

Item No. N/A	Classification: Open	Date: 26 March 2024	Decision Taker: Strategic Director of Children and Adult Services
Report title:		Gateway 3 – Variation Decision All-Age Integrated Drug and Alcohol Treatment System	
Ward(s) or groups affected:		All wards	
From:		Director of Public Health	

RECOMMENDATION

1. That the Strategic Director of Children and Adult Services approve a variation of the All-Age Integrated Drug and Alcohol Treatment System contract with Change, Grow, Live Services Limited to include funded activities for the period between 1 April 2024 and 31 March 2025 up to a maximum contract value of £565,297, bringing the total maximum aggregate contract value to £40,104,545.

BACKGROUND INFORMATION

2. Community drug and alcohol treatment provision for people of all ages is commissioned through the council's All-Age Integrated Drug and Alcohol Treatment System (AIDATS) service contract. Change, Grow, Live Services Limited (CGLSL) is the contracted provider of the service, which is currently due to expire on 31 March 2025. The substantive contract is funded from the Public Health grant.
3. The AIDATS service comprises a range of community-delivered evidence-based drug and alcohol treatment interventions for people of all ages including those with drug and / or alcohol support needs and people affected by the substance use of another person including children and young people.
4. Since 2021, the service has benefitted from investment from new UK Government funding streams including the former Universal Drug Treatment (UDT) grant, the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) and the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG).

KEY ISSUES FOR CONSIDERATION

Key Aspects of Proposed Variation

5. The key aspect of the proposed variation is a commitment of investment to the service contract for funded activities in the 2024-25 financial year.

Reasons for Variation

6. This variation is necessary to facilitate the delivery of funded activities in the 2024-25 financial year, the reasons for which are noted in a closed version of this Gateway (GW) 3 report.
7. The Provider Selection Regime (The PSR), which came into force on 1 January 2024, permits modifications to existing contracts of this nature without the need for a fresh procurement exercise in certain limited circumstances and this is confirmed within the concurrent report of the Assistant Chief Executive – Governance and Assurance.

Future Proposals for this Service

8. On 7 April 2020, the Cabinet approved a Gateway 1 report to procure a new service contract for these services. The procurement was scheduled to take place in 2020-21, but was delayed by the COVID-19 pandemic in alignment with national guidance¹ which, until 19 July 2021, stated that 're-commissioning and re-tendering of standard services will likely need to be kept on hold for the duration of the COVID-19 pandemic'.
9. On 7 December 2021, the Cabinet approved a revised Gateway 1 procurement strategy report for an all-age community integrated drug & alcohol treatment system contract. The new model was developed in order to deliver improved outcomes and reduce inequalities linked to drug and / or alcohol use for residents of all ages in addition to achieving efficiencies of scale through reduced overheads of multiple service contracts through an integration of service functions into a single integrated community-facing service offer.
10. Through this delivery model, services are accessible through defined care pathways that are defined by age and need. This approach will facilitate cohesion and integrated working throughout the life course in the borough's approach to community treatment system delivery and support improved partnership working.
11. Officers were unable to progress a procurement at the time due to the subsequent publication of a new national drug strategy on 8 December 2021 which carried implications for the borough's treatment system delivery in relation to a significant financial commitment, confirmed in April 2022 to be c£4.9m over three years, to enhance service provision and a need to maintain a stable treatment system whilst funding plans were developed and implemented.

¹ <https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol>

12. Approval was granted in October 2022 to vary the AIDATS contract in order to extend the contract, to integrate a number of additional service functions into the contract, in line with the council's commissioning ambitions for the services, and to commit significant drug strategy funding to the services for a two year period commencing on 1 April 2023.
13. As noted in paragraphs 8 to 11, unforeseen circumstances in 2020 and 2021 that could not have been foreseen in 2015 when the contract was originally awarded resulted in a need for a number of further contract extensions and variations to commit additional funding to enhance service delivery and support more residents to engage with the borough's treatment services. This has had a direct impact on the council's financial commitment to the contract, with the overall maximum aggregate contract value being significantly higher than originally intended.
14. Future contracting arrangements will be commissioned under the PSR. Approval will be sought through the appropriate governance pathway in line with Contract Standing Orders (CSOs) at a future date to be confirmed.

