

Item No.	Classification: Open	Date: 17 March 2022	Decision Taker: Cabinet Member for Health and Wellbeing
Report title:		Gateway 1 Procurement Strategy Approval Tier 4 Residential Drug and Alcohol Placements	
Ward(s) or groups affected:		All wards; people with drug and alcohol support needs, their families and communities	
From:		Strategic Director of Environment and Leisure	

RECOMMENDATIONS

That the Cabinet Member for Health and Wellbeing:

1. Approves the procurement strategy for Tier 4 Residential Drug and Alcohol Placements for a period of four years commencing on 1 April 2022 and up to a maximum cost of £2.188m inclusive of:
 - Residential rehabilitation, structured day programmes and aftercare up to a maximum cost of £1.448m
 - Residential detoxification, withdrawal and stabilisation up to a maximum cost of £740k.
2. Notes that the council will continue to use a bespoke light touch Dynamic Purchasing System (DPS) for the four year operational term and that this will operate thereafter in perpetuity commencing on 1 April 2026 subject to satisfactory performance with further reports approving continuation and associated expenditure sought at least every four years from this date onwards.
3. Notes the list of existing approved DPS providers at the start of the four year operational term (Appendix 1) and that the council will be seeking new providers to join the DPS during the term through the procurement process outlined in this report.
4. Approves a continuation of the council's participation in the City of London (CoL) commissioned pan-London programme 'Tier 4 specialist medically managed residential drugs and / or alcohol detoxification placements for rough sleepers with complex care presentations' for the period between 1 April 2022 until a future date to be confirmed and notes the details of this programme, as outlined in a Gateway (GW) 1 report approved by the Deputy Director of Public Health on 3 June 2021.
5. Approves a delegation of all placement award funding decisions for residential detoxification, stabilisation and withdrawal services, and any

travel costs pertaining to these services, to the council's Drug and Alcohol Action Team Unit Manager for the reasons stated in paragraphs 42 to 44.

6. Notes that all placement awards under the DPS will be subject to approval of funding in line with Contract Standing Orders (CSOs) and the relevant financial schemes of delegation with the exception of the arrangements detailed in paragraph 5.
7. Approves the use of the budget allocations for the procurement of spot purchase placements outside of the DPS in exceptional circumstances and to fund travel costs when necessary and required in accordance with approval from the relevant departmental financial delegation scheme.
8. Approves the allocation of any funding awards received by the council during the operational term that are ring-fenced for the services up to a maximum value of £1.812m for the purpose of administrative expediency and to facilitate funding being immediately available to meet residents' needs.
9. Notes that a charge of up to £7k per annum for other local authorities to join the DPS as a purchaser was approved by the then Cabinet Member for Public Health and Social Regeneration in the GW1 report of 30 November 2017 following the then Leader of the Council varying the executive schedule of delegation and that this will continue to apply for the longevity of the DPS in the borough.

BACKGROUND INFORMATION

Policy Context: Residential Drug and Alcohol Services

10. Local authorities are required to provide Tiers 2, 3 and 4 drug and alcohol treatment services for adults and children and young people (CYP) as part of their Public Health grant conditions. Tiered services were outlined in 2002 in the then National Treatment Agency's (now OHID) Models of Care. This supports rational and evidence-based commissioning of drug and alcohol treatment in England with services grouped into four broad tiers of treatment:
 - i. Tier 1 – drug and alcohol interventions provided by generic providers (housing, health etc)
 - ii. Tier 2 – open access interventions (engagement into treatment, pre-treatment support, harm reduction, retention in treatment)
 - iii. Tier 3 – structured, recovery planned interventions, including pharmacological and psychosocial treatment
 - iv. Tier 4 – residential drug and alcohol treatment (detoxification, rehabilitation) for adults or pharmacological treatment for under 18s

11. As well as preventing deaths from drugs and alcohol misuse, treatment services contribute to a number of council and societal priorities; helping to reduce health inequalities and improve mental and physical ill-health, supporting the reduction of violence and crime, including that arising from drug markets, youth violence and the exploitation of children and young people in county lines, as well as tackling domestic abuse; reducing unemployment, homelessness and rough sleeping; safeguarding children; and reducing the burden on both adults' and children's social care services.
12. Specialist residential detoxification, residential rehabilitation and structured day programme provision (referred to as Tier 4 drug and alcohol placements) are an integral part of Southwark's drug and alcohol treatment system and are specifically targeted at adults with complex needs and vulnerabilities whose drug and / or alcohol support needs are unable to be effectively met through engagement with community treatment services.
13. Identification of need for residential detoxification and stabilisation is primarily linked to complexity of drug and / or alcohol treatment need, chaotic presentation due to patterns of use, comorbidities and / or a requirement for medical stabilisation to reduce and cease drug and / or alcohol use in an residential setting for monitoring. Aftercare may involve transfer to a residential rehabilitation placement or back to community-commissioned care once the treatment episode is complete. On occasion, there is a need to support a placement with no forward plan due to the level, frequency and pattern of substance use deeming this necessary in order to reduce immediate risk of harm and to life.
14. Residential rehabilitation placements and high intensity structured day programmes, which are predominantly delivered by voluntary and private sector organisations, tend to be geographically spread across England with the majority located outside of London. A variety of structured programmes are offered, dependent upon individually assessed need, which may include psychosocial interventions, individual and group therapeutic interventions, education, training and social / domestic skills development. Residential placements are primarily provided at a facility with service users living there for a period of time in order to receive treatment, although some programmes involve day placement only.
15. In Southwark, access to the services outlined in paragraph 14 is governed by the Care Act 2014 legislation. The Care Act's 'wellbeing principle' is the driving force behind adult care and support representing a statutory duty for all local authorities to ensure that people's wellbeing is at the heart of all they do. Wellbeing is a broad concept and it is described in the Act as relating to the following areas:
 - Personal dignity (including treating the individual with respect)
 - Physical and mental health and emotional wellbeing
 - Protection from abuse and neglect
 - Control by the individual over day-to-day life (including over care and support and how it is provided)

- Participation in work, education, training or recreation
 - Social and economic wellbeing
 - Domestic, family and personal
 - Suitability of living accommodation
 - The individual's contribution to society.
16. The prevalence of young people under 18 experiencing drug and / or alcohol dependence is uncommon. Where an under 18 is using substances in a harmful or problematic way, it is usually treatable within a community setting as they are at a much earlier stage of their substance use career. Nationally, demand for residential (detoxification and / or rehabilitation) drug and / or alcohol placements for this cohort is minimal, which is evident through a limited provider market sector in England and Wales.
17. In recent years, the residential drug and alcohol treatment market sector has been more volatile following severe financial pressures on commissioning bodies resulting in many moving to spot purchase rather than block purchase arrangements with the consequence of less funding certainty and provider closures. At the time of writing, there is no residential detoxification provision in London with the exception of specialist provision for rough sleepers. The 'Independent Review of Drugs', undertaken by Dame Carol Black and published in June 2021, identified a lack of specialist services in the UK including residential detoxification and rehabilitation.
18. On 6 December 2021, the UK Government published a new Drug Strategy 'From harm to hope: A 10-year drugs plan to cut crime and save lives'. This acknowledged the findings of the independent review of drugs in relation to residential drug and alcohol placements and made a number of commitments including intentions to:
- i. develop a new national commissioning quality standard that sets out the full range of treatment and recovery interventions that local areas should provide for their population based on an assessment of need, including having due regard to the public sector equality duty and meeting the needs of different demographics (this will include residential treatment and will supersede the tiered conceptual framework detailed in paragraph 10).
 - ii. ensure that local areas maintain their existing investment in drug and alcohol treatment in 2022-23 and beyond, including a significant investment of funding over the three year spending review between 2022-23 and 2024-25, to enable investment in a wide range of evidence-based interventions including supporting the commissioning of residential detoxification services.
 - iii. develop and implement mechanisms to ensure that there is adequate nationwide provision of residential detoxification and rehabilitation services.

Tier 4 services for people sleeping rough

19. A GW1 report dated 3 June 2021 provides an overview of a new specialist Tier 4 pathway that is accessible to people sleeping rough in London. This has become available via the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG), a fund designed to provide extra support to people with drug and / or alcohol support needs that are sleeping rough to help them to recover and to rebuild their lives. The new Drug Strategy commits to funding being continued throughout the Spending Review (SR) period until end 2024-25.
20. In 2020-21 and 2021-22, the council was granted ring-fenced funding for residential detoxification and rehabilitation placement costs based on projected numbers of people sleeping rough in the borough and this was allocated for spend via two GW1 reports. The value of this funding was subject to potential change during the financial year as projections evolved and the unpredictable nature of ad hoc in year changes to ring-fenced funding allocations creates a situation whereby funding is impeded from being immediately accessible to meet residents' needs due to limited team capacity to revisit GW reports to ensure they account for additional funding awards. This is not a sustainable position and is likely to continue throughout the SR period as new investment is made available to boost local treatment systems.
21. For administrative expediency, paragraph 8 recommends that prospective approval is provided by the decision-taker for any ring-fenced funding to be immediately available for spend during the operational term on receipt of funding confirmation up to the maximum decision value awarded to the IDM under CSOs. This shall be reported to the Cabinet Member through Lead Member Briefing.

Operation of the Southwark DPS

22. Since 1 July 2018, the DPS has represented the council's primary procurement tool for purchasing these services. It comprises of a bespoke model of four defined lots of services, each underpinned by a comprehensive specification, with a defined price cap for each category.

