For General Release

REPORT TO:	Cabinet Member for Families Health and Social Care - 18th September 2017
AGENDA ITEM:	Public Background document to Investing in our Borough report
SUBJECT:	Framework for Inpatient Detoxification, Residential Rehabilitation and Structured Day Programme Services – 575/2016PH
LEAD OFFICER:	Barbara Peacock Executive Director People
CABINET MEMBER:	Councillor Louisa Woodley Cabinet Member for Families, Health & Social Care
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT

The Inpatient Detoxification services play a significant role in addressing the following ambition priorities within the Corporate Plan:

Ambition Priority Two: Independence Helping our residents to be as independent as possible.
Alcohol and drug abuse can have major impacts on people's health and life chances and are closely associated with deprivation. The impacts can be reduced through early identification and intervention.

Ambition Priority Three: Liveability Creating a welcoming place where local people want to live.

Reduce anti-social behaviour by taking action to combat drug and alcohol related behaviour and crime.

The Inpatient Detoxification services also support the following Public Health Outcomes Framework (PHOF), Indicators

- 2.15i Successful completion of drug treatment,
- 2.15iii Successful completion of alcohol treatment and;
- 2.18 Admission episodes for alcohol-related conditions.

AMBITIOUS FOR CROYDON & WHY ARE WE DOING THIS:

We are doing this to ensure a high quality of drug and alcohol treatment is available for Croydon residents experiencing dependence on substances that is having a severe and enduring negative impact on their health and wellbeing.

These services will also address the wider implications of substance misuse, such as offending behaviour, homelessness, domestic violence, mental health, life skills, and work skills, relationships (family & friends).

FINANCIAL IMPACT:

The budget is funded from the Drug and Alcohol allocation of the ring-fenced Public Health Grant The allocation for the service is a total of £1.8m over the four years. Although only £900,000 of this has been approved which covers the initial 2 year period from 1 December 2017 – 30 November 2019.

Approval will be sought from CCB for the additional £900,000 before exercising the option to extend the contract for a further two years.

This is a demand led service and will therefore be monitored closely by Public Health Commissioning to ensure the service remains within the budget constraints.

KEY DECISION REFERENCE NO:

3017FHSC, This is a Key Decision as defined in the Council's Constitution. The decision may be implemented from 1300 hours on the expiry of 5 working days after it is made, unless the decision is referred to the Scrutiny & Overview Committee by the requisite number of Councillors

1. RECOMMENDATIONS

The Cabinet Member for Families, Health & Social Care in consultation with the Cabinet Member for Finance & Treasury is recommended to approve the award of a contract for the Framework for Inpatient Detoxification, Residential Rehabilitation and Structured Day Programme Services to the providers listed by Lots as detailed in the associated Part B report outlined below for the total sum of £1.8m over a period of 4 years;

2. EXECUTIVE SUMMARY

2.1 This report recommends the award of a framework contract to a number of providers to carry out the services for Inpatient Detoxification, Residential Rehabilitation and Structured Day Programme for the residents of Croydon needing specialist treatment for substance misuse dependence.

3. DETAIL

3.1 Inpatient detoxification, residential rehabilitation and structured day programmes are an integral part of Croydon's substance misuse treatment system.

3.2 Although community treatment options are available and accessible, there will always be service users with complex needs for inpatient/residential treatment

3.3 Inpatient detoxification is a clinical intervention that involves medication and care from health professionals.

3.4 Residential rehabilitation and day programmes are therapeutic interventions, with the requirement to be abstinent when admitted.

3.5 Once established, the Framework will significantly reduce the need for any further spot purchasing to take place, improving the overall quality of services and securing best value.

3.6 The content of strategy for the Framework for Inpatient Detoxification, Residential Rehabilitation and Structured Day Programme Services – 575/2016PH was approved by the Contracts and Commissioning Board on the 8 May 2017(CCB Reference Number: CCB1225/17-18). And there has been no departure since the strategy report being approved.

3.7 The providers will be ranked in order of overall score on each Lot.

3.8 **Option 1: Direct Call-Off based on ranking within the Lot:** The Referrer will approach the Providers in order of their ranking and, subject to the first ranked Provider having availability of the placement required by the Council at the time of the call off, then that Provider will be awarded the call off. If the first placed Provider does not have the required placement available at the time of the call off, the Council will approach the second placed Provider to provide the placement, and so on until the list of Providers in the relevant Lot is exhausted. In the unlikely event that a placement cannot be made in this manner, then the Council will need to approach Providers outside of the Framework.

3.9 **Option 2: Direct Call-Off based on particular needs of the service user:** Where the Service User has special requirements which require a specific intervention, the Referrer retains the discretion to appoint a particular Provider under a direct call off based on the needs of the particular placement.

PROCUREMENT PROCESS

3.10 The project was tendered as a Framework Agreement with 6 Lots namely;

Lot 1- Medically Assisted Inpatient Detoxification - Planned	Lot 2- Medically Assisted Inpatient Detoxification – Urgent/ Crisis/ Stabilisation
Lot 3 - Residential or Quasi- Residential Rehabilitation	Lot 4 – Specialist Residential Rehabilitation
Lot 5 – Medically Assisted Inpatient Detoxification and Residential Rehabilitation at the Same Location	Lot 6- Structured Day Programmes

The Open Tendering Procedure process was undertaken to deliver the procurement exercise. This was an OJEU tender exercise due to the financial threshold of the budget.

As a result of this an OJEU notice was published, the tender was advertised on Contract Finders site, Croydon Council's website and the London Portal Tendering Service – Due North.

