

SURREY COUNTY COUNCIL**CABINET****DATE: 18 DECEMBER 2018****REPORT OF: MR TIM OLIVER, LEADER OF THE COUNCIL****LEAD OFFICER: HELEN ATKINSON, EXECUTIVE DIRECTOR – PUBLIC HEALTH SURREY COUNTY COUNCIL & HEARTLAND****COMMUNITY VISION OUTCOME: PEOPLE****SUBJECT: APPROVAL TO AWARD A CONTRACT FOR THE PROVISION OF YOUNG PEOPLE SUBSTANCE MISUSE SERVICE****SUMMARY OF ISSUE:**

This report sets out recommendations arising from work on options for the provision of Surrey's Young People's Substance Misuse Service and outlines a competitive tender process which was carried out in order to select a supplier to deliver the service.

The procurement process is at the stage where Cabinet approval is required in order to award the contract to Catch 22 to commence the service from 1 April 2019.

The service will be delivered across Surrey and will co-locate and support the work of Children's, Families and Learning (CFL) services by sharing outcomes to develop an effective Early Help offer and to build resilience within families and the wider community.

The recommended contract provider will deliver evidence-based psychosocial and medical interventions to meet the needs of some of Surrey's most vulnerable young people and families.

The service will also support local preventative and early identification models including drug and alcohol education within schools and colleges and offering training and support to the professional workforce, including social workers, teachers, school nurses, health visitors and foster parents.

The new service will extend its capacity to work with vulnerable young adults up to the age of 25 where this is deemed appropriate (the current service works with young people aged 11-21). The service will have the capacity to engage with an additional 120 young people per year.

Due to commercial sensitivity the details of assessment results have been circulated as a confidential Part 2 of this report.

RECOMMENDATION:

It is recommended that Cabinet approves the award of contract for the provision of Surrey's Young People's Substance Misuse Service to Catch 22.

The contract will be for a period of three years from 1 April 2019, with an option to extend for a further three years in one year intervals.

REASONS FOR RECOMMENDATION:

The existing contract will expire on 31 March 2019. A competitive tender process, in compliance with the requirements of Public Contract Regulations and Procurement Standing Orders, has been completed. The recommended suppliers offered overall best value for money in the procurement process.

The Council's statutory responsibilities for public health services are set out in the Health and Social Care Act 2012 in which the provision of substance misuse services is mandated. This service has been funded via the ring-fenced Public Health Grant and supports the Council's duty to improve public health and provide facilities for the prevention or treatment of illness.

The award of this contract will enable uninterrupted provision of the service and will contribute towards the Council's Vision for Surrey in 2030¹ by supporting young people to have a positive start in life and addressing issues affected by their substance misuse as early as possible, in order for them to lead healthy and fulfilling lives. Each of Surrey's ambitions for people are supported within this contract:

- children and young people are safe and feel safe and confident;
- everyone benefits from education, skills and employment opportunities that help them succeed in life;
- everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing;
- everyone gets the health and social care support and information they need at the right time and place; and
- communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life

In addition, this service will fulfil key priorities within Surrey's Health and Wellbeing Strategy², including:

- improving children's health and wellbeing
 - developing a preventative approach
 - promoting emotional wellbeing and mental health
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¹ <https://www.surreycc.gov.uk/council-and-democracy/finance-and-performance/our-performance/our-corporate-strategy/community-vision-for-surrey-in-2030>

² https://www.healthysurrey.org.uk/_data/assets/pdf_file/0003/139251/Surrey-Joint-Health-and-Wellbeing-Strategy-2018-update.pdf

- safeguarding the population

This service will generate a number of benefits for Surrey's residents by supporting the Early Help and Family Resilience models, resulting in anticipated financial savings for Surrey. Based on Public Health England's Return on Investment Tool³ in which 'for every £1 spent on young people's drug and alcohol interventions brings a [cost avoidance] benefit of £1.93 within two years and up to £8.38 in the long term', there could be cost avoidance savings made of approximately £3.7million in the long term and £211,392 in Social Value.

Detailed assessment of the offers received is circulated in Annex 1 Procurement process and in confidential Part 2 of the report.

