Executive Summary

West Sussex County Council commissions inpatient detoxification and residential rehabilitation programmes for people using alcohol and/or drugs. The primary aim of inpatient detoxification is to provide the means for safe withdrawal from alcohol or drug(s) of dependence. Residential rehabilitation programmes provide intensive support and a structured programme of daily activities over a fixed period. Programmes differ on the basis of underlying philosophy, structure, intensity and duration. The current contracts are due to end on 9 May 2016 and for the reasons set out at paragraph 2.7 cannot be extended.

This report recommends the approval to procure a Framework Agreement for the provision, from 10 May 2016, of Substance Misuse Inpatient Detoxification and Residential Rehabilitation Support Services for adults and young people. Young people being those accessing services who are 16 to 24 years old.

Recommendations: That the Cabinet Member approves:

(1) The commencement of an open type tender procurement process for a new Framework Agreement for the provision of Substance Misuse Inpatient Detoxification and Residential Rehabilitation Support Services for adults and young people (aged 16 – 24 years).

(2) That the Framework Agreement is for a period of 5 years with the option to extend for up to 2 years (up to a maximum of 7 years), commencing on 10 May 2016. The estimated value of the Framework is £600,000 per annum. With a total approximate value of £4,200,000 over the maximum period.

(3) The delegation of authority to the Executive Director Care Wellbeing & Education to agree the appropriate lotting structure per paragraph 2.12 and award the Framework Agreement to the successful providers following the competitive procurement exercise and to extend the Framework Agreement period, if appropriate, in accordance with the County Council’s Standing Orders on Procurement and Contracts, subject to the future requirements, budget and performance of the appointed providers.
1. **Background and Context**

1.1 Since April 2013 the lead responsibility for coordinating local efforts to protect the public’s health and wellbeing, for ensuring health services effectively promote population health and for addressing health inequalities has rested with the local authorities through their Public Health directorates. This includes the commissioning of drug and alcohol services. It is a statutory requirement to provide these specific residential and inpatient services.

1.2 In West Sussex the County Council’s Drug and Alcohol Action Team (DAAT) commissions the majority of support services for adults and children affected by alcohol and drug use and misuse. This is funded by the Public Health Grant to the County Council from the Department of Health.

1.3 A range of drug and alcohol services are commissioned across West Sussex to support those in need of reducing or ceasing their misuse of substances. These services have been commissioned under a range of different contracts.

1.4 The County Council commissions inpatient detoxification and residential rehabilitation programmes for people using alcohol and/or drugs, and current contacts are due to expire in 9 May 2016 and cannot be extended.

1.5 The primary aim of inpatient detoxification is to provide the means for safe withdrawal from alcohol or drug(s) of dependence. Residential rehabilitation programmes provide intensive support and a structured programme of daily activities over a fixed period. Programmes differ on the basis of underlying philosophy, structure, intensity and duration.

1.6 This process of assisting people to access Residential Rehabilitation and Inpatient Detoxification also links in with West Sussex County Council’s vision and priorities:

- **Giving children the best start in life** – a percentage of the people accessing the services are substance misusing parents. By addressing their needs, the County Council is able to support the needs of the child.

- **Having a strong and diverse economy** – The purpose of Residential Rehabilitation is to return individuals to the community working towards positive and meaningful activities such as education, training and employment as well as voluntary work.

- **Independent for longer in later life** – The services are increasingly working with more people aged over 65 years old. By accessing these types of services and addressing their clinical and substance misuse needs enables individuals to remain living independently longer. Also West Sussex has an ageing population and by accessing services, the needs are addressed earlier.

2. **Scope of Procurement**

2.1 In 2015/16, the budget for Inpatient Detoxification and Residential Rehabilitation Support Services (funded by the Public Health Grant) was
£600,000. This is for adults and any young person.

2.2 The County Council currently guarantees availability of service with two service providers for in-patient detoxification:
- Ravenscourt, a local service provider in Bognor Regis.
- Action on Addiction, Wiltshire.