Alternative Options Considered

15. Alternative options considered are detailed in the closed version of this report.

Identified risks for the Variation

16. Identified risks for the variation are detailed in the closed version of this report.

Policy framework implications

17. The policy implications of note are:
 - Public Health grant conditions of funding 2023-24
 - Fairer, Greener, Safer – Southwark Council Delivery Plan 2022 - 2026
 - Southwark Joint Health and Wellbeing Strategy Refresh 2022 - 2027
 - Southwark Joint Mental Health and Wellbeing Strategy 2021 – 2024
 - HM Government Drug Strategy – a ten year plan (2022-2032)
 - HM Government Serious Violence Strategy 2018
 - Southwark Council Extended Learning Review 2019 and Refresh 2022
 - Southwark Community Safety Plan 2017 – 2020
 - 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)
 - RSDATG/SSMTRG conditions of grant funding
18. The contract offers a range of benefits and impacts on cross council priorities, as well as playing a key role in the successful delivery of the Southwark Council Delivery Plan in relation to the following themes:

- Transforming our borough: residents of all ages affected by drug and alcohol related harm are provided with opportunities to empower them and their communities to make decisions about substance related harm including a co-production approach with people to design drug and / or alcohol treatment services and support more people with lived experience of substance use to deliver for their community through peer mentoring.
- Transforming our borough: effective drug and alcohol treatment service provision helps to close the gap in life chances within Southwark, so that everyone can achieve their potential and play a full part in Southwark's future
- A healthy environment: the provider of the service offers a range of benefits in terms of reducing the impact of climate change and carbon emissions and reducing waste and increasing recycling as well as engagement in treatment helping to create safe, healthy green streets through a reduction in the discarding of drugs paraphernalia.
- Keeping you safe: engagement in treatment helps to reduce crime and associated antisocial behaviour as well as to increase safety for young people engaged in substance use or at risk of harm associated with drug supply markets.
- Supporting families: engagement in treatment helps to reduce the number of families, including children and young people, affected by the harms of substance use and promotes improved mental and physical wellbeing.

Contract management and monitoring

19. The Drug and Alcohol Action Team (DAAT) will maintain lead commissioner responsibility for the management and monitoring of the contract, working collaboratively with the Public Health division. Governance will be provided through the Combatting Drugs Partnership.
20. Contract management and monitoring is primarily achieved through formal quarterly contract review meetings, in arrears aligned with the national data publication schedule, in addition to day-to-day contact to fulfil the purpose of monitoring oversight and a proactive approach to service development.
21. The provider is required to submit comprehensive technical and financial information to the council ahead of the formal review, which is scrutinised by officers and any areas of clarification investigated prior to the meeting. Collaborative working is promoted, although the risk lies with the provider.
22. Where performance concerns arise, an enhanced improvement programme is enacted and a schedule of increased monitoring and review underpinned by robust action plans is adopted.

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

Community impact statement

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



24. 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.

25. 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.

26. 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.

27. 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.²
28. The services have a key role to play as a demand reduction mechanism within a community resilience and partnership approach to reducing the violence and vulnerability perpetrated towards children and young people and adults through drug markets and supply. Commissioning effective, high quality drug treatment, which is targeted towards key user groups and reducing unmet need, will support the borough's efforts to reduce demand for drugs, thus potentially impacting on drug supply and associated harms.
29. The absence of this service 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.
30. 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 the service approach and offer. These include, but are not limited to, females, vulnerable CYP, Black Asian and Minority Ethnic people, older people, people with a range of disabilities, and people identifying as Lesbian, Gay, Bisexual, Transgender +. Some groups of people with multiple vulnerabilities, for example, rough sleepers, require a detailed analysis of consideration of protected characteristics, and an appropriate service approach and offer. A separate EIA focused upon rough sleepers was also undertaken in 2021.
31. Analysis evidences 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. Early 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.
32. The service contract detailed in this report provides comprehensive coverage of access to drug and / or alcohol treatment are accessible to any person of any age resident in the borough with a drug and / or alcohol support need, including those affected by the use of another person, regardless of protected characteristic or immigration status. The service will continue to provide timely evidence-based drug and alcohol interventions and support to reduce inequalities and maximise positive outcomes throughout 2024-25.