The tender for the framework was published on the 5 May 2017 with a submission deadline on the 15 June 2017. Bidders were given over 5 weeks to complete their bids.

As a result of holding two Provider Events, we had estimated that a total of 40 organisations would bid for one or more Lots. We received a total of 59 bids from 30 organisations.

Based on current and past use of providers for these placements and in order to ensure variety of supply, we agreed on the following numbers for each Lot:

- Lot 1 - 4 suppliers
- Lot 2 - 4 suppliers
- Lot 3 - 10 suppliers
- Lot 4 - 6 suppliers
- Lot 5 - 10 suppliers
- Lot 6 - 6 suppliers

We have been unable to achieve the desired number of providers on the following Lots: 1, 2 and 6.

Although we received four (4) bids on Lot 1, one was disqualified as they did not meet the criteria, therefore we have only been able to consider three providers for Lot 1. Based on current and past activity, three providers will be sufficient to cover our placement needs.

With regard to Lot 2, only two (2) bids were received. Again, based on current and past activity, two providers should be sufficient to cover our annual placement needs. There is an identified risk on this Lot which is explained in 5.4 of this report.

With regard to Lot 6, although only 5 bids were received, based on current and past activity, five providers will be sufficient to cover our day programme placement needs.

Two suppliers were disqualified from Lots 3, 4 and 5 as detailed in the associated Part B report.

The evaluators for each LOT consisted of:

Lot	**Job Title / Affiliation**
Lot 1	Joint Commissioning Officer
	Service User
	Clinician
Lot 2	Joint Commissioning Officer
	Service User
	Clinician
Lot 3	Joint Commissioning Officer
	Service User
	Social Worker
Lot 4	Senior Social Worker
	Service User
Lot 5	Joint Commissioning Officer
	Service User
	Clinician
Lot 6	Joint Commissioning Officer
	Senior Social Worker
	Service User
Moderators	Category Manager
	Procurement Officer

All Lots were moderated by the above, however Lot 4 moderation session were held on two separate dates as we were unable to complete activities within the scheduled time. The harm reduction officer was unable to make the second moderation meeting to complete the Lot 4 review and therefore all her scores were not taken into consideration.

Based on the timetable published it was anticipated that the contract will be awarded in November for a 1 December 2017 commencement date.

3.11: Provided in the table below is a list of Successful Bidders with a breakdown of their scores

LOT 1			
Company	**Quality Score**	**Price Score**	**Total Score**
Supplier A	50.30%	23.58%	73.88%
Supplier B	42.50%	14.93%	57.43%
Supplier C	40.30%	7.92%	48.22%

LOT 2			
Company	**Quality Score**	**Price Score**	**Total Score**
Supplier A	49.60%	36.86%	86.46%
Supplier B	38.40%	30.00%	68.40%

LOT 3			
Company	**Quality Score**	**Price Score**	**Total Score**
Supplier A	36.80%	33.20%	70.00%
Supplier B	33.80%	35.00%	68.80%
Supplier C	39.24%	27.60%	66.84%
Supplier D	43.10%	23.00%	66.10%
Supplier E	43.85%	21.40%	65.25%
Supplier F	37.75%	26.50%	64.25%
Supplier G	40.08%	23.60%	63.68%
Supplier H	33.37%	29.60%	62.97%
Supplier I	41.18%	21.40%	62.58%
Supplier J	34.25%	27.60%	61.85%

LOT 4			
Company	**Quality Score**	**Price Score**	**Total Score**
Supplier A	45.5%	25.0%	70.50%
Supplier B	46.8%	19.7%	66.52%
Supplier C	36.8%	29.7%	66.47%
Supplier D	34.7%	29.1%	63.82%
Supplier E	37.1%	26.4%	63.53%
Supplier F	32.9%	30.0%	62.90%

LOT 5			
Company	**Quality Score**	**Price Score**	**Total Score**
Supplier A	45.00%	36.11%	81.11%
Supplier B	39.50%	26.81%	66.31%
Supplier C	40.40%	24.45%	64.85%
Supplier D	39.40%	25.00%	64.40%
Supplier E	33.80%	27.98%	61.78%
Supplier F	38.20%	22.85%	61.05%
Supplier G	33.10%	26.00%	59.10%
Supplier H	37.90%	20.35%	58.25%
Supplier I	35.00%	21.84%	56.84%
Supplier J	26.10%	22.43%	48.53%

LOT 6			
Company	**Quality Score**	**Price Score**	**Total Score**
Supplier A	40.80%	30.04%	70.84%
Supplier B	41.30%	28.18%	69.48%
Supplier C	34.80%	30.00%	64.80%
Supplier D	33.50%	25.00%	58.50%
Supplier E	30.70%	22.12%	52.82%

All tenders have been checked arithmetically and for technical compliance with no errors found and evaluated as a most economically advantageous tender with Price 40% Quality 60%.

The Quality criteria included Service Delivery 40%; Customer Engagement 12% ,Social Value 6% and Premier Supplier Programme 2%.

The Price was assessed using two different criteria, 20% was based on the actual price and 20% was based on an assessment of Value for Money. The Value for Money aspect for all bidders was evaluated by the lead commissioner and a senior social worker, based on their knowledge of the market. All evaluations were moderated by the Procurement Lead in accordance with the process provided on the published tender documentation.