Services from both are spot purchased from a block agreement with no commitment to annual spend, only to those services utilised. Spot Purchase means a contract between the Provider and the Council relating to an individual package of Care with a Service User that incorporates the specific spot purchase terms and conditions. It is an ad hoc agreement where the Council will purchase this care for a short period of time, in this case usually 12 weeks.

2.3 All other detoxification and rehabilitation providers that are used are spot purchased with no availability of service guaranteed. Spot purchasing is made using the Framework Contract for Residential and Nursing Home Care. The service purchased is for a relatively short period (typically up to two weeks for in-patient detoxification, and twelve weeks for residential rehabilitation). These services are Care Quality Commission (CQC) registered.

2.4 The following table outlines placements made to these services during the past two years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatient detoxification placements</th>
<th>Residential rehab placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>113</td>
<td>100</td>
</tr>
<tr>
<td>2014/15</td>
<td>115</td>
<td>102</td>
</tr>
</tbody>
</table>

2.5 All of the above placements were for customers who were 18 years or above at time of placement. It is highly unusual for a placement to be required for a person under the age of 18 years: the last substance misuse placement for a young person was made in 2011.

2.6 In 2013-2015 inclusive, placements were made at eight different providers for the delivery of inpatient detoxification and at 18 different providers for the delivery of residential rehabilitation.

2.7 The existing Care Homes Framework Contract for Residential and Nursing Home Care has been in use since its development in 1993 and has not been updated. Review and update is required to better reflect best practice and guidance in substance misuse service delivery, ensure confidence in quality assurance and secure best value.

2.8 Following a recent procurement, the County Council has awarded a new contract to deliver the county wide Health, Wellbeing and Recovery Service from May 2016 (CW02(15/16) Re-procurement of the substance misuse support service). This is the service that identifies customers requiring in-patient detoxification and/or residential rehabilitation.

2.9 It is a requirement of the new specification for the county wide Health,
Wellbeing and Recovery Service that the service provider has effective protocols, assessment and referral pathways in place for customers to access residential rehabilitation and inpatient detoxification services. While it is the provider that identifies customers requiring residential placements, the budget for these placements will continue to be managed by the County Council.

2.10 In recognition that this is a relatively small market with a limited number of organisations nationally, the Framework will be closed and opened annually at the discretion of the County Council. New providers wishing to join the Framework Agreement will be able to do so subject to them demonstrating their technical and financial capability through the submission of an application to an open tender process.

2.11 Specifics in the revised Framework Agreement will include the following:

- Adherence to all necessary registration requirements, for example registration with the CQC.
- Effective and safe clinical governance.
- Formal protocols with the referring Service.
- Formal protocols with the purchaser (West Sussex County Council).
- Ability to meet a diverse range of needs: including but not exclusively needs of individuals with dual diagnosis (mental health issues and substance misuse); needs of individuals presenting with changing drug patterns (e.g. novel psychoactive substances); needs of individuals in the criminal justice system; gender specific placements.

2.12 An appropriate service area framework lotting structure will be developed and used for this procurement, to take into account the differing needs of the customer. Lots can be defined as one of a number of categories of goods or services which a single procurement process has been divided into. The use of lots potentially allows for multiple providers to be appointed following one procurement process.

2.13 The Services fall within the new “light touch” services under the Public Contract Regulations 2015. The new EU threshold for these types of services is currently £625,050 (until 1 January 2016); therefore the Framework Agreement to be procured is above threshold.

- The term light touch service tends to apply to certain contracts within Social, Health and Education Services (detailed list in Schedule 3 of the Public Contract Regulations 2015) which would attract lower cross border interest where the value exceeds the threshold of €750,000. Public bodies must advertise in the OJEU however the full regulations do not apply.