Lot 1 - Two pathway categories:

- Residential detoxification with residential rehabilitation (drugs and / or alcohol)
- Residential detoxification with off-site structured day programme services (drugs and / or alcohol)

Lot 2 - Five pathway categories:

- Residential rehabilitation (first stage – abstinent drugs and / or alcohol)
- Residential rehabilitation (second stage – abstinent drugs and / or alcohol)
- Quasi-Residential Rehabilitation (first stage – abstinent drugs and / or alcohol)

- Quasi-Residential Rehabilitation (second stage – abstinent drugs and / or alcohol)
- Aftercare (abstinent drugs and / or alcohol)

Lot 3 – One pathway category:

- Non-residential structured day programmes services (abstinent drugs and / or alcohol)

Lot 4 - Two pathway categories:

- Planned admission - Residential detoxification, stabilisation and assisted withdrawal services (drugs and / or alcohol)
- Short notice with no onward plan admission - Residential detoxification, stabilisation and assisted withdrawal services (drugs and / or alcohol)

23. Providers can tender for all or any of the four lots and all or any lot pathway categories. In relation to lots or lot pathway categories, it is permitted for providers to propose more than one individual service unit option to deliver the services. There is no limit on the number of providers that can join the DPS at any one time and there is no guarantee of business for any approved provider during the operational term.
24. The DPS is designed to be flexible with opportunities for providers to amend their prices, to add or change services, and to allow for new providers to submit tenders to join the DPS. This helps to ensure market viability and increases the council's ability to meet the diverse needs of local residents requiring these services.
25. To date, the DPS has opened for a commissioning round on three separate occasions.

Commissioning round	Placement admission period
1	July 2018 – June 2019
2	June 2019 – October 2020
3	November 2020 – present

Table 1: Commissioning round and placement admission periods

26. As the DPS is a bespoke design, there was no opportunity for benchmarking with other comparable DPS procurement tools as none existed in the market then, nor do now, and the evolution of the system has been a key developmental feature throughout the operational term. An annual commissioning round was planned between 2018 and 2022, but this did not take place due to time taken to refine the council's requirements between commissioning rounds and UK Government guidance pertaining to the commissioning of drug and alcohol treatment services during the COVID-19 pandemic; this recommended for the tendering of standard services to be placed on hold throughout this period.
27. The first commissioning round comprised a single application category for new providers on their first application to join one or more lots. The second

and third commissioning rounds featured a total of six application categories to reflect a number of different application scenarios including new providers on their first application, providers that had previously applied and been unsuccessful, and for existing approved providers to amend their previously submitted tenders including prices. All six application categories are summarised in the table below.

Application number	Application category	Application category detail
1		New providers on their first application to join one or more lots Providers who were either unsuccessful in a previous commissioning round prior to evaluation or did not submit an application in time before the required deadline
2		Providers that were non-compliant on one or more method statement responses in a previous commissioning round and who wish to resubmit for the same lots that were previously applied for (with the option to submit for new lots)
3		Existing providers wishing to submit an application for new services to be included in an approved lot (within the DPS operational term of 1 July 2018 and 31 March 2022)
4		Existing providers wishing to submit an application for new services to join the DPS in a non-approved lot (within the DPS operational term of 1 July 2018 and 31 March 2022)
5		Existing providers maintaining the same service(s) within an approved lot, but that wish to revise the previously submitted price(s) – (including mandatory requirement to update service Information)
6		Existing providers maintaining the same service(s) or price(s) within an approved lot (including mandatory requirement to update service Information)

Table 2: DPS application categories

28. In order to assist providers, a comprehensive DPS entry guide was produced, and updated in each commissioning round, to detail the operation of the DPS and placement award scenarios. The most recent commissioning round 3 version is provided at Appendix 2.
29. The three commissioning rounds resulted in a range of approved providers joining the DPS across all four lots as detailed below. Providers indicated in italics are no longer appointed to the DPS.

Commissioning round	Lot number	Approved providers
1	1	<i>Broadreach (now closed)</i>
1	2	Addaction Chy (Now We Are With You – Chy) Addiction Recovery Centre (ARC) <i>Broadreach (Broadreach and Longreach) (now closed)</i> <i>Freedom Recovery Centre (now closed)</i> Hebron Kairos Kenward Trust ODAAT Somewhere House Streetscene (Cornerways, Allington and Francis House) The Forward Trust (The Bridges) <i>The Ley Community (now closed)</i> The Salvation Army (Gloucester House)
1	3	<i>Freedom Recovery Centre (now closed)</i> Kairos Garden Day programme
1	4	Cranstoun City Roads <i>(now closed)</i> Equinox Brook Drive <i>(now closed)</i>
2	1	Bosence Farm
2	2	Bosence Farm <i>Phoenix (Sheffield, Wirral, Grace House) (No longer appointed to DPS)</i>
2	3	Janus Day Programme
2	4	Bosence
3	1	Kaleidoscope - Birchwood
3	2	Mount Carmel Yeldall Manor
3	3	Mount Carmel
3	4	Framework HA – Edwin House Kaleidoscope - Birchwood

Table 3: Approved providers aligned with commissioning round and lot

30. 15 different providers were accepted onto the DPS in commissioning round 1 with three leaving during within the placement admission period. The outcome of commissioning round 2 resulted in 14 different providers being represented on the DPS with none leaving during the placement admission period. Commissioning round 3 observed 17 different providers represented on the DPS with two providers leaving during the placement admission period to date.
31. Approved providers have left the DPS during the operational term for a number of reasons including being unable to comply with the council's requirements as well as service closures, either permanent or for temporary periods as an outcome of the pandemic. This did not adversely affect local

residents requiring the services as their support needs continued to be met via DPS approved providers or via spot purchasing under exceptional circumstances and in line with the principles of the DPS to meet support needs whilst delivering best value.

32. The bespoke nature of the DPS reflects innovation in the commissioning of these services and has provided the council with flexibility across the operational term to refine its requirements in order to meet the evolving diverse needs of our residents. The first specification for lot 4 residential detoxification services detailed a pan-London catchment area for providers. The volatility of the market sector, and the loss of one of only two London service providers in the first commissioning round, influenced a decision in subsequent commissioning rounds to extend the catchment pool for these services to England and Wales to ensure appropriate representation of quality-assured approved DPS providers. The council was successful in attracting new providers delivering lot 4 services nationally to join.
33. The second and third commissioning rounds both demonstrated continued market sector interest with new providers applying to join the DPS. As part of the initial tender process in 2017-18, and as part of each commissioning round, officers have provided opportunities for the market sector to provide feedback to the council about the DPS. The system has been adapted and tweaked to improve the provider experience as a result of consultation. One example pertains to market feedback received in 2017 before the DPS was tendered that providers did not have the capacity nor time to bid for placements on an ongoing basis as is the mechanism of a traditional DPS. This also reflected a concern for the council in relation to the administrative burden of officers needing to offer placements to all approved providers of the services to bid and then undertake an evaluation of bids for every single placement award under a traditional DPS model.
34. At the heart of the bespoke DPS is a requirement for providers to undergo a comprehensive tender process that collects all information required to match prospective service users to the most appropriate placement to meet their support needs at the best value to the council. As such, there is no administrative burden for providers nor the council pertaining to a bidding process for each individual placement award. Officers consider that this has made the Southwark bespoke DPS more attractive to providers and generated additional interest from market sector providers to join.
35. In 2021, the council was approached by the City of London Corporation in relation to joining the DPS as an approved purchaser in order to support placements for people sleeping rough through the RSDATG funded projects. Income of £7k was generated for the council as a result. This further supports the view of officers that the DPS is an effective and efficient procurement tool for purchasing these services with an independent commissioning body opting to join as a purchaser after a comprehensive evaluation and external scrutiny of the operation of the DPS.

36. The business case / justification section of this GW1 report details comprehensive information as to how the DPS has delivered reduced commissioning costs in the procurement of the services.

Overview of the Southwark Tier 4 pathway processes

37. There is a defined Tier 4 pathway governance process for the range of different services procured under the DPS. The Tier 4 panel is chaired by a DAAT officer and includes representation from ASC SMRT and the Adult Integrated Drug and Alcohol Treatment System (AIDATS) service. Since the start of the pandemic, all Tier 4 placements have been considered by a virtual panel as and when a decision is needed. Whilst the panel recommends approval for placements, formal approval is aligned with the council's financial scheme of delegation and CSOs.
38. As an individual's Tier 4 treatment placement costs are significantly higher than those accrued on a per person basis through engagement with the AIDATS, funding applications must demonstrate effective pre and post placement planning arrangements to ensure that service users are prepared for the intensity of treatment and motivated to make changes as well as able to make best use of the placement without attrition.
39. In Southwark, access to the Tier 4 pathway is gate-kept through the AIDATS community service. This is to ensure that a comprehensive assessment of need has been undertaken by a suitability qualified professional with knowledge and experience of assessing drug and alcohol support needs and that the assessment identifies that these needs cannot be effectively met within a community setting. For all placements involving a medical intervention (Lots 1 and 4), funding applications must be endorsed by a medically trained professional to appropriately manage Kindling, a neurological condition arising from repeated withdrawal attempts whereby each attempt results in increasingly severe withdrawal symptoms and risk to health.
40. Placement suitability is influenced by a range of factors including therapeutic ethos, location and specialisms such as female only, mental health and criminal justice. A DPS checklist is used to capture information as part of the assessment process to identify support needs and where a prospective service user meets the borough's eligibility criteria, a placement will be offered to meet the support needs identified in the assessment. This process does not consider provider preference, and referring agencies are not permitted to discuss specific providers with prospective service users in order to manage expectations. For all Tier 4 placements, the council bases the provider selection process on matching identified needs from assessment to the most appropriate provider on the DPS. This may not be with a provider of the prospective service user's choice, but will be with a provider who is able to offer the necessary support and treatment to meet needs.