The shortlisted bidders recommended for award have demonstrated and evidenced in their tender response document their understanding of the service and pertinent requirement to Croydon' clients

3.12: Below is a list of unsuccessful bidders with their scores

LOT 1			
	Quality Score	**Price Score**	**Total Score**
Supplier D	9.00%	20.00%	29.00%

LOT 3			
	Quality Score	**Price Score**	**Total Score**
Supplier K	36.42%	24.90%	61.32%
Supplier L	36.40%	24.80%	61.20%
Supplier M	38.34%	22.60%	60.94%
Supplier N	39.39%	20.70%	60.09%
Supplier O	34.27%	25.20%	59.47%
Supplier P	36.30%	23.00%	59.30%
Supplier Q	36.23%	22.10%	58.33%
Supplier R	30.11%	26.10%	56.21%
Supplier S	35.67%	20.20%	55.87%
Supplier T	28.69%	25.30%	53.99%
Supplier U	32.38%	18.40%	50.78%

LOT 4			
	Quality Score	**Price Score**	**Total Score**
Supplier G	35.6%	26.7%	62.27%
Supplier H	40.6%	20.5%	61.08%
Supplier I	35.1%	25.0%	60.10%
Supplier J	33.9%	26.0%	59.90%
Supplier K	34.0%	25.5%	59.48%
Supplier L	32.2%	24.9%	57.11%
Supplier M	29.0%	16.0%	45.00%

4. CONSULTATION

4.1 The Service User Council has been kept informed about this project, with opportunities to comment. Each Lot included a service user representative on the evaluation panel.

4.2 Public Health were consulted about the finance available.

4.3 The community substance misuse provider was consulted to ensure the pathways to inpatient/residential treatment from the community were aligned.

4.4 The Council's Care Management team were consulted to ensure alignment with the Care Act assessments.

5 FINANCIAL AND RISK ASSESSEMENT CONSIDERATIONS

5.1 Revenue and Capital Consequences of Report Recommendations

	Current year	Medium Term Financial Strategy – 4 year forecast			
	2017/18	*2018/19*	*2019/20*	*2020/21*	*2021/22***
	£'000	*£'000*	*£'000*	*£'000*	*£'000*
Revenue Budget available	*150**	*450*	*450****	*450*	*300*
Expenditure					
Effect of decision from report					
Expenditure	*150*	*450*	*450*	*300*	*150*
Remaining budget	-	-	-	-	-

***Pro Rata commencing 1st December**
**** Pro-Rata 1April 2021 – 30 November 2021**
***** £450,000 represents the full year allocation although only £300,000 has been confirmed as part of this report.**

5.2 **The effect of the decision**:

The Council has committed a maximum funding of £1.8m for the provision of this service from the Drug and Alcohol allocation of the ring-fenced Public Health Grant.

An initial two (2) year financial commitment from the budget has been approved. Further review will be undertaken on the level funding available to further extend the service on expiry of the initial contract period.

The contract will commence on 1 December 2017 for an initial period of two (2) years, with the option to extend for two additional years. (2+1+1), with a framework expiry date of 30 November 2021.

These amounts are maximum budget costs, there is no guaranteed level of work or number of placements for the providers. The budget will reviewed annually in line with the Council's wider budget setting process.

5.3 The decision will enable the Council to provide effective inpatient and residential services for the residents of Croydon who are dependent on drugs and/or alcohol.

5.4 **Risks.**

The main area of financial risk in relation to this contract is the financial viability of the selected contractors and ensuring that the cost of the contract and delivering the service do not exceed the budget as elements of this service are demand led. Any overspends due to demand will be either funded from another budget line if appropriate or we would look to provide alternative community based solutions to an individual's care.

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Prior to undertaking the procurement exercise it was anticipated that we would approve at least four (4) supplied on the Lot 2 – Medically Assisted Inpatient Detoxification – Urgent/Crisis/ Stabilisation. However only two bids were received.

Although two providers will be sufficient for our placement needs, if one provider was to close, this could mean longer waiting times for placements. It is known that most of the other boroughs in London also use these two providers for crisis/urgent placements. We would mitigate the risk through a spot purchase activity but there is a gap in the market for this particular provision across London. We intend to carry out a mapping exercise with other London boroughs to identify the nearest, alternative providers.

In addition, we are liaising with Southwark Council to explore the possibility of Croydon being included in their DPS procurement project for these inpatient and residential services for substance misuse.

The details of the audited accounts and financial statement of all the bidding organisations which have been appraised by Finance are rated as **Good,** with the exception of one supplier who was rated as '**Extreme Caution'**, further details are provided in the Part B report.

5.5 **Options.**

There are no in-house inpatient or residential services. Croydon Council do not have the accommodation or facilities in place and are unable to provide either medically assisted detoxification or residential rehabilitation interventions for substance misuse. This is a specialist provision requiring clearly defined and robust clinical governance frameworks.

Other London borough commissioners were contacted to explore any joint procurement opportunities. Most of those that responded either had frameworks in place or were planning to implement one, some detoxification only, some both, some in partnership with a neighbouring borough, one was still spot purchasing the rehabs and another had a mix of block purchase and spot purchase. No other LA's were interested in a joint commissioning exercise. Existing frameworks do not have the facility for Croydon to access them.

POTENTIAL OPTIONS

1. **Continue as we are**

This would not give opportunities for negotiating reduced care package costs due to the nature of the detox contracts and spot purchase of the rehab placements. There are reduced options for service users and less continuity of care. Contractual arrangements are minimal and out of date

2. **Tender for a substance misuse framework**

A framework would offer an opportunity for increased efficiencies through integrating detox and rehab placements with the same provider. In addition, a competitive tender process will drive improved quality and pricing. This would improve continuity of care for the service user. As part of a framework the providers are subject to robust governance requirements which will address issues such as NDTMS reporting, travel arrangements and hospital admissions

3. **Outsource to Turning Point all or part of the function and provision**

Outsourcing would not meet commissioning or service user needs. For the following reasons:

- Imminent transition of care management to the Mental Health Team
- Transformation of the Customer Journey Programme
- The treatment system contract is in its infancy

Further exploration of this emerging area would be a future option to consider

Based on these assessments made prior to deciding on the Procurement route, the most viable options for us to renew the service was to procure a framework which included services previously provided on Spot Purchase.