2.14 For above threshold “light touch” services limited Regulations would apply including: the requirement to advertise the contract in OJEU and Contracts Finder, the award procedure to be transparent and bidders treated equally, contract award notice to be published and time limits for the process to be reasonable. The Council therefore has some flexibility in how the procurement process is structured and can follow a pseudo open type procedure providing these Regulations are adhered to.
2.15 As these are "light touch" services the Regulations relating to Framework Agreements do not apply and as such the length of the framework agreement can be up to 7 years which is in accordance with the Council’s Standing Orders on Procurement & Contracts. The Council also has the flexibility to open the framework agreement to new providers during the life of the framework agreement providing the original Invitation to Tender (ITT) documents are clear in how this will be done and the process for admitting new joiners is fair and transparent.

2.16 The development of a Framework Agreement for Substance Misuse Inpatient Detoxification and Residential Rehabilitation Support Services for Adults and Young People to be delivered from 10 May 2016 will achieve the following objectives:

- Agreed Service Specification(s) for residential provision that meet the assessed needs of the individual customer, and that meet clinical and practice requirements.
- Agreed fees.
- Clear mechanisms to review provision and ensure quality assurance.
- Adherence to local protocols that will be agreed between West Sussex County Council and Service Providers (both the referring service and the residential service).
- To ensure that service delivery meets clinical and best practice requirements.
- To ensure clear referral pathways between community support and residential services, i.e. pathways into and from residential provision.

3 Consultation

3.1 Consultation with services and service users was carried out as part of two comprehensive needs assessments that were commissioned by Public Health and published in 2014. It should be noted that these were needs assessments for service provision across substance misuse delivery, not solely residential provision.

3.2 The needs assessments and executive summaries are available here: http://jsna.westsussex.gov.uk/jsna-Comprehensive-Needs-Assessments.

3.3 Market engagement events and informal consultation with services and service users has been undertaken in 2015 and this informed the recent procurement for the county wide Health, Wellbeing and Recovery Service. Recommendations from this more recent work has been taken into account in the drafting of the new service specifications for in-patient detoxification and residential rehabilitation services. This included consultation with Young People’s services about the need for dedicated services for 24 years and under, and feedback from people in different settings and groups e.g. ARC Horsham, Worthing Churches Homeless projects, IMPACT initiatives and EXACT CIC about the barriers people were having or had faced in accessing residential rehabilitation, this included: gender issues, disability, homelessness, post-traumatic stress disorder, dual diagnosis, and caring responsibilities. This information will be used to inform the requirements of the new Framework Agreement specification.
3.4 Further details of consultees are provided in Appendix A.

3.5 A Procurement Project Board will be established to input into and oversee the procurement process. Membership will include representation from the County Council’s Legal, Finance, Procurement and Human Resources teams.

3.6 The Cabinet Member for Finance has been consulted on the proposals.

4 Proposals

4.1 That the Cabinet Member for Community Wellbeing (and Deputy Leader) approves:

(1) The commencement of an open type tender procurement process for a new Framework Agreement for the provision of Substance Misuse Inpatient Detoxification and of Residential Rehabilitation Support Services for adults and for young people.
   - Open tendering is the preferred competitive public procurement method used for acquiring services. It is executed in accordance with established procedures set out in the procurement guidelines and detailed in the standard bidding documents.

(2) That the Framework Agreement is for an initial period of 5 years with the option to extend for up to 2 years (up to a maximum of 7 years), commencing on 10 May 2016. The estimated value is £600,000 per annum.

(3) The delegation of authority to the Executive Director Care Wellbeing & Education to award the contract to the successful providers following the competitive procurement exercise and to extend the contract, if appropriate, in accordance with the County Council’s Standing Orders on Procurement and Contracts, subject to the future requirements, budget and performance of the appointed providers.

4.2 The Framework Agreement will:
   - Ensure that service delivery meets clinical and best practice requirements.
   - Ensure clear referral pathways between community support and residential services, i.e. pathways into and from residential provision
   - Provide customers with a quality assured service that is cost effective to the County Council.