DETAILS:

Business Case

1. The role of specialist substance misuse services is to support young people to address their alcohol and drug use, to reduce the harm it causes them and prevent it from becoming a greater problem as they get older. Services should operate as part of a wider network of universal and targeted prevention services which aim to support young people with a range of issues and help them to build their resilience such as developing their life skills and their ability to make better choices and deal with difficulties.⁴
2. Effective young people's substance misuse services have a positive impact on the health and wellbeing of local residents and prevent the need for more intensive and costly interventions from health, social care, criminal justice and the wider public service sector. The provision of substance misuse services has an active role in supporting the Council's Vision for Surrey in 2030 and is also a key priority within the NHS 10 Year Plan which focuses on prevention. The 10 Year Plan highlights the importance of early interventions with children, support for troubled families and engagement with community groups. Prevention and early intervention are core components of the Surrey Health and Wellbeing Strategy which is currently being refreshed in line with Vision for Surrey in 2030.
3. Funded via the ring-fenced Public Health Grant, the budget for this service has remained at a similar level to previous years. However, the new service will deliver interventions to a wider cohort of young people, including vulnerable adults up to the age of 25 (21 previously) who require additional support in managing their substance misuse and in order to prevent onward escalation of dependency and associated risky behaviours. These are behaviours which potentially expose young people to harm or significant risk of harm which will prevent them reaching their potential, and may include inappropriate sexual activity, criminal behaviour and gang membership. The

³ <https://www.surreyi.gov.uk/jsna/substance-misuse/1209/#header-children-and-young-people-cyp>

⁴ <https://www.gov.uk/government/publications/specialist-substance-misuse-services-for-young-people>

Council's statutory responsibilities for Public Health services are set out in the Health and Social Care Act 2012 and include the duty to improve public health and provide facilities for the prevention or treatment of illness, such as the provision of substance misuse services.

4. The new service will have the capacity to engage with 450 young people aged 11-25 an increase of approximately 120 young people per year (based on the current service delivery for 11-21 year olds).
5. Substance misuse has a cost impact on a broad range of public sector organisations, including social care, health and criminal justice partners. Public Health England (2015) estimates that 'every £1 spent on young people's drug and alcohol interventions brings a [cost avoidance] benefit of £1.93 within two years and up to £8.38 in the long term' and 'every £1 spent on drug treatment saves £2.50 in costs to society'. These cost avoidance savings will be made through reduced social care needs, reduced long-term health conditions and reduced criminal activity, for example. There will also be a saving to society through increased earning potential and taxes; drug and alcohol interventions can help young people get into education, employment and training, bringing a total lifetime benefit of up to £159m.
6. The recommended contract provider will continue to deliver evidence-based modalities including a combination of psychosocial and medical interventions (including opioid substitute prescribing) to meet the needs of some of Surrey's most vulnerable young people and families. The service will be delivered in accordance to the guidance outlined by Public Health England (PHE)⁵, the National Institute for Health and Care Excellence (NICE)⁶, the Royal College of Psychiatrists⁷ and the Department of Health⁸. In addition, the service will conform to local strategies and procedures, including the Surrey Safeguarding Adults Board and the Surrey Safeguarding Children's Board.
7. The service will be delivered across Surrey and co-locate with Children's, Families and Learning (CFL) services where possible, eventually working alongside CFL colleagues in designated hubs. The Service will support the work of CFL by sharing outcomes to develop an effective Early Help offer and to build resilience within families and the wider community.
8. The Service will also support the delivery of preventative and early identification models including supporting the delivery of drug and alcohol education within schools and colleges and offering training and support to the professional workforce, including social workers, teachers, school nurses, health visitors and foster parents.
9. Substance misuse in young people rarely occurs in isolation and is often symptomatic of wider problems. The majority of young people presenting to specialist substance misuse services have other problems or vulnerabilities

⁵ <https://www.gov.uk/government/publications/specialist-substance-misuse-services-for-young-people>

⁶ NICE (2017) NG64 Drug misuse prevention: targeted interventions

⁷ Royal College of Psychiatrists (2012) Practice standards for young people with substance misuse problems, Centre for quality improvement

⁸ Department of Health (2017) Drug Misuse and Dependence – UK Guidelines on Clinical Management

related to their substance use (such as having mental health problems, being 'looked after' or not being in education, employment or training⁹) or wider factors that can impact on their substance use (such as offending, self-harming, experiencing sexual exploitation or domestic abuse). Of the 17 vulnerability data categories collected via the National Drug Treatment Monitoring System (PHE's substance misuse data source) - which include being a looked after child, child in need, affected by domestic abuse, sexual abuse, Not in Education, Employment or Training (NEET) - 80% of young people nationally who entered treatment in 2016-17 disclosed two or more vulnerabilities¹⁰. Therefore, specialist services need to work effectively with a range of other agencies to ensure that all the needs of a young person are met.