5.6 **Savings/Future Efficiencies.**

It is estimated that there are potential savings of around £50k (10%) that could be made year on year throughout the life of the Framework which will be offered up, but are not as yet reflected through:

1) Fixing the charges for two years – annual inflation will not be applied

2) Reducing demand for residential support by increasing community support with robust aftercare support plans

3) Reduced care package costs by integrating detox and rehab

4) Increasing numbers of people relocating to other areas

5) Reduction in people re-presenting back into the system by focusing on providers with measurably higher rates of treatment completion

Approved by: Jabin Jiwa on behalf of Josephine Lyseight Department Head of Finance (People)

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

6.1 The Council Solicitor comments that the overall procurement process as detailed in this report meets the requirements of the Council's Tenders and Contracts Regulations and seeks to support its statutory duty to secure best value under the Local Government Act 1999.

Approved by Sharon Zachariah for and on behalf of Jacqueline Harris-Baker Director of Law and Monitoring Officer.

7. HUMAN RESOURCES IMPACT

7.1 There are no human resources issues arising from the recommendations in this report for LBC.

(**Approved by: Debbie Calliste Head of HR ((People Department) and People Planning, on behalf of the Director of Human Resources**)

8. EQUALITIES IMPACT

8.1 A detailed / full Equality Analysis has been undertaken. Its findings are that no vulnerable people or group with protected characteristics will be adversely affected. Substance misuse treatment features within the priorities for objective nine in the Equality Strategy: to improve support for vulnerable people by making it easier for them to have more choice and control over their lives. Groups positively impacted through improved access to substance misuse support include victims of domestic violence; homeless people; ex-offenders and those with mental health issues.

9. ENVIRONMENTAL IMPACT

N/A

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 Engagement in drug and alcohol treatment has been proven to help break the cycle of offending.

11. OPTIONS CONSIDERED AND REJECTED

11.1 Continue as we are through direct awards to detox providers and spot purchasing residential rehabilitation and structured day programmes.

11.2 Outsourcing the function to the community substance misuse provider.

CONTACT OFFICER:

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APPENDICES TO THIS REPORT: none

BACKGROUND PAPERS: None

EQUALITY ANALYSIS FORM
Introduction

Equality analysis enable us to target our services, and our budgets, more effectively and understand how they affect all our communities. It also helps us comply with the Equalities Act 2010. For more information about when you should carry out an equality analysis, who should do this and the support available, go to the equality analysis intranet page **(LINK).**

This form has four sections

- 1: decide whether a full equality analysis is needed. If not, you do not complete sections 2-4.
- 2: gathering evidence
- 3: determining actions
- 4: decision and next steps

You will only have to fill in the cells with a yellow background.

Name of document			Equality analysis of the commissioning strategy to procure drug and alcohol services in Croydon	
Version	Date reviewed	Date of next review	Reviewed by	Changes made
1				Add more rows as required
2	20/02/15		Karen Handy & Shirley Johnston	Updated for commencement of Phase 2 commissioning.

1. Decide whether a full equality analysis is needed

1.1 What are you analysing?

Question	Guidance	Answer
What is the name of your change or review?	The change or review may involve o policies, strategies and frameworks o budgets o plans, projects and programmes o staff structures (including outsourcing) o the use of buildings o commissioning (including re-commissioning and de-commissioning) o services (for example, how and where they are delivered) o processes (for example thresholds, eligibility, entitlements, and access criteria)	Commissioning Strategy and review of drug and alcohol treatment system and reprocurement of service providers. A phased approach was taken with Phase 1 completed and new provider in place from 1 October 2014. this covered the community engagement, treatment & recovery part of the system. Phase 2 will included services that complement and support Phase 1 and enhances positive outcomes for service users.
Why are you doing this?	For example, we are considering cutting a service.	To focus service provision on recovery and reintegration outcomes. To improve health and wellbeing of drug and alcohol users. To increase support to family/carers of substance misusers.
What is likely to be different when you have finished?		There will be a wider range of support available to substance misusers with greater flexibility and increased opening hours. Phase 2 will give improved pathways, simpler navigation, improved opportunities to address the prevention agenda particularly regarding alcohol. Improved processes to maximise service user's positive experience.
What will be the main outcomes or benefits from making this change?		Less people re-presenting back into the substance misuse treatment system and an increase in people maintaining recovery and re-integration

What stage is your change at now?	See appendix one for the main stages at which equality analyses need to be started or updated. In many instances, an equality assessment will be started when a report is being written for a committee. If that report recommends that a project or programme takes place, the same equality assessment can be updated to track equality impacts as it progresses. If the project or programme include commissioning or de-commissioning, the same equality assessment can be updated again.	Consultation with existing providers, service users and stakeholders. Sending out a soft market testing questionnaire through the Portal to guage interest and find out about initiatives. Phase 2 consultation and engagement with existing providers and stakeholders, including service users. A soft market testing exercise is being drafted to focus on funded inpatient detox, rehab and day programme provision.