² <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

33. The EIA demonstrates that 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.

Equalities (including socio-economic) impact statement

34. 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.

35. 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.

36. 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.

37. 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 health. This provides support for an ongoing need of the services to work in partnership with other organisations that provide access to employment, training and education, and healthcare provision, as well as the need to intervene as early as possible in a person's substance-using journey to achieve better outcomes.

38. 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 completion.

39. 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
40. 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.
41. 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:
- Drug and alcohol Joint Strategic Needs Assessments (JSNAs) for adults and CYP are being finalised by the council's Public Health division, and are due for publication shortly.
 - The contents of two recently completed EIAs informed the proposals in this report, including exploration of people with protected characteristics that are particularly vulnerable in relation to drug and / or alcohol misuse, and actions to improve engagement with these individuals;
 - Utilising available data and intelligence, including JSNA and National Drug Treatment Monitoring System (NDTMS) reports, to underpin the delivery of the services that will support people of all ages and complexity of needs in the borough, regardless of protected characteristic or immigration status;
 - A requirement of the services to develop and maintain partnerships with a range of agencies and services that support people from the range of demographic groups;
 - A requirement of the services to commit to embedding the equality diversity and inclusion (EDI) principles of the Southwark Stands Together (SST) programme in service delivery, including a proactive and anti-racist approach to stamp out racism and address inequalities;
 - The services will continue to amplify and champion the voices of people of all ages with lived experience of drug and / or alcohol use;
 - Opportunities to engage with people of lived experience of drug and / or alcohol use will continue to be facilitated via an effective partnership with the Recovery Support Service (RSS).

Health impact statement

42. The health impact of drug and alcohol misuse is well researched. As detailed in the previous section, drug and alcohol misuse and dependence is more prevalent in areas of high deprivation, which, in turn, correlates with poorer health.

43. Drug related deaths 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 AIDATS service plays a key role in preventing and reducing rates of drug and / or alcohol related deaths, and reducing harm.
44. 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.
45. 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 a coherent, strong partnership between the services and community mental health provision.

Climate change implications

46. The nature of the services requires the use of physical premises, which invariably generate waste and also use energy and consumables. The service contract offers a range of benefits for the council in order to reduce the climate change implications of the use of a physical hub, and associated service delivery and resources, and these are detailed in the environmental/sustainability section of this report.
47. The services are also delivered through an outreach model; this is primarily on foot, with nil generation of carbon emissions, or by public transport, thus minimising transport-related emissions by spreading them out over many passengers.
48. Access is also available for some services (1:1/ group work) through a remote delivery model accessible via digital technology. Where people access services virtually, there is a reduction in the number of people travelling across the borough to attend a physical hub, thus supporting the reduction of travel-related carbon emissions.

Social Value considerations

49. 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.

Economic considerations

50. The services will continue to be located and delivered within the boundaries of the borough providing local economic benefits for residents employed as staff and service users who are supported to contribute to the local economy through addressing their alcohol and / or other drug use and seeking employment where appropriate.
51. There will be a continued requirement for the provider(s) to pay London Living Wage (LLW) to all employees involved in the delivery of the contract during the extension and this has been confirmed by the provider.
52. The service contract brings additional economic value to the borough as follows:
- **Creating skills and training opportunities** – the service works in close partnership with the council's commissioned RSS which provides service user involvement and peer mentoring to service users in treatment by individuals with lived experience of substance use who have experience of Southwark's treatment service provision and are further along their recovery journey.
 - As part of integrated working arrangements and creating capacity within the treatment system, the service supports the skill development of RSS peer mentors in their knowledge of substance use treatment and delivery to enable them to deliver interventions and co-facilitate groups alongside the provider staffing team.
 - **Creating employment opportunities for the long-term unemployed or those not in education, employment or training** – the service provides routes into volunteering and employment for ex-service users on completion of their treatment, or as part of their long-term recovery journey.
 - **Opportunities for apprenticeships** – the provider explores opportunities to support both administrative and health and social care apprenticeships.
 - **Educational placements** – the service supports local educational establishments with student placements; currently, this includes student social workers and counsellors with the provision of management and supervision for the student and engagement with the educational provider.
 - **Volunteering** – the service is engaged with volunteering services in Southwark to promote service user volunteering as well as providing opportunities for volunteers to gain experience through working with the provider.