10. Nationally, the number of young people accessing substance misuse services is reducing slightly; however, there is evidence to suggest that the use of alcohol and cannabis amongst 11-15 year olds is increasing¹¹ and the use of 'other drugs', including New Psychoactive Substances and prescription drugs, such as Xanax, are also increasing. **Within Surrey there has been an increase of 14% in the number of young people accessing treatment in the last 12 months, whereas there was a 5% drop nationally.**¹²

Current Contract

11. Within 2017/18, 232 young people under the age of 18 received structured treatment from current provider Catch 22 (**a 12% increase on the previous year**); in addition, 94 young people aged between 18-21 received treatment as part of the transitional arrangements within the contract. These young people were assessed as being more appropriate for a young people's service than being transferred into adult treatment, due to their particular vulnerabilities.
12. Of those aged under 18, the majority of referrals were from Children and Family Services (28%) and Health and Mental Health Services (22%). There was a significant increase in the number of young people referred through Youth Justice Services (10%) in comparison with the national trend (2%).
13. 15% of young people engaged with Catch 22 were aged up to 14 (compared with 12% nationally), with similar numbers accessing treatment at age 15, 16 and 17 (27%, 24% and 32% respectively). The key wider vulnerabilities reported by the young people accessing Catch 22 in 2017/18 included:
 - a. Early onset of drug / alcohol misuse (82%)
 - b. Poly drug use (63%)
 - c. Domestic abuse (15%)
 - d. NEET (28%)

⁹ <https://www.ndtms.net/Publications/downloads/Young%20People/young-people-statistics-from-the-national-drug-treatment-monitoring-system-2016-17.pdf>

¹⁰ <https://www.ndtms.net/Publications/downloads/Young%20People/young-people-statistics-from-the-national-drug-treatment-monitoring-system-2016-17.pdf>

¹¹ <https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew/drug-misuse-findings-from-the-201314-crime-survey-for-england-and-wales>

¹² PHE Young People Specialist Substance Misuse Interventions – Executive Summary Q3 2017-18

- e. Anti-social behaviour / criminal activity (21%)
- f. Affected by others' substance misuse (17%)
- g. Self-harm (10%)

14. In 2017/18, 91% of young people engaged with Surrey's young people's substance misuse service left with a 'planned exit', meaning that they reduced or stopped using drugs and/or alcohol. This is against a national figure of 81%.

Options Considered

15. Several options were considered when completing the Strategic Procurement Plan prior to commencing the procurement activity. The options considered included:

<p>Option 1: Procure redesigned service PREFERRED OPTION</p>	<p>The new service will increase the eligibility age from 11-21 to 11-25 years, hence increasing the effectiveness and utilisation of the service. The Service will aim to develop smooth transition to Adults services and develop Early Help interventions and support for young people and their families.</p>
<p>Option 2: Procure joint service with Adult Substance misuse service</p>	<p>It was concluded that the potential risks to service users, particularly to young people accessing the service, were too great to recommend as an option. The provision of separate young people and adult treatment services is identified as being best practice (PHE).</p>
<p>Option 3: Do Nothing</p>	<p>Current contract has exhausted all available extensions which means that the service would stop once the contract expires on 31 March 2019. If the service is decommissioned, the County would potentially see an increase in offences committed, lower engagement in employment (increased NEET) and long term health risks, resulting in additional costs and a negative impact, as well as reputational damage, to the Council.</p>

16. Options were considered by the Public Health Leadership Team and a decision was made to commission a service delivering specialist support for young people up to the age of 21 and for young adults aged 21-25 who demonstrate particular vulnerabilities, such as having a history of being looked after, those with mental health issues and unaccompanied asylum seekers.