41. Approved DPS providers are prioritised for placement award. In the event that treatment needs are unable to be met by an approved DPS provider, the council is able to spot purchase a placement outside of the DPS, with the same consideration given to meeting support needs whilst ensuring best value for expenditure of public funds. Spot purchase placements are recommended in exceptional circumstances only and an audit trail of evidence is retained to demonstrate that a DPS approved provider is not available to meet support needs in order for a spot purchase placement award to qualify for funding.

Special considerations: Placement awards for residential detoxification (Lots 1 and 4)

42. Residential detoxification placements represent the greatest volume of Tier 4 activity commissioned by the council. Due to the complex nature of clinical substance misuse presentations, decisions to approve a placement require a comprehensive and detailed understanding of substance misuse and the capacity to take rapid, timely decisions so as to ensure that funding approval and access to placements are both progressed quickly. Any delay to these processes could result in increased harms to people that are in poor physical health and this urgency gives rise to an immediate need for decision-making at a local level.
43. As such, the approval of placement awards for these services has been actioned by the DAAT throughout the operational term with the exception of any spot purchase placement awards outside of the DPS which are referred to the relevant decision-taker for the purpose of scrutiny and transparency of the process. The value of each placement is always less than £25k and the CSO process of maintaining a contemporaneous record of all placement award decisions provides transparent and auditable evidence of decisions.
44. In 2021, DAAT officers took advice from the then Head of Governance in relation to the process that should be followed for the approval of funding for these placement awards to ensure compliance with CSOs and the relevant departmental financial scheme of delegation. It was proposed that this GW1 report should include a recommendation for the decision-taker to delegate approval for all placement awards to the DAAT for the reasons stated in paragraph 42 to 43 in order to formalise the placement award arrangements for these services.

Performance

45. The table provides a summary of placement awards recommended by the Tier 4 panel for each financial year, or part thereof, and the number of actual placements that took place. This data should be viewed with caution as there is not a direct correlation between the number of placements awarded and undertaken within a financial year with a pattern of overlap where a placement is awarded in one financial year and undertaken in a subsequent financial year.

Period	Lot 1 Award	Lot 1 Attend	Lot 2 Award	Lot 2 Attend	Lot 3 Award	Lot 3 Attend	Lot 4 Award	Lot 4 Attend
2018-19	0	0	31	30	<10	<10	84	52
2019-20	<10	<10	39	34	15	<10	71	65
2020-21	<10	<10	11	<10	<10	<10	<10	19
2021-22 (to date)	<10	<10	13	11	<10	<10	<10	29

Table 4: Panel approved and actual placements 2018-2022

46. Many placement awards that were recommended by the panel in the period leading up to the onset of the COVID-19 pandemic, in particular lot 4, were delayed for a significant period of time and this potentially accounts for the disparity in the lower numbers of placement awards recommended by the panel in 2020-21 and 2021-22 and the higher number of placements undertaken during the same time frame. There is also a consideration that agreed placements do not always result in actual placements for a variety of reasons.
47. The number of placement awards outside of the DPS are outlined in the table below along with a summary of the rationale for spot purchasing arrangements being necessary in order to meet need.

Period	Placements outside of the DPS	Rationale	Total spend
2018-19	<10	Programme ethos not represented	£32,995
2019-20	<10	Complex cases with specialist needs	£27,112
2020-21	15	No providers for the category	£37,590
2021-22 (to date)	<10	Minimal approved providers for the category	£25,548

Table 5: Spot purchase placements 2018-2022

48. National Drug Treatment Monitoring System (NDTMS) data can be found in a closed version of this report.
49. Local monitoring and financial information evidences that placement activity was higher before the DPS and the new panel governance arrangements started on 1 July 2018. Whilst there has been a reduction in the numbers of people receiving placements, at no point during the

operational term has the council been unable to fund a placement for an eligible resident based on constrained budgets.

50. Historically, there was a pattern of placement awards, particularly for residential detoxification placements, whereby people were receiving funding for placements for respite and non-medical detoxification reasons. Eligibility criteria was firmed up within the DPS service specifications as well as the introduction of a new requirement for referrals to only originate via the AIDATS as the front door to the pathway. This move to a single entry point and medical endorsement of residential detoxification placements, as outlined in paragraph 39, served to reduce the volume of inappropriate referrals to the pathway. This has also helped to safeguard the health of vulnerable people who were at risk of the Kindling effect.
51. In recent years, the AIDATS has rolled out comprehensive community detoxification programmes for alcohol and opiate users. These programmes are underpinned by a clearly defined process that supports safe and effective discontinuation of a substance whilst seeking to minimise withdrawal symptoms and are offered as part of a package of support including psychosocial interventions.
52. An effective and responsive treatment system that intervenes earlier in a person's substance use journey through offering access to these programmes is likely to reduce the numbers of people that require higher threshold, higher cost residential placements to meet their needs and it is considered that this has taken place locally, albeit impossible to substantiate. However, community detoxification will not meet everyone's needs and should not be viewed as a substitute for residential placements if a person's support needs dictate that this is the most appropriate and safe option for care.
53. A decision was taken to close the Tier 4 pathway between March and August 2020 due to the risk of COVID-19 transmission for residents travelling to and from services outside of the borough. Prior to the closure, there was a natural reduction of prospective service users presenting for placements as they chose to postpone and be held by the AIDATS for an interim period. It was necessary to award a number of lot 4 residential detoxification placements during this period due to the risks of postponement outweighing the benefits of reduced COVID-19 transmission risk; this was achieved through spot purchasing as there were no approved lot 4 providers at the time and a testing programme was introduced to mitigate COVID-19 risk.
54. Whilst there has been a reduction in the number of placements during the operational term of the DPS, officers recommend that this is not considered as reflective of an accurate benchmark of demand for the services due to the current position of not being able to accurately identify the impact of other factors such as the changes to local governance, an upscaling of the community detoxification programmes and the COVID-19 global pandemic and that budget setting must take this into account.

Summary of the business case/justification for the procurement

55. The original procurement of a bespoke DPS proposed three primary outcomes:
- i. To seek to reduce the cost of commissioning Tier 4 drug and alcohol placements across the initial four year term that would be driven by securing more competitive prices and economies of scale
 - ii. To improve the visibility of what services are funded and how expenditure takes place through the introduction of improved data and performance quality requirements in addition to increased transparency around spend
 - iii. To procure single coherent commissioning arrangements for all areas of Tier 4 drug and alcohol treatment provision with a confirmed list of suppliers that have all been subject to intensive due diligence processes and meet the council's minimum threshold requirements for the delivery of the required services to some of the borough's most vulnerable residents.
56. There is evidence of more competitive prices being made available to the council through the use of this procurement tool. Each DPS lot, and lot pathway categories, has a defined price cap which represents the maximum amount that the council will pay for the services. The price caps were determined in 2017 through a collaboration between the DAAT and ASC officers and evolved from a process of market sector benchmarking to ensure that they represented good value for money for the council whilst not driving down costs so low as to affect the sustainability and viability of the market sector.

Lot	Pathway category	Price cap	Pricing unit
1	Detoxification	£230	Occupied bed night
1	Rehabilitation	£799	Weekly
2	Residential (or Quasi-residential) Rehabilitation (First/Second Stage) or	£799	Weekly
2	Aftercare	£300	Weekly
3	Day programmes	£410	Weekly
4	Detoxification (planned)	£250	Occupied bed night
4	Detoxification (short notice)	£270	Occupied bed night

Table 6: Lot pathway price caps

57. A number of providers used by the council to provide pre-DPS placements were charging rates in excess of the price caps. In order to continue to be

eligible to receive placements, some providers opted to reduce their rates to comply with the price caps, thus providing the council with more competitive pricing options for the same services.

58. Price is considered for every placement award. Ability to meet need is the primary factor that underpins the identification of the most appropriate placement with cost effectiveness as a secondary measure. This ensures that every placement awarded is subject to consideration of best value. The council encourages providers to submit viable prices for the services, inclusive of all costs, with a view that those offering more competitive prices are more likely to receive business in the event of a short-list of providers being generated for consideration of placement award. As such, offering a more competitive price may serve to increase the volume of placement award activity that a provider receives during a placement admission period, thus increasing their income from the council.
59. Additionally, to facilitate the transportation of people in poor physical health to a lot 4 placement where this involves travel, providers are required to submit transportation costs as part of their tender submission up to a defined price cap and this is included in the council's assessment of best value when awarding lot 4 placements.
60. It may be necessary to fund lot 1, 2 and 3 travel costs from the shared ASC/Public Health budget allocation when assessed as a requirement in accordance with the council's Travel Assistance Policy. For these placements, the council will only agree to fund travel arrangements if the assessment identifies that a service user does not have adequate means to make their own arrangements. The service user may need to contribute towards the cost of their travel arrangements following a financial assessment if the council agrees to fund a placement.
61. The DPS and associated pathway processes provide the council with a comprehensive governance system that has improved transparency around the use of providers, placements and spend since July 2018. Servicing the DPS is resource intensive for officers but, for the first time in the borough, there is assurance that, for the most part, vulnerable residents are only placed with providers that have been subject to a procurement process that assessed quality and price and that best value can be demonstrated for every placement awarded under the pathway.
62. Officers consider that all three of the primary outcomes have been met and that a continuation of the procurement of placements through the council's bespoke DPS represents the best opportunity to continue to deliver best value in the commissioning of these services whilst having assurance and confidence that vulnerable residents are being placed with high-quality services that have met the council's comprehensive requirements through a tender process.
63. The budgets outlined in this report are aligned to adults aged 18 years +. As noted previously, it is exceptionally rare for under 18s to require these

services and this is reflected in nil under 18s being placed through the pathway since 2018. There remains a possibility of an under 18 presenting with a need during the operational term and there has been periodic discussion regarding budgetary responsibility for funding placements for under 18s.