An equality analysis must be completed before any decisions are made. If you are not at the beginning stage of your decision making process, you must inform your director that you have not yet completed an equality analysis.

1.2 Who could be affected and how?

Question	Guidance	Answer
Who are your internal stakeholders?	For example, groups of council staff, members	DAAT Co-ordination Unit, DASHH, Members of Community Safety, Public Health, CFL,. Integrated Commissioning Unit, CCG, Public Health, Public Safety, Substance Misuse Care Management Team, Supported Housing, Personal Support, HR,
Who are your external stakeholders?	For example, groups of service users, service providers, trade unions, community groups and the wider community?	Croydon Treatment Recovery Partnership, Kent Community Agency, Foundation 66, Westminster Drug Project, Croydon Commissioning Group, South London and Maudsley NHS Foundation Trust, Croydon Voluntary Action, Rethink, Mind, Police, Probation, Local Pharmacies, Peer Led User Group, Service Users, Service User Council, Mental Health Services. Phase 2 GP's, pharmacists, service users, residential rehab and day programme providers, detox providers, YMCA, Turning Point,

Does your proposed change relate to a service area where there are known or potential equalities issues?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. If you don't knw, you may be able to find out on the Croydon Observatory (http://www.croydonobservatory.org/)	Yes. As shown in the DAAT's Needs Assessment, there is an under representation in treatment of women, BME groups, LGBT community. Services are available to all Croydon residents over the age of 18. (people under the age of 18 have services commissioned by CFL). No. this was addressed in Phase 1 so there are no potential equality issues within the Phase 2 commissioning.
Does your proposed change relate to a service area where there are already local or national equality indicators?	You can find out from the Equality Strategy (http://intranet.croydon.net/corpdept/equalities-cohesion/equalities/docs/equalitiesstrategy12-16.pdf). Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Yes. Substance misuse features within the priorities for objective nine in the Equality Strategy: to imporve support for vulnerable people by making it easier for them to have more choice and control over their lives . No, addressed in Phase 1.
Would your proposed change affect any protected groups more significantly than non-protected groups?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. For a list of protected groups, see Appendix Two.	Yes. Mental health. The data in the DAAT Needs Assessment shows a high percentage of people with dual diagnosis and work is ongoing with Hear Us the mental health service user forum to look at the barriers faced in accessing suitable treatment to address both mental health issues and substance misuse issues. Data also shows that people from BME and LGBT groups and women are under represented in substance misuse treatment ref: Croydon DAAT Needs Assessment on Croydon Observatory. No, has been adddressed within Phase 1.
Would your proposed change help or hinder the council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the protected groups?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Yes. Help by ensuring in the contracts that services are available to all Croydon residents over the age of 18 and the services commissioned will prioritise the Councils equalities agenda. No. areas have been
Would your proposed change help or hinder the council in advancing equality of opportunity between people who belong to any protected groups and those who do not?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Yes. Help by commissioning services that are available to all residents over 18, with an emphasis on attracting currently under-represented groups, eg: women, BME, LGBT. No, areas were addressed within

Would your proposed change help or hinder the council in fostering good relations between people who belong to any protected groups and those who do not?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Yes. Help by ensuring equalities activity is prioritised in Service Specifications and general operational day to day activity. There is a zero tolerance of any form of discrimination against any protected groups and other people who are not members of a protected group such as people who are homeless, offenders etc..No, areas were addressed within Phase 1.

1.3 Decision

If you answer "yes" or "don't know" to ANY of the questions in section 1.2, you should undertake a full equality analysis. This is because either you already know that your change or review could have a different/significant impact on protected groups (compared to non-protected groups) or because you don't know whether it will (and it might).

Decision	Guidance	Response
No, further equality analysis is not required	Please state why not and outline the information that you used to make this decision. Statements such as 'no relevance to equality' (without any supporting information) or 'no information is available', could leave the council vulnerable to legal challenge. **You must include this statement in any report used in decision making, such as a Cabinet report**	
Yes, further equality analysis is required	Please state why and outline the information that you used to make this decision. Also indicate - when you expect to start your full equality analysis - the deadline by which it needs to be completed (for example, the date of submission to Cabinet). - where and when you expect to publish this analysis (for example, on the council website). **You must include this statement in any report used in decision making, such as a Cabinet report.**	The commissioning strategy and review of treatment will take into account the needs of protected groups and other vulnerable groups such as homeless, ex offenders, victims of domestic violence and ensure that they are supported to have full and fair access to drug and alcohol treatment. We have used the DAAT's Needs Assessment which shows an under representation of women, BME, LGBT. Further research into needs and profile of those not in treatment is required. The full equality analysis is due to start August 2013 and completed by November 2013 to submit to CCB on 14/11/13 We expect to publish the full analysis on the Croydon Observatory January 2014

Officers that must approve this decision	Name and position	Date
Report author	Karen Handy - Service User Involvement Co-ordinator	
Director	Alan Hiscutt	
Please email this completed form to data.equalities@croydon.gov.uk, together with an email trail showing that the your director has approved it.		
1.4 Feedback from the corporate equalities team		
Name of equalities officer		
Date received by equalities officer	Please send an acknowledgement	
Should a full equality analysis be carried out?	Note the reasons for your decision	
Please send this document to - the person responsible for making the decision - democratic services, the corporate programme office or procurement as appropriate in time for the relevant decision making meeting		

2. Gathering evidence

2.1 Could your proposed change or review affect some protected groups more significantly than non-protected groups?

All groups of people may be affected by a change or review, but it is likely that some groups will be more affected than others. You cannot just conclude that a project will benefit all service users, and therefore the protected groups will automatically benefit.