17. A procurement and project team was set up to develop the service specification and procurement process. The service specification was developed based on:

- Learning from the current contact
- Outcomes from PHE's Diagnostic and Outcome Measure Executive Summary (DOMES) Reports based on current service provision

- Surrey’s Early Help Needs Assessment (2017)
- Relevant strategies:
Surrey Substance Misuse Strategy 2015
<https://www.healthysurrey.org.uk/your-health/substance-misuse/surrey-substance-misuse-strategy>

Drug Strategy 2010, Home Office
<https://www.gov.uk/government/publications/drug-strategy-2010>

Drug Strategy 2017, Home Office
<https://www.gov.uk/government/publications/drug-strategy-2017>
- NICE guidance:
NICE Drug misuse prevention: targeted interventions
<https://www.nice.org.uk/guidance/ng64>
- National guidance:
PHE Young people - substance misuse commissioning support pack 2018-19: principles and indicators
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647204/Young_people_substance_misuse_commissioning_2018-19_principles_and_indicators.pdf

DH Drug misuse and dependence: UK guidelines on clinical management
<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>
- Feedback from service user reviews, focus groups and the Health Related Behaviour Questionnaire
- A provider engagement event was held to discuss and develop the new service specification
- Tender and procurement details were presented at the five Surrey CCG Clinic Executive Meetings. Views and feedback on the service objectives and model were collated.

Performance Indicators

18. The service performance management is based on payment by result (PbR) arrangements. The core payment is worth 90% of the contract price and the remaining 10% is linked to achieving the Key Performance Indicators (KPIs). The service’s KPIs remain unchanged; however, the targets have increased to ensure better service utilisation. The KPI targets have been set based on current performance and stretched to meet growing demand.

	Performance Measures 2019/20	Measurement source	Target
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1.	Numbers in specialist substance misuse services: Young people (YP) (under 18) in service (YTD)	PHE YP Specialist Substance Misuse Interventions Report Tier 2 self-reporting	300 (YTD) 250 tier 3 50 tier 2
2.	Numbers in specialist substance misuse services: Young adults (aged 18-25) in service (YTD)	PHE Adult Provider Activity report Tier 2 self-reporting	150 (YTD) 100 tier 3 50 tier 2
3.	Numbers in specialist substance misuse services: Number of new referrals including source and engagement (per quarter)	PHE YP Specialist Substance Misuse Interventions Report PHE Adult Provider Activity report Detailed quarterly report	YP:180 (YTD) 18-24: 100 (YTD)
4.	Waiting times for service users: First interventions waiting less than three weeks	PHE YP Specialist Substance Misuse Interventions Report PHE Adult Provider Activity report	100%
5.	Referral routes: Number of YP engaged in treatment referred by Children and Family Services (<i>specify which</i>)	Outcome 1 PHE YP Specialist Substance Misuse Interventions Report Detailed quarterly report	25%
6.	Referral routes: Number of YP engaged in treatment referred by Accident and Emergency services	Outcome 1 PHE YP Specialist Substance Misuse Interventions Report	10%
7.	In Services: Received a care plan within 2 weeks from assessment date	Case Management System	95%
8.	In Services: service users that present as current or previous injectors offered and accept a HBV intervention <i>Starting or Completing Hep B course</i>	Outcome 3 Case Management System	30% offered and accepted of which: 60% course started 40% course completed
9.	In Services: service users that present as current or previous injectors offered and accept a test for HCV	Case Management System	50% offered and accepted of which: 80% with a test date
10.	In Services: Length of time in services – young people in treatment for 26 weeks or less (YTD) – gradual reduction to 17 weeks	PHE YP Specialist Substance Misuse Interventions Report	80%
11.	Interventions: Number of service users reporting a reduction in substance misuse (self-reporting)	Outcome 4 PHE YP Specialist Substance Misuse Interventions Report PHE YP SSM Outcomes Record	80%

		PHE Treatment Outcomes Profile	
12.	Interventions: Number of targeted families engaged with and shared care planning with Surrey Family Support Service. This is based on referrals being appropriate for the YPSMS and that the families involved have consented to the intervention.	Outcome 4 Council Supporting Families data	To be confirmed with new family resilience teams from April 2019
13.	Interventions: YP SSM Outcomes Record completed for all service users at start and end of treatment	PHE YP Specialist Substance Misuse Interventions Report	Start 100% Exit 90%
14.	Exiting Services: Number of young people leaving with a planned discharge	PHE YP Specialist Substance Misuse Interventions Report	90%
15.	Exiting Services: Number of young people re-presenting within the treatment system within 6 months	Outcome 2 PHE YP Specialist Substance Misuse Interventions Report	To remain under 10%
16.	Number of focus groups held	Outcome 2 Detailed Quarterly Report	2
17.	Service user feedback: (a) Number of young people participating in service feedback (excluding those who have an unplanned exit) (b) Number of young people approached to participate in service user feedback with a minimum of three attempts to engage	Outcome 3 Detailed Quarterly Report	(a): 70% (b): 100%
18.	Number of service user-led service user feedback meetings	Outcome 1 Detailed Quarterly Report	2 per quarter
19.	Number of targeted training sessions delivered to professional groups NPS updates – contribution to Surrey-wide NPS plan Team meetings and advertising of service / care pathways	Detailed Quarterly Report	Care homes: 2x0.5 days / yr Foster parents: 2x0.5 days / yr Social workers / Child protection officers: 4x0.5 days / yr

