difficult to mobilise this in the required timescales. A tender process will ensure experienced provider with infrastructure in place to manage risk, and with this risk allocation determined in the contract.
- Barriers to entry into marketplace:** The commercial contractor option scored more highly because there is a mature industry with multiple relevant providers to tender for the service. The tender process will ensure a minimum level of relevant experience delivering similar services. Current in-house expertise is limited and establishing this would take time and be costly. A commissioned provider could share overheads across many contracts.
- Responsiveness and Control:** The insourced option scored slightly higher in this area due to there being direct line management of the service within the Council. There is small potential for economies of scale with other in-house service provision and opportunities to invest any surplus back to the Council (though this is expected to be negligible). However an outsourced contract will still allow room for flexibility in the service commissioned at the request of the commissioner, and have standard contract terms allowing for variations and certain response times.
- Commercial potential:** There is limited commercial potential through both options, however the insourced option did score slightly higher as any commercial benefit, however small, would fall to the Council rather than the supplier. There is a small potential to increase partnerships with local businesses. However there is still limited option for any commercial flexibility as the budget is limited and would be allocated to certain outcomes or staff posts.
- Social Value:** Both options scored highly. The insourced option provides more opportunity to ringfence recruitment to Lewisham residents and encourage progression within the wider organisation. However, a commercial provider is likely to be able to offer greater opportunities for local residents due to size and nature of organisations focused on supporting young people. Furthermore, Social Value

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provision will be incorporated into tender, contracts and performance indicators to ensure this happens.

- **Cost:** Calculations on estimated cost showed that outsourcing was a significantly cheaper option and so scored more highly. This was largely due to staff salaries and overhead costs being higher for internally employed posts.

## 9. Financial implications

- 9.1. The contract is expected to cost £452,000 per annum and is to be funded by the following grants.

Funding source	Budget line	Annual contribution
Public Health Grant	School-aged health	£104,000
	Sexual and reproductive health services	£148,000
	Substance misuse	£112,000
MOPAC Substance Misuse Funding		£88,000
<b>TOTAL budget allocation</b>		<b>£452,000</b>

- 9.2. The total value over the full contract term is £2,260,000 and, subject to the continuation of grant funding, at no cost to LBL.

## 10. Legal implications

- 10.1. The report seeks approval for the future delivery of a Young People's Substance Misuse and Sexual Health Service by an external provider. Given the potential spend on this contract (at a length of 3 + 2 years) this contract would be categorised by Contract Procedure Rules as a Category A contract. The report sets out the recommended route for engaging such a provider. The report sets out the other options considered and explains why this is the recommended options.
- 10.2. Assuming that Mayor and Cabinet accepts the recommendation for future delivery of a Young People's Substance Misuse and Sexual Health Service by an external provider, Contract Procedure Rules place requirements on how that should happen. The Rules require that when letting contracts steps must be taken to secure value for money through a combination of cost, quality and competition, and that competitive tenders or quotations must be sought depending on the size and nature of the contract (Rule 5). Given the potential spend on this contract the procurement regulations (Public Contracts Regulations 2015 as amended by Brexit provisions including the Public Procurement (Amendment etc.) (EU Exit) Regulations 2020 SI 2020 No.1319) will also apply. The requirements of both Contract Procedure Rules and the procurement regulations would be satisfied by use of a restricted tender procedure. The process for procurement and the award of the contract would have to be in accordance with the Contract Procedure Rules. As a Category A contract, it would be for Mayor and Cabinet to take a decision on the award of any contract.
- 10.3. The decision is a key decision as it will be likely to result in Council expenditure or

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savings of £500,000 or more and therefore must be included in the key decision plan.

- 10.4. The Council has a public sector equality duty (the equality duty or the duty - The Equality Act 2010, or the Act). It covers the following 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; and foster good relations between people who share a protected characteristic and those who do not.
- 10.5. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the decision maker, bearing in mind the issues of relevance and proportionality. The decision maker must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 10.6. The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the 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 on the EHRC website, as can five guides for public authorities in England giving advice on the equality duty.

## 11. Equalities implications

- 11.1. An Equalities Analysis Assessment (EAA) was carried out to assess the impact of the changes proposed through this re-commissioning and service redesign. Overall, with all factors and wider commissioning decisions taken into consideration, the impact was found to be neutral across all protected characteristics. The reason for this assessment is that:
  - Though the proposed changes will reduce access to emotional wellbeing support from this particular service, the developments listed in section 6 will lead to an overall increase in the access to support for children, young people and their families. Furthermore, joint working arrangements between this service and wider emotional wellbeing provision, including via co-location and information sharing, will ensure that young people are still provided with a seamless support journey across the three disciplines.
  - Though the proposed changes will reduce the level of universal health support

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provided to schools through the move towards more targeted support based on identified need, the impact of this on young people is expected to be low. The current take-up of this support offer from schools has been low and inconsistent throughout the life of the contract, plus a number of mitigations are being put in place to reduce the possibility of any negative impact. This includes; maintaining access to the service for any young person via referral for school staff and self-referral; giving schools the ability to request support from the service when any particular issues arise related to sexual health or substance misuse (i.e. a pattern of occurrences within a particular group of pupils that requires a targeted response); maintaining regular proactive outreach in the Pupil Referral Unit; implementation of the new PSHE curriculum, in particular the new requirements around Relationship and Sex Education, will mean additional requirements for schools to offer health education, promotion and provision of information and advice themselves; allocation of dedicated resource by the Council's Public Health and Education Teams to support schools to deliver health and relationship education.

- Furthermore, the proposed changes to establish a stronger digital offer for health promotion, information and advice will have a positive impact on uptake of support for substance misuse and sexual health and relationships, for young people across all protected characteristics. The increased upper age range from 19 to 25 years old will mean increased access to support for young people of this age range, across all protected characteristics.

11.2. A core principle within the new service specification is to deliver equitably to service users from all cultural, sexual and ethnic backgrounds, to service users with disabilities and learning difficulties and to service users with complex needs including co-morbidities. The service will continue to prioritise reach to young people from Black, Asian, and Minority Ethnic groups, and young people identifying as LGBTQ+, and will key performance indicators will measure success in this area.

## **12. Crime and disorder implications**

12.1. 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. The service outlined in this report also meets the Council's responsibilities to the Mayor's Office for Policing and Crime (MOPAC) which provides funding for this service to deliver substance misuse support to young people involved in the Lewisham Youth Offending Service.

12.2. The new service will be required to target support at a number of priority groups, including those that are involved in the youth justice system, and those that are experiencing or at risk of child criminal or sexual exploitation. The service will work proactively and persistently with these groups of young people in locations and using methods that are accessible to them, and will be measured on their performance in these areas.

12.3. Potential providers will be asked to demonstrate their ability to meet the needs of these groups of young people in their tender submission.

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### **13. Health and wellbeing implications**

- 13.1. The overarching aim of this provision is to increase access to health services and to reduce health inequalities amongst young people, particularly those considered most at-risk, vulnerable and/or under-represented. Because of this the service should have direct positive implications for the health and wellbeing of local residents, and will be measured on it's success in this area.

### **14. Social Value implications**

- 14.1. As part of the tender process, providers will be required to demonstrate their commitment to social value in delivering this service. A method statement on social value will be required, which will account for 5% of the overall evaluation, as part of the quality score. This may include a commitment to providing volunteering and work experience placement for Lewisham young people, and recruiting staff from the local area.

### **15. Report author(s) and contact**

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