However, it is lawful to treat some people differently in some circumstances, for example taking positive action or putting in place single-sex provision where there is a need for it. Indeed, it is a requirement to consider if there is a need to treat disabled people differently, including more favourable treatment where necessary.

Gather evidence You must gather evidence to help you decide how each of the protected groups could be affected. This evidence must be of two types:

- about people (quantitative) – for example, statistics, borough and ward profiles on the Croydon Observatory (http://www.croydonobservatory.org/), national research
- from people (qualitative) – for example, consultation results, complaints, surveys, information from relevant voluntary or community organisations,

You will find it useful to discuss sources of information with your departmental equalities lead. They may be able point you towards relevant information from another equality analysis or concerns about equality matters from inspections or audits.

However, you can make reasonable assumptions where impact is likely to be minimal. For example, changes to the school admissions policy are likely to have

Decide whether the impacts could be positive or negative in terms of

- eliminating discrimination, harassment or victimisation
- advancing equality of opportunity between different groups of people by removing or minimising disadvantages, taking steps to meet needs or encouraging participation in public life or other activities where their participation is disproportionately low
- fostering good relations between people with protected charactersitics and those who do not share them by tackling prejudice or promoting understanding

Negative impacts can often be identified by the concerns that stakeholders raise about whether a change will work or not.

Insert a new row for each group for which there would be a significant positive or negative impact, using the checklist of protected groups in Appendix Two. Add as many rows as you need. To do this, highlight a whole blank row, right click and select Copy, go to a fresh row, right click and select Insert Copied Cells.

Where you do not include a row for a particular group, you are, in effect, stating that there is no significant impact on them, that there is 'none specifically identified' (to use the correct legal term).

Protected group	Description of potential positive impact	Description of potential negative impact	Evidence	Source of evidence

Mental Health	Within the tender specification documents, we intend to include a requirement for partnership working with mental health teams and the provision of dual diagnosis support. This will help to minimise barriers and improve engagement for those with dual diagnosis.		Consultations with service users of mental health services about barriers to accessing drug and alcohol support and consultations with service users of drug and alcohol services about barriers to accessing mental health support. Dual Diagnosis support group is well attended.	Hear Us/DAAT questionnaire responses. The report is being produced and due to be published March 2014. Consultation with service users on 01/07/13 about the proposed model. Provider consultation on 01/07/13. The Service User Council.
LGBT	Within the tender specification documents, we intend to include a requirement for services to identify and provide specific support to LGBT clients. This will help to attract people who are LGBT and need support for their substance		Informal discussions with Service User Representatives and the Peer Led User Group has shown interest in specific groups for LGBT.	Service User conversations. Provider consultation on 01/07/13. At least two people using GBL in the gay community have received detox intervention.
Domestic Violence	The proposed model gives alternative locations for treatment to be delivered. This will help to minimise victims and perpetrators meeting up.		Informal discussions with Service User Representatives and the Peer Led User Group has shown that services delivered from one single location increases the chances of seeing someone they are trying to avoid. Only 24% of	Service User conversations. DAAT Needs Assessment shows 74% of people in treatment are male.

2.2 Is there any evidence missing? If so, how will you gather this missing evidence?

If you do not have all the evidence you need to make an informed decision, talk to your departmental equality lead about practical ways to gather it. For example, if you do not have time to conduct a survey, is there a way can increase your understanding before undertaking more robust research at a later date? Perhaps by meeting with stakeholders. The depth and degree of any consultation or research will be determined by the relevance of the change or review to different groups. Those who are likely to be directly affected should be consulted. Read the corporate public consultation guidelines before you begin (http://intranet.croydon.net/finance/customerservices/public_consultation/default.asp).

If you really cannot gather any useful information in time, then note its absence as a potential negative impact and describe the action you will take to gather it in

Protected Group	Evidence missing	Description of potential negative impact
LGBT	Data is not currently collected for numbers of LGBT in	Accurate data will give a picture of the profile and

3. Determining actions

The overall potential impact is a mixture of the likelihood of the impact taken place and the strength of that impact should it take place. Ranking your potential impac importance will help you decide which ones you need to take action on.

You have to act to eliminate any potential negative impact that, if it was to be realised, would breach the law (perhaps by abandoning your proposed change). Howe able to take action to minimise all your potential negative impacts or maximise all your potential positive ones. You must be realistic and proportionate about how m resource.

When you act to reduce the negative impact or maximise the positive impact, you must be sure that this does not create a negative impact on another group. If this can only be justified if it is done to eliminate discrimination.

Add as many rows as you need (Highlight whole row, right click and select Copy, go to a fresh row, right click and select Insert Copied Cells).

3.1 How can you minimise the potential negative impacts of your change?

Protected group	Potential negative impact	Likelihood score	Strength score	Overall impact score	Action	Action owner
	Copy all the potential negative impacts from sections 2.2.and 2.3. Then add these impacts to your risk register.	Choose from the table below	Choose the highest relevant score from the table	This will be inserted automat-ically	Can you justify this negative impact in law. If not, what can you do to eliminate or lessen the negative impact? Add these actions to your project plan. Only include the actions that you can resource.	Who is responsible for completing the action?
LGBT	Data is not currently collected for numbers of LGBT in treatment.	1	1	1	yes, services are available to LGBT and the negative impact is around knowing numbers , there is nothing to show there are barriers for LGBT accessing treatment. To lessen any negative impact we need to collect data on numbers of LGBT in treatment and will include this requirement within specifications.	DAAT data person
				0		
				0		
				0		
				0		

				0		
				0		
				0		
				0		
				0		

Likelihood score		
5	Most certain	In more than 80% of the circumstances
4	Most likely	In 51-80% of circumstances
3	Possible	In 21-50% of circumstances
2	Unlikely	In 6-20% of circumstances
1	Rare	In 5% of circumstances or less

Strength score	Degree of impact	Proportion of protected groups affected
5	Very great impact	Several protected groups in more than one category (eg religion an would be differently affected (compared to non-protected groups).
4	Great impact	Several protected groups in one category (eg religion) would be dif affected (compared to non-protected groups)
3	Some impact	All of one protected group would be differently affected (compared protected groups)
2	Little impact	The majority of one protected group would be differently affected (c to non-protected groups)
1	Minimal impact	A minority of one protected group would be differently affected (co non-protected groups).