20.	Schools: engagement with targeted schools as identified by Babcock 4S, Police and Children's Services per quarter	Detailed Quarterly Report	To be directed by need
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CONSULTATION:

19. Key partnership stakeholders have been consulted and involved at all stages of the procurement process of re-commissioning this service, including the Office of the Police and Crime Commissioner (OPCC), representatives of districts and boroughs and lead commissioners from Clinical Commissioning Groups (CCGs). In addition, commissioners from Children's, Families and Learning (CFL) and Public Health, colleagues from Finance, Legal Services and Procurement have been involved and consulted throughout the process. Representation from the CCGs, OPCC, PH and CFL were all included in the evaluation of the bids, in addition to an independent service user.

CFL's Rights and Participation Team have been proactive in running focus groups with young people focusing on their knowledge and understanding of substance misuse services and, for those engaged in treatment, their experience of treatment. In addition, the young people engaged in treatment complete a 'service user form' outlining the positives and negatives of the treatment system and how the process could be improved. Data from the 2017 Surrey Children and Young People's Health Related Behaviour Questionnaire, which included specific questions around drugs and alcohol and access into treatment and was completed by 2188 Year 8 and Year 10 pupils, was taken into consideration when designing the new service.

20. Tender and procurement details were presented at the Surrey CCG's Clinical Executive Meetings. Views and feedback on the proposed service have been incorporated into the model.

21. Papers outlining the proposed new service and procurement details have been delivered to:

- a. Public Health Leadership Team
- b. Substance Misuse Partnership
- c. Commissioning Overview Group (CFL)
- d. Clinical Commissioning Groups in each of the five CCGs

RISK MANAGEMENT AND IMPLICATIONS:

22. The contract includes a 'Termination Clause' which will allow the Council to terminate the contract with one month's notice should the priorities of the Council change, or should funding be no longer available.

23. All recommended tenderers successfully completed satisfactory financial checks as well as checks on competency in delivery of similar contracts at the pre-qualification stage.

24. The following key risks associated with the contract have been identified, along with mitigation activities:

Category	Risk Description	Mitigation Activity
Financial	Further cuts to the Public Health budget	The Council and the provider will work together to increase efficiencies under the contract and manage the impact of any future cuts to both volumes and the quality of service delivery. There will be the option to vary the contract if required.
	Potential risk that during the life of the contract the provider will request an inflationary increase against the annual service delivery cost.	The annual cost of the contract is fixed for the initial term of the contract and any price uplifts will not be allowed.
Reputational	New service does not establish in time for commencement date.	There is a three month mobilisation period in place. The service provider is the incumbent provider and so risk is minimal.
Service Delivery	New service does not meet the increased outcomes requested	The Council and the provider will work together with partnership agencies to address any systemic issues affecting the delivery of the service
	Quality of service delivered does not meet objectives and needs.	Strong contract management, monthly meetings and quarterly contract review meetings. Detailed mobilisation period.
		The payment arrangement will be based on block payment plus incentive payment. There will be a core element of payment equal to 90% of budget paid quarterly and the remaining 10% will be allocated to the performance delivery and achieving service KPIs requirements.
Personal data	The service does not conform to the requirements of GDPR	Being the incumbent provider, much work has already been undertaken with SCC information governance leads to address such issues