Social considerations

53. The service contract in itself is about social value – funding high quality alcohol and / or other drugs treatment and support brings significant benefits to the local area, economy, health, and wellbeing of Southwark's residents and helps to create a more fair and just borough.

54. The key priority for service provision is to improve the health and wellbeing of Southwark residents with drug and / or alcohol support needs, their families, carers and communities and to reduce inequalities. A range of performance measures are in place to monitor service benefits, effectiveness and outcomes; these include physical and mental health, employment, training and education, service pathways and conversion rates, waiting times and completion of treatment.
55. The service contract provides additional opportunities for individuals or groups facing greater social or economic barriers. As previously detailed, engagement in treatment reduces social and economic costs to the borough. Through a robust case management approach, service users are supported to reduce the chaotic aspects of their use through the provision of an opportunity to increase stability and to recover from dependence / problematic use; this is achieved by helping them to navigate a wide range of services to meet their needs and improve their health, wellbeing and social functioning.
56. Service users are encouraged to engage with the local treatment recovery community in order to establish meaningful use of time to fill the periods that would have previously been focused upon substance use and related activities; this engagement also helps to improve social connectedness and reduce loneliness and isolation for some of the borough's most vulnerable residents.
57. The council places a high level of emphasis on treatment community engagement within this service to ensure that the voices and views of service users are visible in service design and development. Opportunities for treatment community engagement are well publicised, utilised, and enhanced by the RSS.
58. Southwark has high prevalence rates for unmet drug / alcohol treatment need. In order to tackle this, an enhanced assertive outreach approach is embedded within the service specification to engage with people that are hard to reach or for whom services are difficult to access. Additional funding arising from the Rough Sleeping Drug & Alcohol Treatment Grant and Supplementary Substance Misuse Treatment & Recovery Grant has been available since 2021 to support enhanced outreach provision delivery so as to improve engagement with treatment through bringing services out into communities.
59. As an organisation, CGLSL uses Inklusive Community Interest Company to manufacture and supply wooden safe storage boxes. Inklusive's business activities provide employment opportunities for disadvantaged and disabled people. Where possible, Inklusive employ these groups and they work with their partners and customers to encourage employment opportunities for them too.

Environmental/Sustainability considerations

60. The service supports and promotes responsible behaviour initiatives such as encouraging injecting service users to not discard drug related litter and paraphernalia in public spaces. Additionally, the safe storage boxes supplied by Inklusive CIC are manufactured from sustainable materials and are also easily recyclable.
61. During a 12-month period, the service prevented 6.42 tonnes of waste from going to landfill. Service waste has been recycled into mugs and bottles and has also been used to generate renewable energy (3,033kwh of electricity). The report notes that 1.5% of waste went to landfill because of a shortage of incineration facilities for feminine sanitary waste with suppliers looking to boost capacity in the future to convert this type of waste into energy.
62. Other initiatives include:
- Paper usage offset by planting a corresponding number of trees (called Re-leaf);
 - All electricity used is certified Green electricity;
 - Partnership with Sustainable Waste and Fat Face to provide clothes to service users;
 - Working with key suppliers to reduce carbon emissions (a significant number of deliveries are carbon neutral);
 - Reduction of single use plastics.
63. Accreditations are with: ISO14001 (Environmental Management System), Energy Savings Opportunity Scheme and SECR (Carbon Reduction)

Financial Implications

64. A maximum contract value of up to £565,297 excluding VAT is proposed, bringing the total maximum aggregate contract value to £40,104,545 (excluding VAT).
65. In line with a GW3 report dated 10 April 2019, CGLSL will continue to recoup VAT and reinvest a proportion into local service delivery for the benefit of residents.

Investment Implications (Housing Contracts only)

66. This is not applicable.

Legal Implications

67. To date, the service contract was commissioned under The Public Contracts Regulations 2015 (PCR 2015). As of 1 January 2024, the service contract has fallen under the Provider Selection Regime (PSR) and any modifications will need to align with a revised set of eligibility criteria. Please refer to the concurrent from the Assistant Chief Executive – Governance and Assurance.