64. Due to a lack of demand, there is no mutually agreed funding arrangement between children's services and Public Health. Residential placements are not substance misuse specific and they support people to address a range of health and social care needs as is the case with adult placements under this pathway. As such, it is considered that funding decisions for under 18s placements shall be undertaken as part of a partnership approach with input from other agencies involved in their care as well as discussions around collaborative funding as and when they present. The ASC budget in this report will not be responsible for funding any placements for under 18s.
65. The DPS Entry Guide outlines a range of placement award scenarios that may arise and the council's processes in awarding placements under each of these scenarios. There are occasions where an approved DPS provider will not be identified and there will be a need to spot purchase outside of the DPS to source appropriate care. Options for spot purchased placements are considered from a national list of known providers with consideration given to the same placement award criteria as for approved providers (ability to meet need and best value), which brings flexibility to the system in order to meet resident need.
66. To date, each commissioning round of the DPS has attracted new market sector interest and officers consider that there is a healthy selection of approved providers appointed to the DPS that are able to continue to offer placements from 1 April 2022 (Appendix 1). Each commissioning round has given new providers an opportunity to join and existing providers an opportunity to revise their pricing of the services within the DPS price caps, thus supporting sustainability of the sector as well as enabling update of placement suitability information to ensure that awards are underpinned by the most current provider assessment of their knowledge, expertise and skills. This helps to future proof the DPS against emerging and novel patterns of substance use and cohorts of people using substances in a harmful way.
67. Locally, there are higher than national average prevalence rates of unmet need for people using opiates and crack cocaine, opiates and / or alcohol, and the borough is in line with the national average prevalence rates of unmet need for crack cocaine. These reflect the percentages of people using the named substances who are not in treatment and whom are likely to evidence longer term patterns of substance use with a range of comorbidities and harms and complex, higher risk presentations.
68. Engagement in community treatment brings protective factors, but often substance use is so entrenched that a person does not respond effectively

to community treatment and requires a Tier 4 intervention. Based on the high levels of unmet need in Southwark, this is indicative of a strong need for access to residential treatment placements as part of the borough's treatment system offer in order to provide people with complex and / or higher risk needs with an intensive treatment option to meet their needs and reduce inequalities and risk to wellbeing.

69. Drug-related deaths (DRDs) in England and Wales are at their highest level since records began in 1993¹, with a 52% increase over the last ten years. Men accounted for more than two-thirds of drug misuse deaths in 2020, with the rate of cocaine-related deaths in women increasing by more than 800% since 2010 (16 in 2010, 158 in 2020). Rates of drug related death are substantially higher in more deprived areas.
70. The number of deaths related to drug misuse in the borough between 2010 and 2020 are outlined in the table below. In 2020, Southwark had the 6th highest rate of drug misuse deaths of all the London boroughs, and this accounted for 4.39% of all drug misuse deaths in London². Half of opiate-related deaths occur in people who have never been engaged with drug treatment, or who have not been engaged in drug treatment for several years (known as unmet treatment need).

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
8	5	9	10	12	13	13	14	15	18	13

Table 7: DRDs in Southwark between 2010 and 2020³

71. Access to Tier 4 placements is integral to the council's responsibility to prevent and reduce substance related deaths. Provision of residential treatment for those with more complex and / or higher risk support needs at the earliest opportunity reduces the likelihood of premature mortality and also helps to reduce a range of health inequalities (eg. liver disease rates and hospital admissions for drugs / alcohol), thus supporting local residents to recover from addiction and live healthier lives.
72. Tier 4 Drug and Alcohol Placements support the delivery of a range of outcomes for people using them, their families and communities. An overview is provided below:
 - i. Saving lives – engagement in appropriate treatment has protective factors against overdose and substance related death and reduces transmission of blood borne viruses;
 - ii. Helping people to recover by breaking the addiction cycle and supporting sustained change;

¹

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

²

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority>

³ As 12

- iii. Improving the life chances for children and young people (CYP) – engagement in treatment by a parent with drug and / or alcohol support needs helps to reduce the number of CYP impacted by the inequalities of living in a home with substance use and the ill effects of this (instability, educational impact, health and wellbeing);
 - iv. Reducing crime and offending and antisocial behaviour;
 - v. Preventing the spread of addiction as people in treatment are less likely to recruit other people into using substances;
 - vi. Improving the ability to access and sustain suitable accommodation and employment, training or education;
 - vii. Improvement in mental and physical health and wellbeing and reducing hospital admissions;
 - viii. Improved relationships with others.
73. Access to residential rehabilitation, structured day programme and aftercare services (Lots 1 – 3) are governed by eligibility regulations detailed within the Care Act 2014 and providers of placements for these services are required to be guided by the concept of promoting wellbeing with consideration given to all of the aspects of wellbeing involved in meeting support needs and assisting people to achieve their desired outcomes, which may include:
- i. Managing and maintaining nutrition
 - ii. Maintaining personal hygiene
 - iii. Managing toilet needs
 - iv. Being appropriately clothed
 - v. Being able to make use of the adult’s home safely
 - vi. Maintaining a habitable home environment
 - vii. Developing and maintaining family or other personal relationships
 - viii. Accessing and engaging in work, training, education or volunteering
 - ix. Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services
 - x. Carrying out any caring responsibilities the adult has for a child.

Market considerations

74. The Tier 4 drug and alcohol treatment field is a developed market with a range of different providers of varying size (including NHS, third and private sector organisations) currently delivering the required treatment services throughout England and Wales. In recent years, the market has been more volatile as noted earlier in this report.
75. At the time of writing, all four lots have varying numbers of approved providers appointed to provide the services and this will reflect the starting position of the next four years of the DPS. There are a number of providers that have previously applied to join and been unsuccessful as well as non-approved providers used for spot purchase during the operational term that may wish to apply to join the DPS. The council will continue to make use of

the rough sleeper pathway for this vulnerable group in line with the recommendation in paragraph 4.

76. The tender notices will ensure that each commissioning round is in the public domain and this should be sufficient to generate a positive response from the market sector. An advertisement will also be placed in the Drink & Drugs News (DDN), the primary magazine for drug and alcohol treatment services in England, in order to increase the reach of the opportunity.

KEY ISSUES FOR CONSIDERATION

Options for procurement route including procurement approach

77. **Do nothing** - The option of doing nothing is not viable. The services are strategically and operationally essential to the successful delivery of the wider drug and alcohol treatment system and contribute to reducing health inequalities and preventing and reducing substance related deaths including premature mortality arising from drug and / or alcohol use. If a continuation of the DPS is not approved, spot purchasing of the services will re-commence and this does not demonstrate an effective way of ensuring that vulnerable residents are placed in quality-assured placements, nor negotiating and securing the best possible prices for service provision at a time when there are significant financial pressures on council budgets and there is a continued need to demonstrate best value is being achieved in the procurement of higher cost service provision.
78. **Undertake a competitive tender process and award a contract to a single provider for each lot category** - This option has been considered and is not viable. A wide spectrum of presenting service user needs are considered at the Tier 4 Panel with no single provider able to meet all of these needs within a unilateral service contract for a specific lot category which would result in an inability to appropriately place people in a unit tailored to meet their needs and provide the best opportunity for recovery.
79. **Set up or join a framework agreement** – A framework agreement does not represent the best option available for procuring the services due to market volatility which could result in a loss of all providers from a lot category and no opportunity to open this up for new providers during the term.
80. **Continue to procure the services through a bespoke Southwark DPS which is open to other commissioning bodies to join as a purchaser for a fee** – This is the preferred option with evidence provided throughout this report to support this procurement route.

Proposed procurement route

81. The **preferred** option is to continue the procurement of the services through the existing bespoke light touch DPS with at least two competitive tender processes (commissioning rounds) during the four year operational term.

This is recommended on the basis of substantial evidence in support of the effectiveness and efficiency of the DPS as the primary procurement tool for these placements. By opening up for at least two commissioning rounds during the operational term, this will provide the council with opportunities to refresh the supply of approved providers on the DPS, subject to compliance with requirements.

82. These services continue to be classified as light-touch and fall within the CPV codes listed in Schedule 3 of the Public Contracts Regulations 2015 and, as such, this allows significant flexibility in the design of the tender process.
83. All four lots, and associated lot pathways categories, will be subject to competitive tender with no upper limit on the number of approved providers in each category. The council reserves the right to open a commissioning round on a more frequent basis than the two proposed rounds as a requirement may arise to account for market volatility.
84. The six application categories detailed in paragraph 27 will apply in each commissioning round with tender documentation requirements dependent upon the application category route.
85. Placement awards will take place on a demand-led basis throughout the operational term, as outlined in the DPS Entry Guide, and these shall be documented in line with CSOs and the relevant departmental financial delegation schemes.
86. It is proposed that the DPS continues to be open to other commissioning bodies to join as a purchaser through an access agreement for the duration of the term at a cost of up to £7k per annum. Where other local authorities do not wish to purchase from all categories, the council will identify an appropriate charge.
87. The primary benefit of enabling other commissioning bodies to join as a purchaser is the potential scope for an increased volume of business for approved providers and the opportunity to secure more favourable prices on behalf of the participating purchasers. The City of London Corporation is currently a purchaser.
88. It should be noted that there is no requirement for a standstill period as providers will have no grounds for challenge as any provider that is unsuccessful at meeting the council's minimum thresholds at suitability assessment questionnaire (SAQ) stage will have an opportunity to reapply to join the DPS in the next round.
89. Other local authorities will have differential funding processes in place for Tier 4 placements. Formal agreements will be required between any local authority utilising the DPS and the providers in all lots as the council will play no role in arrangements for non-Southwark residents.