4.3 The new specifications will specify requirements on quality, clinical requirements and expected outcome measures. The new contracts will include measures to act on and remedy poor performance.

4.4 There is no ambition to reduce the cost of these residential services, but this will be reviewed annually and will include analysis of rates of referral and outcomes. Dependent upon the performance of the Health, Wellbeing
and Recovery Service – i.e. the referring Service and its achievement of key performance indicators, there may be additional funding provided by the Council up to a maximum of £200,000 per year which will be made available. This will be for a potential increase in community detoxification services that the Health, Wellbeing and Recovery Service will already be contracted to deliver. Any increase would be funded via this current residential budget.

5. **Other Options considered**

5.1 Consideration was given to continuing the existing model which includes specifications and contracts with both local providers and a limited number of inpatient and residential place placements out of County, or alternatively setting up a Framework Agreement which had a broader range of providers in order to meet more diverse needs.

5.2 The Framework Agreement was considered to have more advantages, because in the last couple of years there has been an increase in the need for more specialist care such as; alcohol related dementia, and physical health considerations such as Tuberculosis.

5.3 In addition there now needs to be provision of specialised rehabilitation for young people who are 16 – 24 years old. This is to ensure that the provision is reflective of the recently awarded West Sussex Young Peoples community service which now works with young people up until the age of 24 years old (previously 18 years old).

5.4 The Framework Agreement is considered to have more advantages over the existing model as this will enable the Council to access more diverse placements for its residents.

5.5 Consideration was given to the potential of merging residential service provision into existing contracts as they come up for renewal, to offer greater value for money. This is not possible for two reasons: i) All other DAAT contracts are for non-residential provision, and had been aligned to the same end date (May 2016) to allow for the major procurement referred to under point 2.8; ii) The residential service provision to be procured under the Framework has service requirements and CQC registrations specific to substance misuse, and thus cannot be merged into other (residential) contracts for different customer groups.

6. **Resource Implications and Value for Money**

6.1 The average cost of a rehabilitation or detoxification placement varies greatly, depending on length of stay and additional clinical or social factors. In 2014/15, 115 individuals were placed within an inpatient detoxification costing on average £1,246 per week. The length of stay is dependent on clinical need but usually a minimum of 2 weeks is required. 102 individuals were placed within a Residential Rehabilitation placement costing an average of £626 per week. Placements to Residential Rehabilitation are usually for 12 weeks. The budget of £600,000 has been required to meet the need of the residents of West Sussex and has been fully spent at this level over the last three financial years.
6.2 By setting out a Framework Agreement the Council is able to agree rates over the lifetime of the framework. Also this ensures that any additional costs, that currently come as extras are included in these rates. Bidders will be asked to submit inclusive rates. These include but not exclusively: travel, urine screening, and Criminal Justice reports and staff attendance at court.

6.3 Some of the barriers to making significant savings include the introduction of the living wage and auto enrol pension schemes, which are likely to be reflected in future tariffs for the services we are looking to procure. The rates will be reviewed annually to take into account the budgetary constraints of the Council whilst acknowledging the average wage cost increases across the Health and Social Work service sector, and the retail price index (or such other index as the Council considers appropriate such as the consumer price index).

6.4 Internal resources (WSCC Legal and Finance) have been secured to support this process. An independent consultant has been working with DAAT and has led on drawing up the key performance indicators and service specifications including preparatory work with commissioners, Public Health consultant and Public Health England to review service requirements. Both resources have been funded from DAAT commissioning budget/Public Health Grant. The cost of consultant time in drafting the specifications is approximately £2,500 and has been required to support DAAT officer capacity.

6.5 In making a decision to extend the Framework after the initial five year period, the Council will undertake an analysis of the market (including benchmarking services) to check for development of the market and/or further savings opportunities to ensure that any agreed contract extensions, terms and conditions and prices continue to represent the best value contract option.