Financial and Value for Money Implications

25. Full details of the contract value and financial implications are set out in the Part 2 report.

26. The procurement activity has delivered a solution within budget.

27. The new contract will result in a £3,860 decrease in the cost of the current contract and will also include additional requirements on performance.
28. Providing support and evidence-based interventions for young people's substance misuse is highly cost effective; according to the PHE Return on Investment Tool (2015), 'every £1 spent on young people's drug and alcohol interventions brings a [cost avoidance] benefit of £1.93 within two years and up to £8.38 in the long term' and 'every £1 spent on drug treatment saves £2.50 in costs to society'.
29. The contract will be funded via the ring fenced Public Health Grant. Commissioning substance misuse services is a function of Public Health, as outlined in the Health and Social Care Act.
30. The payment arrangement will be based on block payment plus incentive payment. There will be a core element of payment equal to 90% of budget paid quarterly and the remaining 10% will be allocated to the performance delivery and achieving service KPIs requirements.
31. There will be an allocated contract manager within Public Health to monitor performance of this contract. Any discrepancies from the set standards will be managed through the payment by results (incentivised payments) arrangements which will result in non-payment of the incentivised allocation if the provider does not meet the required KPIs.
32. Using the social value charter, the new contract will generate a total of £211,393.20 in social value:

Theme	Value
Economy: Develop a strong and competitive local economy	£ 190,073
Environment: Protect and preserve the local environment and natural resources in the area	£ 6,919.20
Innovation: Local volunteering initiatives	£14,400
Total	£ 211,393.20

Section 151 Officer Commentary

33. The Section 151 Officer can confirm that the proposed contract award for the young people's substance misuse service is within the current budget set for this service in the current Medium Term Financial Plan. It is important to recognise though that spending reductions still need to be identified to offset pressures on other Public Health services in order to balance within Public Health's available financial resources in the current year and future years. The award of this contract will mean that the young people's substance misuse service will not be able to contribute towards these spending

reductions and therefore these reductions will need to be identified across other Public Health services.

Legal Implications – Monitoring Officer

34. The Council has a statutory duty under the Children Act 2004 to safeguard and promote children's wellbeing. Furthermore, the Council has a duty under s.2B of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) to take steps for improving the health of the people in its area. The steps that can be taken by the Council include (amongst other things) the provision of services or facilities that are designed to promote healthy living, whether by helping individuals to address behaviour that is detrimental to health or in any other way.
35. As set out in the report, the Council intends to continue the specialist substance misuse service (Service) for young people (eligibility has been extended to now cover young people aged 11-25) within the County. In doing so the Council is supporting young people to address their alcohol and drug use and to reduce the harm it causes them and prevent it from becoming a greater problem as they get older. The specialist Service therefore contributes towards the Council's compliance with its statutory duties under both the National Health Service Act 2006 and the Children Act 2004.
36. The procurement process for the Service was carried out under the light touch regime of the Public Contracts Regulations 2015 (PCRs). The process carried out met the legal requirements of the PCRs and the Council's own Procurement Standing Orders. The successful tender has been assessed to be the most economically advantageous to the Council.
37. In compliance with GDPR, the services contract contains a pre-condition that requires the service provider to enter into a data sharing agreement with the Council. The service provider will process large quantities of personal data on behalf of the Council and is responsible for completing data returns to Public Health England (National Drug Treatment Monitoring System) on the Council's behalf.
38. It is proposed that the Service Provider will offer part of the Service from Council premises so as to be co-located with other Council services and facilitate easy access. The relevant Council premises have previously been offered to the incumbent service provider at no cost; however, as part of the Council's transformation programme it is proposed that a commercial charge is made for access to these premises. As this requirement arose part way through the tender process, it was agreed that Children's Services would meet this cost so that the premises (on a shared space basis) continued to be made available to the Service Provider free of charge.
39. In making its decision, Cabinet will need to satisfy itself that the proposed award is the most appropriate course of action and fulfils Cabinet's fiduciary duties to Surrey residents.

Equalities and Diversity

40. The new contract will continue to work with young people displaying risks associated with their substance misuse. An equalities impact assessment has been written and is available as a background paper (attached); this is a draft working document and will be presented to the Departmental Equalities Group on completion of the award.



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41. No negative equality impacts have been identified by re-commissioning this service. Any impacts to the staff and users of the service are positive, in relation to extending the eligible age range of service users and therefore being more accessible to vulnerable individuals and their families.