Identified risks for the procurement

90. The identified risks for the procurement are detailed in the table below.

Risk	Risk grading	Mitigating action
Loss of all approved providers from a lot / lot pathway category during the operational term	Low	Spot purchasing is permitted where no approved DPS provider is available to meet need and this follows the same award process as for approved providers. The DPS can be opened outside of the two proposed commissioning rounds to support new providers to join.
Uncompetitive fee rates submitted on return of tender due to low numbers of providers for some lot categories	Low	Each lot has a maximum price cap above which tender returns will automatically be rejected and this is made explicit within the tender documentation. Previous commissioning rounds have identified approved providers that are offering services under the price cap across all four lots.

Key decisions

91. This is a non-key decision.
92. The GW2 stage will involve individual placement awards throughout the operational term and these shall be agreed in accordance with the relevant departmental financial delegation schemes and CSOs and in line with the recommendation in paragraph 5.

Policy Framework Implications

93. The policy implications of note at the current time are:

- Public Health grant conditions of funding
- Care Act 2014
- Southwark Borough Plan 2020-22
- Southwark Health and Wellbeing Strategy Refresh 2021
- Southwark Joint Mental Health and Wellbeing Strategy 2021-24
- HM Government Drug Strategy – a ten year plan (2022-2032)

- HM Government Serious Violence Strategy 2018
 - Southwark Council Extended Learning Review 2019
 - Southwark Community Safety Plan 2017 – 2020 (update in development)
 - Southwark Stands Together
 - Independent review of drugs: part one and part two
 - Southwark ‘Tackling the climate emergency together’ Strategy 2021
 - Southwark Council’s ‘Fairer Future Procurement Strategy and Framework’ 2019 (includes social value commitments)
94. Public health services aimed at reducing alcohol and / or other drug misuse are non-mandated functions, but have been a condition affecting the payment of the Public Health grant to local authorities since 2015-16. Pursuant to section 31(4) of the Local Government Act 2003, the Secretary of State stipulated: “A local authority must, in using the grant: *‘have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners.’*”
95. The services offer a range of benefits and impacts on cross council priorities, as well as playing a key role in the successful delivery of the Southwark Borough Plan 2020-22, in relation to the following Fairer Future themes:
- *A place to call home* – addressing problematic or dependent drug and / or alcohol use supports people to sustain accommodation tenancies and improves housing resilience within a holistic approach to care planning. Additionally, engagement with effective drug and / or alcohol treatment for people sleeping rough plays a key role in supporting the council’s ambition to end rough sleeping in the borough.
 - *Climate emergency* – please refer to climate change implications section.
 - *A green and fair economic renewal* – the services support people to identify education, training and employment needs and to engage with appropriate services to improve opportunities for sustainable employment. Achieving stability in treatment and sustained recovery enables people to find work, access training and achieve their goals as well as contributing to the local economy.
 - *Tackling health inequalities* – tackling dependency and associated ill-health helps to reduce inequalities and support people to improve their lives with contribution to a wide range of outcomes. Addressing support needs helps to tackle health inequalities arising from the same, including supporting people to improve mental health through a reduction in substance use as well as to act as an entry point to facilitating access to blood borne virus testing and treatment.
 - *A great start in life* - the services have a key role to play in improving the life chances of the children of parental substance users and reducing harm.

- *Southwark Together* – effective drug and alcohol treatment provides a platform for facilitating opportunities to improve life chances and outcomes for many of the borough’s most vulnerable residents. Where people are supported to address their substance use, to reintegrate with their community, and are able to access opportunities to improve their life chances, a more fair and just borough is created.

Procurement project plan (Non Key decisions)

Activity	Complete by:
DCRB Review Gateway 1:	02/03/2022
CCRB Review Gateway 1:	03/03/2022
Cabinet Member Briefing	10/03/2022
Approval of Gateway 1: Procurement strategy report	24/03/2022
DPS start date	01/04/2022
Batched call offs (By LA) on quarterly basis to Official Journal of European (OJEU)	30/06/2022
Batched call offs (By LA) on quarterly basis on Contracts Finder	30/06/2022
Commissioning rounds 4 / 5	31/03/2026
DPS review date (and every four years thereafter)	31/03/2026

Table 8: Anticipated procurement timetable

TUPE/Pensions implications

96. TUPE will not apply in respect of approved providers on appointment to the DPS and neither is it anticipated that TUPE will apply on an initial, nor subsequent, placement award because each treatment episode is of a short term duration and no approved DPS provider has staff dedicated to the sole delivery of services for Southwark residents.

Development of the tender documentation

97. The tender documentation was originally developed in 2017 and has been updated for each subsequent commissioning round to refine the council’s requirements. For all commissioning rounds undertaken within the operational term, tender documentation will be updated by DAAT officers with support from colleagues in ASC, legal and procurement. Specialist medical input from an independent substance misuse doctor with expertise in this field will continue to be sought on a consultancy basis.
98. Key documents included in the tender packs will vary dependent upon the application category with more comprehensive and substantial requirements for new providers on their first submission to join the DPS and lighter touch requirements for existing providers who may or may not wish to amend their previous commissioning round submission in relation to

price(s) and / or services. Consideration has been given to reducing the administrative burden for providers that were previously unsuccessful in joining the DPS to enable them to complete a more targeted tender submission in a subsequent commissioning round that focuses upon addressing areas of non-compliance. The same approach is also taken for approved providers of a lot that wish to become an approved provider of a different lot or whom wish to enter new services within an approved lot.

Advertising the contract

99. During each commissioning round, the council will be seeking submissions from new providers of the services that have the relevant expertise, knowledge and skills to deliver the required scope of service provision outlined in the service specifications of the four lots.
100. The tender will be advertised through a variety of forums including Find-a-Tender, Contract Finder, Drink and Drug News (DDN), and any other relevant sources. Approved providers of the services will be informed of upcoming commissioning rounds via email and the Pro-Contract Portal.

Evaluation

101. Tender evaluation panels will be structured around the four lots. The panels will consist of DAAT, Public Health and ASC officers, and other individuals with expertise in the required services including the substance misuse doctor. The evaluation methodology will be clearly defined within the tender pack of each application category.

New providers wishing to join the DPS (AC1)

102. Following compliance checks, a provider's suitability assessment questions (SAQ) response document shall be evaluated first. This includes a financial compliance component in relation to organisational turnover as well as consideration of mandatory and discretionary exclusions. Project specific questions form part of the assessment and include:
 - i. Provision of service information that will be used to generate placement awards (not scored)
 - ii. Compliance with a range of pass/fail questions, and
 - iii. Method statement responses (some minimum score requirements).
103. Subject to a provider passing the SAQ stage, an assessment of price shall take place. Providers are required to submit their prices for the lots, and lot pathway categories, that they wish to join the DPS to provide the services on an excel spreadsheet template and this is checked to ensure that the price(s) provided are below the council's price cap for the lot / lot pathway categories.
104. All providers that meet the council's requirements, as outlined above, shall be approved to join the DPS as a provider of the services for the lot. Service

information provided at tender is input onto an excel spreadsheet and is used by the council to identify the most appropriate provider to meet a person's support needs at the most cost effective price to the council on a demand led basis throughout the operational term.

Providers that were unsuccessful in a previous commissioning round / wishing to join new services to a new lot / wishing to join new services to an existing lot (AC2/3/4)

105. A bespoke evaluation process shall take place in accordance with the application category. To reduce the administrative burden for providers, requirements for tender submissions shall be targeted to focus upon an update of documents since the previous commissioning round and addressing areas of non-compliance. Whilst a lighter touch approach shall be followed, all providers shall be subject to the same overall requirements in order to be approved to participate on the DPS as outlined in paragraphs 102 to 104.

Existing providers wishing to change prices/services or not (AC5/6)

106. A light touch process shall apply in order to minimise administrative burden for existing approved providers that wish to either update their prices and / or services or maintain the previous commissioning round's prices. A continuation of the most successful approach trialled within the current operational term will take place with all approved providers being asked to confirm whether they wished to update their prices or maintain with no revision.
107. Following confirmation of preference, a bespoke tender pack shall be created for each individual provider with instructions on how to complete the submission. All returns shall be reviewed to ensure compliance with the council's requirements. Any changes to information about services and / or prices shall be amended on the excel spreadsheet used to generate placement awards and this shall apply for the placement admission period.

Tender Evaluation – Deviation from weighted model

108. The council's standard tender evaluation is a price / quality / social value weighted model. However, this is not proposed for this tender.
109. Each commissioning round provides an opportunity for new providers to apply to join the DPS or for existing providers to amend their services and / or prices. There are no upper limits on the numbers of approved providers on the DPS at any time. Whilst terms and conditions of contract do apply to all providers approved to participate on the DPS during the operational term, there is no guarantee of business in the form of placement awards from the council to any provider and in applying to be on the DPS, providers are opting to be considered for placement awards in line with the DPS Entry Guide scenarios without guarantee of business.