7. Impact of the proposal

7.1 Equality Duty: An Equality Impact Report has been undertaken and is attached as Appendix B.

7.2 There is no adverse impact on people with protected characteristics covered by the Equality Act 2010. The service is universal in nature and therefore available and accessible by the whole population of West Sussex where individuals are eligible to receive services under the terms of The Council’s eligibility criteria as well as the terms of the framework agreement.

7.3 Crime and Disorder Act Implications: The services will include specific provision for drug and alcohol users known to the criminal justice sector (Police, Courts, Probation Service, HM Prisons and Young Offender Institutions. The new service design and the new re-procured services will be required to meet the needs of this group.

7.4 The Framework agreement for inpatient and residential detoxification will
ensure there is specific support for individuals who have been given a community or post custodial sentence. Placements that support individuals to address both offending behaviour and their drug and alcohol use will contribute to key Local Authority and Public Health outcomes.

7.5 In addition the Rehabilitation of Offender Act 2014 has new Rehabilitation Requirements which may result in the need from more diverse placements.

7.6 **Human Rights:** No impact.

7.7 **Social Value:** The proposed Framework Agreement hopes to be an accessible, integrated, and clinically effective service which better reflects a broader wellbeing and recovery agenda. This is reflective of the Council’s Social Value policy.

7.8 The collective potential benefits to the community in providing these types of services can be the following: a reduction in crime, reduced burden on NHS services, improved family and community relationships as well as economic benefit.

7.9 The service has an inherent social value in that support is commissioned to enable customers to return to their community and seek positive meaningful activity such as training, education and employment following discharge.

7.10 A Framework Agreement with an expanded range of service delivery options will enhance customer options and choice and offer an alternative range of services to meet customer need.

8 **Risk Management Implications**

8.1 In any procurement exercise there is a risk of legal challenge; Capita Procurement services will ensure the procurement process complies with the requirements to mitigate any risk to the Council.

8.2 The Framework Agreement will continue to be monitored by the DAAT’s Contracts Officer and the Council’s contracts team. As referenced in 2.10 the Framework will be closed and opened annually at the discretion of the County Council. Any additional service providers who join during these periods will be monitored likewise.

8.3 West Sussex County Council will manage the potential risk of Public Health Grant to DAAT being reduced in forthcoming years by having clear clinical risk criteria and referral routes agreed with the Health, Wellbeing and Recovery Service (the referring Service) for all customers assessed as requiring residential service provision. The objective is to refer those customers at greatest clinical need, and for whom this level of specialist, residential intervention is required. These criteria are established.

8.4 The funding for residential placements will continue to be managed by West Sussex County Council, with a minimum of monthly panel meetings attended by senior clinicians and managers from the referring Service, customer representative/advocate, and DAAT commissioning manager. It
at these panel meetings that funding decisions will be made. The referring Service will be advised monthly of spend and activity against investment.

Avril Wilson
Executive Director
Care, Wellbeing & Education

Peter Brambleby
Director of Public Health and Wellbeing (Interim)

Contact:
Fiona Macleod, Senior Contracts Officer,
fiona.macleod@westsussex.gov.uk

Appendices
Appendix A: Details of people involved in stakeholder engagement
Appendix B: Equality Impact Report