Consultation

68. Opportunities for lived experience consultation about the services is provided through the independently commissioned Recovery Support Service contract on a weekly basis and people can also provide direct feedback to the AIDATS. Lived experience consultation will continue to be an important ongoing exercise for the duration of the service contract.

Other implications or issues

69. None identified.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Finance REF: (FIN1401 - JB)

70. The report requests approval for a variation to the AIDATS contract with CGLSL to include the provision of funded activities for the period between 1 April 2024 and 31 March 2025 up to a maximum contract value of £565,297.

71. Paragraph 4 notes the range of grants that have been available to fund additional investment in drug treatment services that feed into AIDATS provisions.

Head of Procurement

72. A formal procurement concurrent is not required for this report as the nature of the proposed variation does not render the contract materially different in character, and is therefore aligned with The Provider Selection Regime (The PSR) regulations governing contract modifications (Regulation 13 of The PSR). However, as the estimated value of the proposed variation exceeds £500,000, but constitutes less than 25% of the original contract value, publication of a transparency notice is required. It is also confirmed that the recommendation is consistent with the council's Contract Standing Orders (CSO) and the decision must be taken by the relevant chief officer, or under their delegated authority, in line with the department's scheme of management.

Assistant Chief Executive – Governance and Assurance

73. This report seeks approval of a variation of an existing contract with Change, Grow, Live Services Limited in order to include the provision of funded activities relating to the All-Age Integrated Drug and Alcohol Treatment System for the period between 1 April 2024 and 31 March 2025.

74. From 1 January 2024 the procurement of services of this nature is regulated by the Health Care Services (Provider Selection Regime) Regulations 2023. Those Regulations permit contract modifications in cases where the nature of the modification does not render the contract materially different in

character, although it is necessary to publish a transparency notice on the UK e-notification (Find-a-Tender) service where the estimated value of the modification is more than £500,000.

75. The Public Sector Equality Duty set out in section 149 of the Equality Act 2010 (EA) requires the council, when making procurement decisions to have due regard 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.

The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The Public Sector Equalities Duty (PSED) also applies to marriage and civil partnership, but only in relation to (a) above.

76. The relevant equalities issues and implications were noted in previously approved Gateway 3 reports and those reports had confirmed the findings of an equality impact assessment, which revealed that the service has not had any clear detrimental impact on any individual or group having a protected characteristic under the EA.

77. The variation requested in this report is also consistent with the council's Contract Standing Orders, which reserve the decision to approve the recommendation to the relevant chief officer, or under their delegated authority, in line with the department's scheme of management.

Director of Exchequer (for housing contracts only)

78. This is not applicable.

PART A – TO BE COMPLETED FOR ALL DELEGATED DECISIONS

Under the powers delegated to me in accordance with the council's Contract Standing Orders, I authorise action in accordance with the recommendation(s) contained in the above report (and as otherwise recorded in Part B below).

Signature: **David Quirke-Thornton**

Date: **26 March 2024**

Designation: **Strategic Director of Children and Adult Services**

PART B – TO BE COMPLETED BY THE DECISION TAKER FOR:

- 1) All key decisions taken by officers
- 2) Any non-key decisions that are sufficiently important and/or sensitive that a reasonable member of the public would reasonably expect it to be publicly available (see 'FOR DELEGATED DECISIONS' section of the guidance).

1. DECISION(S)
As set out in the recommendations of the report.

2. REASONS FOR DECISION
As set out in the report.

3. ALTERNATIVE OPTIONS CONSIDERED AND REJECTED BY THE OFFICER WHEN MAKING THE DECISION
None.

4. ANY CONFLICT OF INTEREST DECLARED BY ANY CABINET MEMBER WHO IS CONSULTED BY THE OFFICER WHICH RELATES TO THIS DECISION *
None.

* Contract standing order 6.6.1 states that for contract Variations with an Estimated Contract Value of £100,000 or more, the lead contract officer (LCO) must consult with the relevant cabinet member before the decision is implemented.