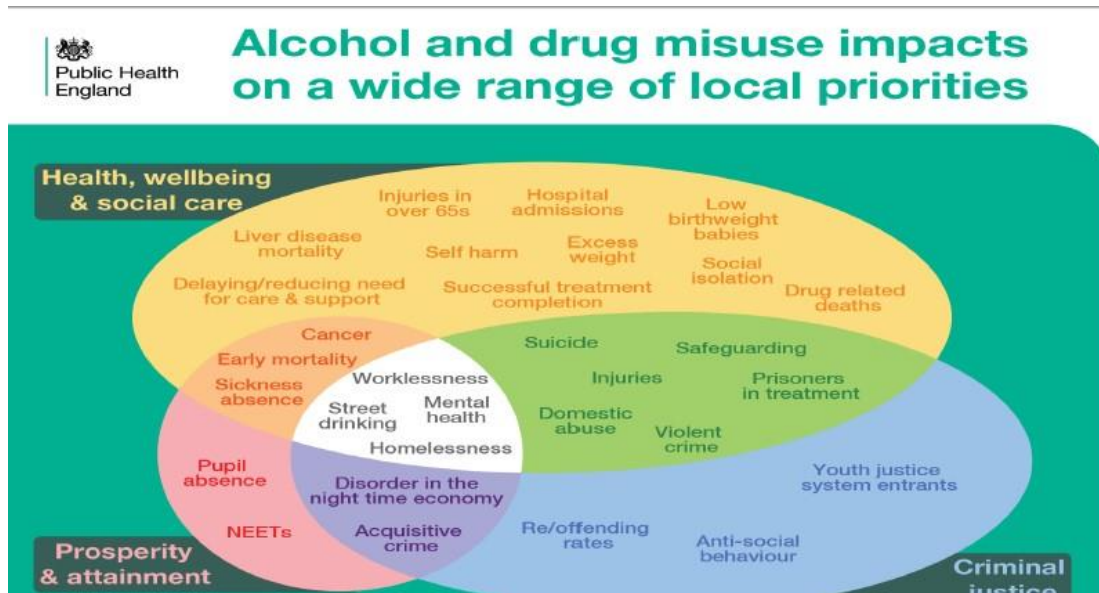
110. Quality is of paramount importance to the council when placing vulnerable people with drug and / or alcohol support needs in a residential placement. These people are often in exceptionally poor physical health and low quality or inappropriate support could ultimately result in serious harm or risk to life. This is of particular importance for people withdrawing from alcohol due to the risk of delirium tremens, which is the most severe form of alcohol withdrawal and requires careful management.
111. Most lot 1 to 3 placements are residential in nature and involve a minimum period of 12 weeks intervention with the services. The council requires assurance of the quality of these services for this extended period to safeguard the wellbeing of vulnerable people for whom conventional community based treatment has not been successful and to reduce the risk of attrition from poor quality or sub-standard programmes that fail to deliver the required outcomes or result in untimely death, neglect or inappropriate harms.
112. Therefore, quality is an integral part of the procurement process and is assessed through a range of project specific questions. This provides the council with assurance that only providers that meet the minimum quality threshold requirements at tender shall be approved to join the DPS, subject to compliance with the council's lot price cap(s). As providers are not in competition with one another to join the DPS because the council does not have an upper limit of providers per lot, there is no requirement for a quality percentage weighting to be applied to provider tender submissions as the primary reason for assessing quality is to ensure appropriate placement of vulnerable people in the event of a placement award as opposed to competition between providers for a contract award.
113. Equally, there is no requirement to apply a tender lowest price evaluation weighting as the presence of lot price caps ensures that the council does not pay above a upper price threshold for the services. It is made clear to providers that they must propose a price for the services that is both viable throughout the placement admission period, but that also acknowledges that more competitive prices for the services are likely to receive more business for the council in the event of a number of providers being able to provide the services for a service user in accordance with the DPS Entry Guide placement award scenarios. Approved providers may amend their prices in subsequent commissioning rounds, but must not exceed the price cap for the services.
114. Social value shall not be specifically evaluated as a distinct requirement of the tender submission process. The majority of providers are located outside of the borough with coverage across England and Wales, none of them offer services solely for Southwark residents and the council does not guarantee any business to any provider during the operational term. All placements are for a relatively short term period (12 weeks maximum). Attempting to extrapolate the social value contribution of services that provide for a tiny proportion of the borough's residents and who may or may not receive any business from the council is considered impossible.

115. However, the services in themselves are about social value and it is considered that this is captured already within the project specific questions (quality). By supporting vulnerable people to address addiction and dependency, there is a significant benefit to the individual, their families including children, their communities and to the council and this is covered in more detail in the social considerations section.

Community, equalities (including socio-economic) and health impacts

Community impact statement

116. Drug and alcohol misuse is a cross-cutting issue that impacts on a wide range of national and local priorities:



117. Drug and alcohol misuse and dependence can result in significant economic, health and social harms to users, their families and the community. These include poor physical and mental health, homelessness and rough sleeping, family conflict, involvement in crime and unemployment. The health and wellbeing of family members and friends is often impacted by an individual's substance use and a United Kingdom Drug Policy Commission study identified an estimated annual cost of £2bn for these groups aligned with financial support, lost employment opportunities, health service use and being a victim of crime.

118. The use of heroin and crack is strongly aligned with the majority of societal costs of untreated dependence; this is because addiction to these substances is expensive and provides a motivation to commit crime to fund use. Adult drug users not in treatment typically spent £231 per week on drugs in 2009. The cost of illicit drug use to society is substantial with the Home Office estimating £11.4bn in 2015-16 aligned with enforcement, crime, use of health services and deaths.

119. There is significant evidence that investment in effective drug and alcohol treatment significantly reduces the harms of misuse and dependence, and is effective in improving a range of outcomes for all in society. Positive outcomes do not arise from the successful completion of treatment alone, but are evidenced from treatment commencement and engagement in improved health, stability, social functioning and reduction in crime.
120. OHID estimates that adult drug treatment reflects a return on investment for society of £4 for every £1 invested, and that adult alcohol treatment reflects a return of investment for society of £3 for every £1 invested.
121. The absence of this category of services from the borough's treatment system would adversely affect Southwark's communities through an increase in inequalities, unmet treatment need, ill health, crime, hospital admissions, and public use of substances including injecting in public places, a rise in drug and alcohol related mortality, and a lack of perceived community safety and satisfaction for the residents of the borough. The services ensure people with high-threshold needs who cannot be safely supported to achieve recovery in the community receive the appropriate level of intensive support at the time that it is needed.
122. An Equality Impact Assessment, undertaken in 2021, identified a range of people with protected characteristics that have drug and / or alcohol support needs that require careful consideration in terms of treatment system planning. These include, but are not limited to, females, vulnerable CYP, Black Asian and Minority Ethnic people, older people, people with a range of disabilities including mental ill-health, and people identifying as Lesbian, Gay, Bisexual, Transgender +. Some groups of people with multiple vulnerabilities, for example, rough sleepers, comprise a detailed analysis of consideration of protected characteristics, and an appropriate service approach and offer. A separate EIA focusing upon rough sleepers was undertaken in 2021 and this also considered drug and alcohol use.
123. Analysis identifies that the causes and consequences of drugs and / or alcohol use and dependency for these groups differs, and they experience increased vulnerability and harms from substance use and associated behaviours. Intervention and facilitation to access appropriate support pathways is critical in terms of reducing the health, social and wellbeing inequalities faced by people using drugs and / or alcohol problematically, and improving outcomes, including reduced premature mortality.
124. The Tier 4 pathway, and services commissioned via the DPS or spot purchase arrangements in exceptional circumstances only, shall be accessible to any adult aged 18 years + with a residential drug and / or alcohol support need that meets the borough's eligibility criteria for the services. Residence status is considered in line with the Care Act 2014 legislation and the 'Overseas NHS visitors: implementing the charging regulations' guidance.

125. In addition, the services will support the reablement of vulnerable residents offering specialist support to enable them to address their substance misuse and to develop strategies that will support independent living as far as possible. Special considerations apply to placements for young people under 18 years for the reasons outlined in paragraphs 70 and 71.
126. The proposal shows no potential for discrimination and all appropriate opportunities to advance equality of opportunity and foster good relations between people with different protected characteristics have been considered as part of the procurement planning.

Equalities (including socio-economic) impact statement⁴⁵

127. There are well established links between drug use and socio-economic factors, with a significantly positive correlation between rates of problematic drug use (opiates and crack cocaine) and local authority deprivation levels, and similarly, higher rates of alcohol dependency in local authority areas with higher levels of deprivation. The prevalence of alcohol specific deaths is over twice as high in the most deprived decile (16.7 per 100k) when compared to the least deprived decile (7.1 per 100k), with rates of drug misuse deaths also reflecting a positive correlation against regions with higher deprivation.
128. Rates of admissions for drug or alcohol specific conditions for males and females evidence a positive correlation with deprivation, with much higher incidences of conditions in the most deprived areas. In 2018, OHID reported that around 20% of children in need are affected by drug misuse, and around 18% are affected by alcohol misuse. Parental drug and / or alcohol misuse is present in around 25% of cases on the child protection register. Drug misuse is a factor in 38% of serious case reviews, and alcohol misuse in 37% of serious case reviews.
129. An inter-related range of structural socio-economic factors, including poverty, inequality, insecure accommodation and / or employment, and access to benefits are experienced by many people with drug and / or alcohol support needs. These factors can also be a cause and consequence of wider issues such as rough sleeping, where vulnerabilities are significantly increased due to a poor, unsafe living situation.
130. Access to effective, high quality drug and alcohol treatment services plays an essential role in reducing health and wellbeing inequalities arising from unmet support needs. Factors associated with successful completion of treatment include being in work and education, as well as a younger age at treatment start and good physical health⁶. This provides support for the

⁴ <https://app.box.com/s/p52mrjh78yryshd9smogm350s7ougg11>

⁵ <https://www.instituteofhealthequity.org/resources-reports/priority-public-health-conditions-task-group-report/task-group-8-priority-public-health-conditions-full.pdf>

⁶ <https://www.local.gov.uk/sites/default/files/documents/P5%20Drugs%20and%20alcohol%20related%20>

need for approved providers to work in partnership with local support services to facilitate aftercare arrangements for people in placements.