Background Papers
None
## Appendix A

### Details of people involved in stakeholder engagement

**January – July 2015**

<table>
<thead>
<tr>
<th>Customers/ Service Users</th>
<th>CRI</th>
<th>IMPACT</th>
<th>Hep C + Support Group</th>
<th>The Ark Horsham</th>
<th>Worthing Churches Homeless Project</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Littlehampton Recovery Coach</strong></td>
<td>Carers Support West Sussex</td>
<td>EXACT and service users</td>
<td>Cascade Creative Recovery</td>
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<tr>
<th>Stakeholders / Organisations</th>
<th>Adur &amp; Worthing Councils</th>
<th>Arun District Council Crawley</th>
<th>Crawley Borough Council</th>
<th>Horsham &amp; Mid Sussex Clinical Commissioning Group</th>
<th>Coastal West Sussex Clinical Commissioning Group</th>
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</thead>
<tbody>
<tr>
<td>Crawley Clinical Commissioning Group</td>
<td>Countywide GP survey</td>
<td>Local Medical Committee</td>
<td>Mental Health Transformation Board: Crawley, Horsham, Mid Sussex</td>
<td></td>
<td>Chichester Magistrates’ Court</td>
</tr>
<tr>
<td>Community Rehabilitation Company</td>
<td>Safer West Sussex Partnership</td>
<td>Youth Offending Service</td>
<td>South East Coast Ambulance Service NHS Foundation Trust</td>
<td></td>
<td>Ravenscourt Rehabilitation Service Bognor</td>
</tr>
</tbody>
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| CRI young person’s service for West Sussex | Western Sussex Hospitals Trust | Public Health England | Sussex Police & IOM | | |
| Community Pharmacies | IMPACT Employment Training and Education services | | | | |

### West Sussex County Council January – July 2015

- **Head of Health & Social Care**
- **Head of Integrated Commissioning**
- **Interim Head of Children’s Care**
- **Better Communities Manager**
- **Principal Manager Domestic & Sexual Violence**
- **Head of Children’s Commissioning**
- **Director of Public Health**
- **Consultant in Public Health**
- **Public Health Programme Manager**
- **Manager Young Carers**
- **Wellbeing Hub Managers**
- **Local After Children Principal Manager**
- **Think Family commissioners and operational leads**
- **Mental Health Commissioners**
Equality Impact Report

1. Title of proposal

Procurement of Framework Agreement for Substance Misuse Inpatient Detoxification and Residential Rehabilitation Support Services for Adults and Young People

2. Date of implementation

10 May 2016

3. EIR completed by:

Name: Fiona Macleod
Tel: 033 022 25634

1. Decide whether this report is needed and, if so, describe how you have assessed the impact of the proposal.

Currently The County Council holds 2 contracts with Inpatient detoxification and Residential rehabilitation services with the majority of placements being spot purchased for customers to access this type of specialist provision.

Currently there are approximately 1700 accessing community substance misuse services that potentially could be eligible for this type of support. In 2014/15 217 customers accessed Impatient detoxification and Residential Rehabilitation.

Therefore it is considered that an Equality Impact Report is necessary to ensure that delivery of the service commissioned as part of this procurement exercise does not have an adverse impact on any customers in respect of their ethnicity, gender, age, faith and/or sexual orientation or does not disadvantage those with multiple and profound needs.

2. Describe any negative impact for customers or residents.

The service to be provided is Residential care and support. The objective of the Framework Agreement is to commission services for customers to enable them to achieve the best outcomes in relation to eligible social care needs.

It is unlikely that there will be any negative impact to customers as a result of the award of this Framework Agreement.

3. Describe any positive effects which may offset any negative impact.

Services delivered under the framework are person centred and outcome focused.

Customers will, where possible, be fully involved in the decision making process regarding which service provider should deliver their package of care.

The County Council is mindful of the protective characteristics of customers receiving a service and will ensure that the service specification sets out how service delivery by provider organisations will value difference and ensure that social cultural and religious needs of customers are acknowledged and addressed.

- The Framework agreement is committed to equal opportunities and a positive approach to meeting the spirit and obligations within key legislation, such as the Disability Equality Duty and Race Relations (Amendment) Act.
- The service specifications developed for this framework will highlight the
need for support for a broader range of substances, such as support for users of Novel Psychoactive Substances, over-the-counter medication and prescription medication.

- Service specifications will set out the expectation that customers will be supported to achieve improvement across a much broader range of issues affecting their alcohol and other drug use. For example:
  - Housing
  - Employment, education, training and volunteering
  - Wellbeing
  - Mental Health
  - Physical Health
  - Family networks

- The new providers will be expected to work in a joined up and holistic manner with local services especially leading up to the discharge of customers back into the community.