Corporate Parenting/Looked After Children implications

42. The terms and conditions of the contract stipulate that the provider will comply with the Council's Corporate Parenting/Looked After Children procedures and any legislative requirements, guidelines and good practice as recommended by the Council. This will be monitored and measured through the contractual arrangements.
43. The service will operate a client centred approach, working collaboratively with other Health and Social Care Services which support corporate parenting / looked after children. The service will be required to target priority vulnerable groups including children in need, looked after children and those leaving care.
44. For some young people, the use of drugs or alcohol is a form of 'self medication' which enables them to relieve stress, or block emotionally distressing thoughts. This usage can be heightened amongst groups of children who face additional complexity in their lives, including; looked after children and those seeking asylum.¹³ The service will work closely with social care colleagues and offer specialist support to these young people in order to prevent the escalation of long-term substance misuse and improve positive outcomes.

Safeguarding responsibilities for vulnerable children and adults implications

45. The terms and conditions of the contract stipulate that the provider will comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, and any legislative requirements, guidelines and good practice as recommended by the Council. This will be monitored and measured through the contractual arrangements.
46. Substance misuse is just one form of risk-taking behaviour, and can be a sign that young people are dealing with adversity, trauma, and/or experimenting with their identities. The service will operate a client centred approach, working collaboratively with other Health and Social Care

¹³ Young Minds & Addaction (2018) Childhood adversity, substance misuse and young people's mental health – Expert briefing

Services. The service will work within the partnership response to individuals identified through the MASH (Multi-Agency Safeguarding Hub), will provide Early Help interventions and support CFL in building stronger resilient families.

- 47. Misuse of substances can often escalate, with young people coming into contact with the police or youth justice system. This service will work with partner organisations to reduce the number of vulnerable children and young adults entering the criminal justice system as a result of their substance misuse.
- 48. Substance misuse can significantly impact people’s capacity to parent, which can create an intergenerational cycle of violence, with these children being more likely to expose their own children to adversity and trauma¹⁴. This service will support the work of CFL to build resilience within families in order to reduce the impact substance misuse has on vulnerable children and adults.

Public Health implications

- 49. The service specification stipulates that the provider will develop links and referral mechanisms into other health improvement programmes such as Making Every Contact Count (MECC), You’re Welcome quality criteria and workplace wellbeing.
- 50. Substance misuse in young people rarely occurs in isolation and is often symptomatic of wider problems, often involving other risk-taking behaviours. The new service will ensure clear pathways with other services are further developed which will support the public health needs of the service users – including mental health, smoking cessation, sexual health, safeguarding, domestic abuse and social care services – which will improve positive outcomes for young people.

WHAT HAPPENS NEXT:

51. The timetable for implementation is as follows:

Action	Date
Cabinet decision to award (including the end of ‘call in’ period)	31.12.18
10 day Standstill Period ends	14.01.19
Contract Signature	14.01.19
Contract Commencement Date	01.04.19

52. The Council has an obligation to allow unsuccessful suppliers the opportunity to challenge the proposed contract award. This period is referred to as the standstill period.

¹⁴ Young Minds & Addaction (2018) Childhood adversity, substance misuse and young people’s mental health – Expert briefing

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Sarah Haywood, Community Safety Policy and Commissioning Lead, Office of the Police and Crime Commissioner

Members of Surrey's Substance Misuse Partnership

CSF's Rights and Participation Team

Annexes:

Annex 1 – Summary of procurement process

Annex 2 – EIA

Confidential Part 2 Annex

Sources/background papers:

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Home Office (2010) Drug Strategy
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NICE (2017) NG64 Drug misuse prevention: targeted interventions
NICE (2010) PH24 Alcohol-use disorders: prevention
NICE (2015) QS83 Alcohol: preventing harmful use in the community
NICE (2007) CG51 Drug Misuse in over 16s: Psychosocial Interventions
NICE (2007) CG52 Drug Misuse in over 16s: Opioid detoxification
NICE (2016) NG58 Coexisting severe mental illness and substance misuse community health and social care services
NICE (2011) CG120 Psychosis with coexisting substance misuse, assessment and management in health care setting
NICE (2016) NG43 Transition from children to adults services for young people using health or social care service
NICE (2014) PH52 Needle and Syringe Programmes

NICE (2010) PH28 Looked after Children and young people, updated 2015
NICE (2011) CG115 Alcohol use Disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence
NICE (2015) NG13 Workplace Health Management Practices, updated 2016
NICE (2014) PH50 Domestic violence and abuse: multi-agency working
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NTA (2008) Good Practice in Harm Reduction
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Surrey Substance Misuse Partnership (2015) Substance Misuse Strategy

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