131. Frequent use of opiates, previous treatment disengagement, injecting, living in the most deprived decile, having housing problems, and being of white ethnicity are all factors associated with a reduced likelihood of successful treatment completion⁷.
132. Pursuant to section 149 of the Equality Act 2010, due regard has been given to the council's decision making processes to the need to:
- a) Eliminate discrimination, harassment, victimisation or other prohibited conduct
 - b) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not
 - c) Foster good relations between those who share a relevant characteristic and those that do not share it.
133. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The Public Sector Equality Duty also applies to marriage and civil partnership, but only in relation to (a) above.
134. Officers have taken steps to ensure compliance with the Public Sector Equality Duty imposed by the Equality Act 2010, as detailed in this section in particular:
- A drug and alcohol Joint Strategic Needs Assessment (JSNA) for adults is being finalised by the council's Public Health division;
 - Updated EIAs explored people with protected characteristics that are particularly vulnerable in relation to drug and / or alcohol misuse;
 - Utilising available data and intelligence, including JSNA and National Drug Treatment Monitoring System (NDTMS) reports, to develop service specifications and monitor patterns and trends within the pathway;
 - The service specifications will be updated to include detailed reference to the council's Southwark Stands Together programme and the tender documents will also be updated to request specific service information pertaining to specialist provision for people identifying as Black, Asian and Minority Ethnic;
 - A continuation of assessment of equality, diversity and inclusion as part of the formal tender process in order to provide assurance to the council of providers in this regard;

[health%20inequalities%20differentials%20in%20harm%20and%20outcomes%20-%20Andrew%20Brown%20and%20Pete%20Burkinsaw.pdf](#)

⁷ As 20

- Consideration will be given as to how demographic information that is not routinely captured can be monitored throughout the operational term to improve local awareness and service delivery.

Health impact statement

135. The health impact of drug and alcohol misuse is well researched, and is evidenced throughout this GW1 report. Drug and alcohol misuse and dependence is more prevalent in areas of high deprivation, which, in turn, correlates with poorer health.
136. DRDs in England and Wales are at the highest levels since records began in 1993, and are also correlated with areas of high deprivation. People who use opiates are more likely to die prematurely than the general population, and sub-groups of drug and / or alcohol users, such as rough sleepers, have much higher vulnerability to premature mortality than the general population. The services will play a key role in preventing and reducing rates of drug and / or alcohol related deaths, and reducing harm through the offer of effective, safe placements for residents with drug and / or alcohol support needs.
137. Substance misuse and dependence not only affects the health and wellbeing of the user, but also has a serious negative impact on the health and wellbeing of their families and carers, including children. Reducing harm to children from parental substance misuse is a high priority for all agencies, and the services have an essential role to play in providing parental users with an effective residential treatment package to facilitate recovery and deliver positive benefits for CYP.
138. Physical health complications occur from the problematic use of drugs and / or alcohol, including BBV infection, liver conditions, sexual health issues, injecting problems such as abscesses, overdose and death. There are particular risks to the unborn children of pregnant users. Specialist residential placements have been commissioned under the Tier 4 pathway for pregnant women.
139. Mental ill-health can be both a cause and a consequence of drug and / or alcohol use, including anxiety, depression, personality disorders, abuse and trauma and self harm. Concurrent drug and / or alcohol use and mental ill-health are common, necessitating the need for the pathway to provide access to residential placements for people with these support needs.

Climate change implications

140. The climate change implications have been considered. This section should be read in conjunction with the environmental/sustainability section of this report.
141. To deliver the services, approved providers will require at least one physical site located within England and Wales. Invariably, the sites will

generate waste, and will also use energy and consumables. The proportionality of the council's expectations in relation to climate change must be balanced in relation to the factors outlined in paragraph 114 and the challenges that the council would face in compelling providers with no guarantee of business to comply.

142. Additionally, the market has been volatile in recent years and this also presents challenges for the council if it was to take a view of not approving providers to join the DPS if they could not provide a range of climate change benefits in service delivery that could be reasonably expected from a substantive contract award and guaranteed income.

143. The service specifications will be updated to include a section on climate change and will include a menu of considerations for providers to strive towards in their delivery of the services including:

- the use of building(s) that are as energy efficient as possible
- the use of sustainable paper options and usage offset by planting of new trees
- the use of renewable energy
- reducing carbon emissions in the supply chain of service consumables
- recycling of service waste into energy and consumables, thus reducing the amount of waste that goes to landfill
- reducing the use of single use plastics in service delivery
- options for resourcing the service with recycled items.

144. Due to coverage of services across England and Wales, transportation will be required to facilitate the transfer of service users to placements and their return. Use of public transport is prioritised where possible to minimise transport-related emissions by spreading them out over many passengers.

145. Services of this nature providing care and support to vulnerable people often have 'green' projects linked to supporting recovery through vocational training and skills development as well as promoting wellbeing; examples include gardening projects and community gardens.

Social value considerations

146. The Public Services (Social Value) Act 2012 requires that the council considers, before commencing a procurement process, how wider social, economic and environmental benefits that may improve the well being of the local area can be secured. The details of how social value will be incorporated within the tender are set out in the following paragraphs.

Economic considerations

147. Future commissioning rounds are likely to attract interest from a range of providers including small and medium voluntary and charity enterprises in addition to those already appointed to the DPS. This may serve to support

the market sector to continue delivering services at a time of substantial volatility.

148. Achieving stability in treatment and sustained recovery brings economic benefits to the borough through facilitating people with drug and / or alcohol support needs to address their dependency and supporting them to develop skills that will assist in engaging with employment, training and education. This also brings positive economic benefits for the council in reducing unmet need, and associated financial costs, by enabling residents to live independent lives with improved health and wellbeing and reduced health inequalities including premature mortality and substance related death.

Social considerations

149. The key priority for service provision is to prevent and reduce the prevalence of drug and alcohol misuse and dependence in the Southwark resident population and to reduce the severe health and social inequalities experienced by residents with drug and / or alcohol support needs that are unable to be met effectively in a community setting. This will be achieved by intensive direct delivery of interventions, primarily in a residential setting, as well as facilitated access to appropriate support pathways. All placements awarded through this pathway provide an opportunity to contribute to making Southwark a more equal, fair and just borough.
150. The services provide additional opportunities for people or groups facing greater social or economic barriers. Engagement in treatment reduces social and economic costs to the person and the borough. Through an intensive delivery approach, placements will support people to be more stable and less chaotic, providing them with an opportunity for recovery from misuse and / or dependence. This will be achieved by helping eligible residents to identify and explore a range of support needs; helping them to engage with a wide range of services to meet their needs and improve their health, wellbeing and social functioning. These activities contribute to reducing the economic, human and social costs associated with drug and alcohol misuse and dependence where there is no intervention.
151. The council is an officially accredited London Living Wage (LLW) Employer and is committed to ensuring that, where appropriate, contractors and subcontractors engaged by the council to provide works or services within Southwark pay their staff at a minimum rate equivalent to the LLW rate. Successful contractors will be expected to meet LLW / national living wage requirements, and contract conditions requiring the payment of LLW / national living wage will be included in the tender documents.

Environmental/Sustainability considerations

152. The environmental implications of residential drug and alcohol treatment are associated with residential living, i.e. energy and water usage, purchasing of domestic goods and waste generation (potentially including clinical waste).

Plans for the monitoring and management of the contract

153. The DPS Entry Guide details the operation of the DPS and placement award scenarios that will be complied with throughout the operational term. This may be adjusted as the system continues to develop and evolve over time.
154. All referrals for placements must be processed through the Tier 4 panel pathway with a record of decision completed for every recommended placement and approval by the appropriate decision-maker. In the event of a presentation necessitating an admission outside of the panel process due to urgency, the CSO process shall be followed. Urgent referrals will be monitored to ensure appropriateness throughout the contractual term.
155. The council will monitor the overall performance of the DPS and will make available to other local authorities any relevant information in this regard. The DAAT will liaise with procurement and legal officers to ensure appropriate reporting of placement awards. Other local authorities who use the DPS will be responsible for their own reporting of placement awards.
156. Southwark specific performance and outcomes measures will be monitored by the DAAT including NDTMS data. All local authorities using the DPS will be responsible for monitoring the performance of their own treatment system with no input from the council.
157. A range of quality assurance processes will be built into the service specifications to enable officers of the council and other local authorities to undertake audit as appropriate to provide assurances on the quality of service provision. This will include a requirement for providers to share information on serious incidents and Care Quality Commission (CQC) reports as a minimum.

Staffing/procurement implications

158. DAAT officers will provide lead commissioner responsibility utilising existing resources within the team to achieve deliverables and through close consultation with Public Health and ASC officers. Advice will be sought from legal and procurement officers as necessary.

Financial implications

2022 - 2026

159. The proposals in paragraph 1 will require the following annual budget allocations. Tables 10 and 11 comprise a breakdown of these costs by service category.

DPS	2022-23 (£)	2023-24 (£)	2024-25 (£)	2025-26 (£)	Total (£)
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Funding stream					
Public Health	366k	366k	366k	366k	1.464m
Adult Social Care	181k	181k	181k	181k	724k
Total	547k	547k	547k	547k	2.188m

Table 9: Annual budget allocations 2022-23 – 2025-26

160. The Public Health grant will solely fund residential detoxification placements with the proposed annual budget allocations detailed below. This includes any transportation related costs pertaining to these placements.