The specification seeks to ensure a range of provision to allow individuals to have a choice of placement and that the service maximises treatment outcomes for each person.

Service Providers must have a clear statement of purpose setting out the aims and objectives of their service and these must be reflected in the service provided. In support of this Service Providers will provide an information pack for individuals, families and carers.

### 4. Describe whether and how the proposal helps to eliminate discrimination, harassment and victimisation.

Service providers are required, through the service specification, to work with community partners and to have positive links with local community groups and facilities to encourage social inclusion.

For the Framework Agreement services must specify and detail which of the following options they provide, as follows:

**Gender Provision**
- Female only provision
- Male only provision
- Mixed gender provision (ratio of beds)

**Equality of Access**

The Service Provider must ensure it can engage with under-served groups to meet the treatment needs of diverse populations. The needs of individuals related to their ethnicity, religion, gender, sexual orientation, health, disability, literacy and cultural requirements must be identified at assessment and supported through the care plan.

The Service Provider will ensure that policy and practice addresses equality of access. The Service Provider is expected to take positive action to combat discrimination on any grounds. The service provider will be expected to apply requirements and good practice in line with the Race Relations Act 2000, Equality...

For the Framework Agreement services must specify and detail which of the following options they provide, as follows:

- Interpreters (which languages)
- Translation of information/literature (which languages)
- Advocacy support e.g. for literacy, learning difficulties
- Supporting religious and cultural preferences and allow appropriate choices and observation of the following:
  - Diet
  - Manner of eating
  - Dress
  - Religious days and festivals
  - Beliefs
  - Methods of worship
- Access to mutual aid to support specific groups/needs

<table>
<thead>
<tr>
<th>5. Describe whether and how the proposal helps to advance equality of opportunity between people who share a protected characteristic and those who do not.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The County Council is mindful of the protected characteristics of customers and will ensure that service specification sets out how service delivery will improve opportunities for people with substance misuse needs to be treated as equal citizens and to have increased social inclusion in their local communities.</td>
</tr>
<tr>
<td>A service provider will be expected to deliver an equal service to meet the needs presented, including those presented as a result of their characteristic.</td>
</tr>
<tr>
<td>Service providers will also be expected to demonstrate, both in the procurement stage and during contract monitoring, how they meet Equality legislation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Describe whether and how the proposal helps to foster good relations between persons who share a protected characteristic and those who do not.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many of the customers of these services will have a protected characteristic.</td>
</tr>
<tr>
<td>Providers will be expected to ensure people with protected characteristics are encouraged to participate more in their local community. Customers will be supported to increase their community presence and enhance their social interaction in order to participate as equal citizens and to meet their own broader needs.</td>
</tr>
<tr>
<td>Service providers will, through the delivery of training and development opportunities, encourage and communicate to their staff that there is an expectation of equality of service for all customers, particularly for people with protected characteristics.</td>
</tr>
<tr>
<td>The providers will support customers to transition from Recovery communities into local communities, so that they develop good relations with a wide range of people and groups, rather than being limited to relationships with other people in recovery.</td>
</tr>
</tbody>
</table>
7. What changes were made to the proposal as a result? If none, explain why.

The service specification will fully reflect all equality and diversity issues from both a customer and service delivery perspective.

8. Explain how the impact will be monitored to make sure it continues to meet the equality duty owed to customers and say who will be responsible for this.

Service providers will be required to implement effective quality assurance processes which will be subject to Contract monitoring and quality checking, on a quarterly basis, to ensure impact of service delivery is measured and evaluated.

Customers and carers will be invited to be involved in the review of arrangements, during individual reviews and providers will be expected to actively seek customer feedback.

To be signed by an Executive Director or Director to confirm that they have read and approved the content.

<table>
<thead>
<tr>
<th>Name</th>
<th>Alison Nuttall</th>
<th>Date</th>
<th>November 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your position</td>
<td>Head of Children’s Commissioning</td>
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