3.2 How can you maximise the potential positive impacts of your change?

Protected group	Potential positive impact	Likelihood score	Strength score	Overall impact score	Action	Action owner

	Copy all the potential positive impacts from section 2.2.	Choose from the table below	Choose the highest relevant score from the table	This will be inserted automat-ically	What can you do to maximise the positive impact? Add these actions to your project plan. Only include the actions that you can resource.	Who is responsible for completing the action?
Mental Health	Within the tender specification documents, we			0	Include within specifications	Shirley Johnstone,
LGBT	Within the tender specification documents, we			0	Include within specifications	Shirley Johnstone,
Domestic Violence	The proposed model gives alternative locations for			0	Include within specifications	Shirley Johnstone,

Likelihood score		
5	Most certain	In more than 80% of the circumstances
4	Most likely	In 51-80% of circumstances
3	Possible	In 21-50% of circumstances
2	Unlikely	In 6-20% of circumstances
1	Rare	In 5% of circumstances or less

Strength score	Eliminate discrimination, harassment or victimisation	Advance equality of opportunity between different groups	Foster good relations between people from different groups	Degree of impact
5	Several protected groups in more than one category (eg religion and gender) would be differently affected (compared to non-protected groups).	Several protected groups in more than one category (eg religion and gender) would be differently affected (compared to non-protected groups).	Several protected groups in more than one category (eg religion and gender) would be differently affected (compared to non-protected groups).	Very great impact
4	Several protected groups in one category (eg religion) would be differently affected (compared to non-protected groups)	Several protected groups in one category (eg religion) would be differently affected (compared to non-protected groups)	Several protected groups in one category (eg religion) would be differently affected (compared to non-protected groups)	Great impact
3	All of one protected group would be differently affected (compared to non-protected groups)	All of one protected group would be differently affected (compared to non-protected	All of one protected group would be differently affected (compared to non-protected	Some impact
2	The majority of one protected group would be differently affected (compared to non-protected groups)	The majority of one protected group would be differently affected (compared to non-protected groups)	The majority of one protected group would be differently affected (compared to non-protected groups)	Little impact

1	A minority of one protected group would be differently affected (compared to non-protected groups)	A minority of one protected group would be differently affected (compared to non-protected groups)	A minority of one protected group would be differently affected (compared to non-protected groups)	Minimal impact

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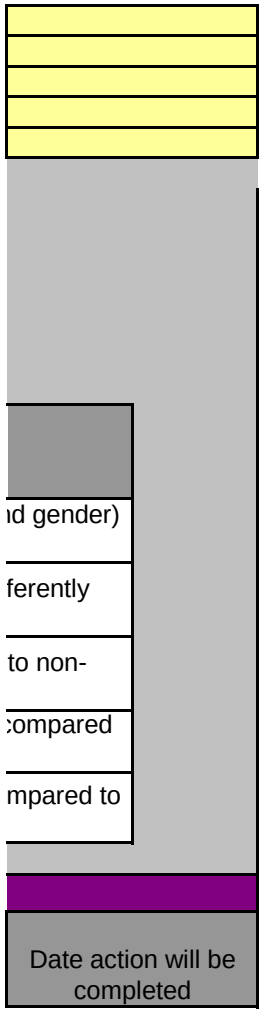
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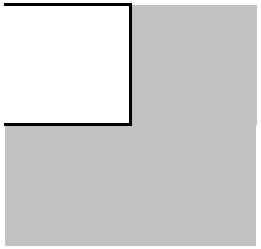

4. Decision

4.1 Based on the information in sections 1-3, what are you going to do?

Decision	Definition	Yes/no
We will not make any major change to our project because it already includes all appropriate actions	Our assessment shows that there is no potential for discrimination, harassment or victimisation and that our project already includes all appropriate actions to advance equality and foster good relations between groups.	Yes
We will adjust our project	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through our project. We are going to take action to change our project to make sure these opportunities are realised.	**No**
We will continue our project as planned because it will be within the law	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through your project. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned.	Yes
We will stop our project	Our project would have adverse effects on one or more protected groups that are not justified and cannot be lessened. It would lead to unlawful discrimination and must not go ahead.	No

4.2 Next steps

You may find it useful to consult Appendix One before completing this section.

Does this analysis have to be considered at a scheduled meeting?	If so, please give the name and date of the meeting.	Alongside the Commissioning Strategy being presented to the CCB 5 December 2013
When and where will this equality analysis be published?	An equality analysis should be published alongside the policy or decision it is part of. As well as this, the equality assessment could be made available externally at various points of policy development. This will often mean publishing your analysis before the policy is finalised, thereby enabling people to engage with you on your findings.	It will be available on the DAAT website with the Commissioning Strategy from January 2014.
When will you update this analysis?	Please state at what stage of your project you will do this and when you expect this update to take place. If you are not planning to update this analysis, say why not.	We will update this once the tender documents are ready to be sent out. January 2014.