Funding stream	2022-23 (£)	2023-24 (£)	2024-25 (£)	2025-26 (£)	Total (£)
Public Health	185k	185k	185k	185k	740k

Table 10: Annual budget allocations – residential detoxification

161. Both the Public Health grant and ASC budget on a 50/50 funding contribution basis will fund residential rehabilitation, structured day programmes and aftercare placements and a breakdown is detailed below. This includes any transportation costs agreed under the council's Travel Assistance Policy.

Funding stream	2022-23 (£)	2023-24 (£)	2024-25 (£)	2025-26 (£)	Total (£)
Public Health	181k	181k	181k	181k	724k
Adult Social Care	181k	181k	181k	181k	724k
Total	362k	362k	362k	362k	1.448m

Table 11: Proposed budget allocations for residential rehabilitation / structured day programmes

Residential rehabilitation, structured day programme and aftercare services - 2018-19 – 2021-22

162. The council's expenditure on these categories of placements between 2018-19 and 2021-22 is detailed in the following table. There has been a reduction in the numbers of placements corresponding expenditure since the DPS was introduced, possible reasons for which are discussed earlier in this report.

Financial year	RR/SDP – Spend in £	RR/SDP – ASC budget in £	RR/SDP – Public Health grants budget in £	Non-recurrent savings in £

2018-19	£405k	£235k	£212k	£42k
2019-20	£371k	£225k	£212k	£66k
2020-21	£257k	£215k	£150k	£103k
2021-22 (to end Dec)	£207k	£175k	£175k	tbc

Table 12: Placements expenditure 2018-19 – 2021-22

163. Both recurrent and non-recurrent savings have been delivered against the Public Health grant and ASC budgets for residential rehabilitation, structured day programmes and aftercare services in recent years. The ASC budget for the services was £296k in 2016-17 and this reduced to £235k in 2018-19 representing a recurrent saving of £61k. The proposed annual budget for the services of £181k from 1 April 2022 reflects a further £54k recurrent saving when compared to the 2018-19 allocation. There is sufficient budget available in Adult Social Care to cover the proposed costs of the service.
164. In 2016-17, the Public Health grant allocation for the services was £277,999 and this reduced to £212k in 2018-19 reflecting a recurrent saving of £65,999. In recent years, significant pressures on the Public Health grant resulted in a lower allocation for the services and this has increased in 2021-22 to ensure sufficient funding for the 50% contribution.

Residential detoxification services – 2018-19 – 2021-22

165. The council's expenditure on these categories of placements between 2018-19 and 2021-22 is detailed in the following table. There has been a reduction in the numbers of placements corresponding expenditure since the DPS was introduced, possible reasons for which are discussed earlier in this report.

Financial year	Residential Detoxification – Spend in £	Residential Detoxification – Budget in £	Non-recurrent saving in £
2018-19	£90,120	£343k	£252,880
2019-20	£136,630	£343k	£206,370
2020-21	£28,640	£185k	£156,360
2021-22 (to end Dec)	£68,570	£185k	tbc

166. Both recurrent and non-recurrent savings have been delivered against the Public Health grant for residential detoxification in recent years. The Public Health grant budget for the services was £560k in 2016-17 and this reduced to £343k in 2018-19 representing a recurrent saving of £217k. Holding the proposed annual budget for the services at £185k from 1 April 2022 reflects a further £158k recurrent saving when compared to the 2018-19 allocation.

167. Additional recurrent savings are not proposed at the time of writing as the service budgets have significantly reduced since 2016-17 through contributions to previous savings programmes and there is concern that the lower activity in recent years is not indicative of true need. The decreased activity that arose from the impact of the pandemic raises concerns of increasing levels of unmet need in Southwark's communities that may start to present to services in the future. Until this has had time to unfold, a prudent approach to maintaining budgets is proposed with a view to delivering efficiencies during the operational term should this be possible following a period of monitoring.
168. It is considered that there are a number of measures that will continue to deliver best value for the council in its expenditure on the services including:
- More competitive rates and economies of scale achieved through the DPS
 - Robust Tier 4 panel decision-making and pathway governance processes as detailed in this report
 - A robust community treatment system offer and an increase in community detoxification provision helping to engage residents at an earlier stage and meeting their needs before they escalate.
169. All budget allocations are subject to the outcome of the council's annual budget setting process and are not confirmed at the time of writing.

Legal implications

170. Please see concurrent from the Director of Law and Governance.

Consultation

171. Consultation to inform the development of the service specifications and tender documentation has included the council's Children's & Adults' Commissioning Team and Adult Social Care officers, NHS Southwark CCG commissioners, Public Health officers, the market sector and service users. The DAAT has consulted on this report with officers in the Adult Social Care and Public Health divisions of the council.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

172. This report seeks the approval of the Cabinet Member for Health and Wellbeing for the procurement strategy for Tier 4 Residential Drug and Alcohol Placements to be procured via a bespoke light touch Dynamic Purchasing System (DPS) and to approve the Council's continued participation in the City of London (CoL) commissioned pan-London programme as detailed in paragraph 1.

173. The proposed contract is due to commence on 1 April 2022 for a period of four years with a maximum contract value of £2.188m inclusive of residential rehabilitation, structured day programmes and aftercare up to a maximum cost of £1.448m; and residential detoxification, withdrawal and stabilisation up to a maximum cost of £740k.
174. The options considered for procurement route appraised are detailed in paragraphs 77 to 81 all of which meets both the Council's governance process and PCR 2015 requirements. The chosen procurement route and processes will ensure high quality service delivery, best value and sustainable benefits.
175. The proposed procurement exercise; DPS process is detailed in paragraphs 99 to 107 and paragraphs 108 to 115 in this report specifies the evaluation methodology to be applied by the Council in selecting the successful bidder for the proposed contract. The report also highlight potential risks and mitigating actions in paragraph 90, impacts for equalities health and climate are detailed in paragraphs 127 to 145, social value commitments are detailed in paragraph 149 and confirmation of the payment of London Living Wage is detailed in paragraph 150.

Director of Law and Governance

176. This report seeks approval of the procurement strategy for Tier 4 Residential Drug and Alcohol Placements for a period of four years commencing on 1 April 2022. As the estimated value of the proposed procurement is between £2m and £4m the decision to approve the recommendations of this report is reserved to the relevant Cabinet Member under the council's Contract Standing Orders.
177. The procurement strategy proposed in this report involves the continuation of placement arrangements for drug and alcohol treatment services through the use of an existing bespoke dynamic purchasing system (DPS) which has been in operation since 1 July 2018 and had been procured and established by the council in compliance with the requirements for "light touch" services prescribed by the Public Contracts Regulations 2015. Paragraph 24 of this report notes the flexibility of the DPS and the benefits and advantages that it offers both to suppliers and to the council.
178. When considering the recommendations, the Cabinet Member must have due regard to the public sector equality duty (PSED) contained within section 149 of the Equality Act 2010. That is the need to eliminate discrimination, harassment, victimisation or other prohibited conduct; advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and those who do not share it. The relevant characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion, religion or belief, sex and sexual orientation. The duty also applies to marriage and civil partnership but only in relation to the elimination of discrimination. The cabinet member is specifically referred to the community impact statement and to paragraphs

132 to 134 of this report which demonstrate how the council has had due regard to PSED and the steps taken by officers to ensure compliance with the statutory duty, and should satisfy herself that this duty has been complied with when considering the recommendations.

Strategic Director of Finance and Governance (FIN1298 – JB) – (64RV2122)

- 179. The report recommends approval of the procurement strategy for Tier 4 Residential Drug and Alcohol Placements for a period of four years commencing on 1 April 2022 and up to a maximum cost of £2.188m. The procurement strategy being the continuation of the bespoke light touch DPS with a minimum of two commissioning rounds over the 4 year period to provide an opportunity to update the provider list, service provision and pricing.
- 180. The report also recommends approval of proposals concerning the delegation of all placement award funding decisions pertaining to residential detoxification services to the DAAT Unit Manager. The use of budget allocations to spot purchase placements outside of the DPS in exceptional circumstances will be taken in line with the relevant scheme of delegation and the immediate allocation of any funding awards received by the council during the operational term is also recommended.
- 181. Paragraph 168 notes the budget allocations are held within the DAAT and ASC with the relevant proportions noted in Table 9. The DAAT allocations are funded by the Public Health grant. Paragraph 161 to 165 note expenditure totals since 2018/19 and present savings over the term against the original budget allocations. The Strategic Director of Finance and Government notes that the Adult Social Care element of the budget has been confirmed in para 162.
- 182. Paragraph 166 notes savings are not proposed over the new term due demand uncertainties, particularly in relation to the pandemic, and potential levels of unmet need that could present to services in the future.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No	Title
Appendix 1	DPS approved provider list
Appendix 2	DPS Entry Guide

AUDIT TRAIL

Lead Officer	Caroline Bruce, Strategic Director of Environment and Leisure	
Report Author	Donna Timms, Unit Manager - DAAT	
Version	Final	
Dated	14 March 2022	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Finance and Governance	Yes	Yes
Head of Procurement	Yes	Yes
Director of Law and Governance	Yes	Yes
Director of Exchequer (for housing contracts only)	N/A	N/A
Cabinet Member	Yes	Yes
Contract Review Boards		
Departmental Contract Review Board	Yes	Yes
Corporate Contract Review Board	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	14 March 2022	