5. NOTE OF ANY DISPENSATION GRANTED BY THE MONITORING OFFICER, IN RESPECT OF ANY DECLARED CONFLICT OF INTEREST
<i>If a decision taker or cabinet member is unsure as to whether there is a conflict of interest they should contact the legal governance team for advice.</i>
None.

6. DECLARATION ON CONFLICTS OF INTERESTS

I declare that I was informed of no conflicts of interests.*

Signature: **David Quirke-Thornton**

Date: **26 March 2024**

Designation: **Strategic Director of Children and Adult Services**

BACKGROUND PAPERS

Background Papers	Held At	Contact
Gateway 1: Procurement Strategy Approval - Adult Integrated Drug and Alcohol Treatment System	Drug and Alcohol Action Team, Community Safety and Partnerships 5 th Floor, Environment, Neighbourhoods and Growth, 160 Tooley Street, London, SE1 2QH	Donna Timms 0207 525 7497
https://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=5116		
Gateway 2: Contract Award - Adult Integrated Drug and Alcohol Treatment System	Drug and Alcohol Action Team, Community Safety and Partnerships 5 th Floor, Environment, Neighbourhoods and Growth, 160 Tooley Street, London, SE1 2QH	Donna Timms 0207 525 7497
https://moderngov.southwark.gov.uk/ieIssueDetails.aspx?IId=50006894&PlanId=0&Opt=3#AI37210		
Gateway 3: Contract variation - Adult Integrated Drug and Alcohol Treatment System	Drug and Alcohol Action Team, Community Safety and Partnerships 5 th Floor, Environment, Neighbourhoods and Growth, 160 Tooley Street, London, SE1 2QH	Donna Timms 0207 525 7497
https://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=6176		
GW3: Extension of contract for the Adult Integrated Drug & Alcohol Treatment System	Drug and Alcohol Action Team, Community Safety and Partnerships 5 th Floor, Environment, Neighbourhoods and Growth, 160 Tooley Street, London, SE1 2QH	Donna Timms 0207 525 7497
https://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=6604		
Gateway 3: Adult integrated drug and alcohol treatment system contract	Drug and Alcohol Action Team, Community Safety and Partnerships 5 th Floor, Environment, Neighbourhoods and Growth, 160 Tooley Street, London, SE1 2QH	Donna Timms 0207 525 7497
https://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=6793		

Gateway 3: Contract Variation: Adult Integrated Drug and Alcohol Treatment System	Drug and Alcohol Action Team, Community Safety and Partnerships 5 th Floor, Environment, Neighbourhoods and Growth, 160 Tooley Street, London, SE1 2QH	Donna Timms 0207 525 7497
https://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=6962		
GW3 Variation Decision: Adult Integrated Drug and Alcohol Treatment System and Integrated Health Service for Young People	Drug and Alcohol Action Team, Community Safety and Partnerships 5 th Floor, Environment, Neighbourhoods and Growth, 160 Tooley Street, London, SE1 2QH	Donna Timms 0207 525 7497
https://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=7635		
GW3 Variation Decision: Adult Integrated Drug and Alcohol Treatment System	Drug and Alcohol Action Team, Community Safety and Partnerships 5 th Floor, Environment, Neighbourhoods and Growth, 160 Tooley Street, London, SE1 2QH	Donna Timms 0207 525 7497
https://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=7728		

APPENDICES

No	Title
Appendix 1	GW3 Variation Decision: Adult Integrated Drug and Alcohol Treatment System

AUDIT TRAIL

Lead Officer	David Quirke-Thornton Strategic Director of Children and Adult Services
Report Author	Donna Timms, Unit Manager – Drug and Alcohol Action Team
Version	Final
Dated	5 March 2024
Key Decision?	Yes

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Finance	Yes	Yes
Head of Procurement	Yes	Yes
Assistant Chief Executive – Governance and Assurance	Yes	Yes
Director of Exchequer (for housing contracts only)	No	No
Cabinet Member	Yes	No
Contract Review Boards		
Departmental Contract Review Board	Yes	Yes
Corporate Contract Review Board	N/A	N/A
Cabinet Member	Yes	No
Date final report sent to Constitutional Team		26 March 2024