4.3 I confirm that the information in sections 1 - 4 is accurate, comprehensive and up-to-date

Officers that must approve this decision	Name and position	Date
Report author	Karen Handy, DAAT Service User	20/02/15
Director of division	Alan Hiscutt	20/02/15
Email this completed form to data.equalities@croydon.gov.uk, together with an email trail showing that the director is satisfied with it.		
4.4 Feedback from the corporate equalities team		
Name of equalities officer		
Date received by equalities team	Please send an acknowledgement	
Feedback on decision		
Please send this to the report author and democratic services, corporate programme office and procurement team as appropriate		

Appendix one: decision making processes

You may only need to develop one equality analysis, updating it as you move from proposing the change to monitoring its implementation.
In many instances, an equality assessment will be started when a report is being written for a committee. If that report recommends that a project or programme takes place, the same equality assessment can be updated to track equality impacts as it progresses. If the project or programme include commissioning or de-commissioning, the same equality assessment can be updated again.

Budget setting For department budget setting, check that each line will have already have appropriate equality analysis under one of the other decision making processes. The corporate budget will be covered under the process for the report to full council.

How to use this table This table outlines the key council decision making processes. Select the process on the top row that you are currently involved in, then read down the column to find out what to do when.

Decision making process	Report to committee, cabinet or full council	Project management	Programme management	Commissioning
Key contact	Solomon Agutu	Tony Snook	Tony Snook	Dawn Jolley
Link to process	Report Writing Instructions and Templates	Corporate Programme Office (CPO)	Corporate Programme Office (CPO)	Procurement Board
Develop section one of the equality analysis	When you start writing your report	Business case	Gateway 1/2	When you start writing your procurement strategy report
Develop full equality analysis	Before you submit your report to CMT	Project initiation document	Gateway 3	
Revise full equality analysis	When full council, cabinet or committee decision made or at key stages in any action plan included in the report	At the end of each project stage	At then end of each tranche	If the award report goes to Corporate Services Committee and as part of contract monitoring schedule
Write final full equality analysis	At the final stage of any action plan included in the report	Post project review	Gateway 6	Final monitoring stage
Who to send the equality analysis to	Corporate equality team and democratic services	Corporate equality team and project team	Corporate equality team and programme team	Corporate equality team and procurement team

Appendix two: protected groups in Croydon

As well as considering the impact on protected groups, you can also consider the impact of your proposed change on other vulnerable groups such as people on low incomes, carers, veterans, homeless people, ex-offenders and victims of domestic violence.

The information below is taken from the 2011 census unless otherwise indicated.

Age groups	Number of people	Percentage
0-4 years	27,972	7.7%
5-7 years	14,388	4.0%
8-9 years	8,708	2.4%
10-14 years	23,130	6.4%
15 years	4,912	1.4%
16-17 years	9,934	2.7%
18-19 years	8,720	2.4%
20-24 years	23,591	6.4%
25 -29 years	27,692	7.6%
30-44 years	82,439	22.7%
45-59 years	70,488	19.4%
60-64 years	17,029	4.7%
65-74 years	23,155	6.4%
75-84 years	15,318	4.2%
85-89 years	3,881	1.1%
Over 90 years	2,021	0.6%
People with long term illnesses or disabilities	363,378	
Blind or visually impaired	These categories were not recorded as such in the 2011 census. However, this did record that there were 24,380 people (6.7%) whose day to day activities were limited a lot by long term illness or disability and 28,733 (7.9%) whose day to day activities were limited a little (Office of National Statistics)	
Deaf or hearing impaired		
Other communication impairment		
Mobility impairment		
Learning difficulty or disability		
Mental health condition		
HIV, multiple sclerosis or cancer		
Other (please specify)		
Gender		
Male	176,224	48.5%
Female	187,154	51.5%
Ethnicity		
White British	171,740	47.3%
White Irish	5,369	1.5%
White Gypsy or Irish Traveller	234	0.1%
Other White background	22,852	6.3%
Black African	28,981	8.0%
Black Caribbean	31,320	8.6%
Other Black background	12,955	3.6%
Bangladeshi	2,570	0.7%
Chinese	3,925	1.1%
Indian	24,660	6.8%
Pakistani	10,865	3.0%
Other Asian background	17,607	4.8%
Mixed White and Black Caribbean	9,650	2.7%
Mixed White and Black African	3,279	0.9%
Mixed White and Asian	5,140	1.4%
Other Mixed background	5,826	1.6%
Arab	1,701	0.5%
Other ethnic group (please specify)	4,704	1.3%
Religion		
Buddhist	2,381	0.70%
Christian	205,022	56.40%
Hindu	21,739	6.00%
Jewish	709	0.20%
Muslim	29,513	8.10%
Sikh	1,450	0.40%

No religion/faith	72,654	20.00%
Other (please specify)	2,153	0.60%
Sexual orientation		
Lesbian	There are no figures from the 2011 census. However, it is estimated that there were 20,370 lesbians, gay men, bisexual and transgender people living in Croydon in 2001. (London LGBT)	
Gay		
Bisexual		
Transgender		
Transgender	See above	
Pregnancy or maternity		
Pregnant	These categories were not recorded as such in the 2011 census. However, there were 5,720 live births in 2011 (Office of National Statistics)	
On compulsory maternity leave		
Marriage or civil partnership		
Married	122,013	42.9%
In civil partnership	796	0.3%