



ADVANCE PUBLICATION OF REPORTS

This publication gives five clear working days' notice of the decisions listed below.

These decisions are due to be signed by individual Cabinet Members
and operational key decision makers.

Once signed all decisions will be published on the Council's
Publication of Decisions List.

- 1. RE-COMMISSIONING OF YOUNG PEOPLE'S SUBSTANCE MISUSE
SUPPORT (Pages 1 - 16)**

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London Borough of Enfield

Portfolio Decision Of Councillor Cazimoglu

Subject: Recommissioning of young people's substance misuse support

Cabinet Member: Councillor Cazimoglu

Executive Director: Tony Theodoulou

Key Decision: KD 5417

Purpose of Report

1. To provide detail of the need for substance misuse services for children, young people and their families and inform the future approach to the delivery of this support in Enfield.

Proposals

2. That approval be granted for the:
 - a. recommissioning of the young people's substance misuse service using a competitive open tender process to identify a suitable provider to deliver high quality services which ensure value for money.
 - b. delegation of authority to the Director of Health and Adult Social Care, in consultation with the Director of Public Health and the Director of Law and Governance, to award the contract to the successful applicant for a term of five years within the budget set out in the confidential appendix, to enter into the contract and to agree variations to the contract during the term of the contract.
 - c. contract to allow for annual break clauses and to be issued for an initial term of three years, with an option to extend for a further two years subject to availability of funding and satisfactory performance.
 - d. See confidential annex.

Reason for Proposal(s)

3. The current contract for the delivery of substance misuse support and treatment to children, young people and families is due to end in March 2023.
4. Substance misuse services deliver specialist care to those individuals who need support with addressing their drug and/or alcohol misuse. Addressing substance misuse alongside other needs enables young people with complex needs to make behavioural and lifestyle changes before their needs become more complex and require costly intensive interventions when they become adults.

5. Substance misuse treatment is an intrinsic element of Enfield's partnership approach to supporting vulnerable young people and families. This service works in partnership with criminal justice services, children's services, youth services and schools to promote healthy behaviours and ensure there is easily accessible support available to young people who use substances problematically.
6. The importance of this partnership approach is demonstrated by the many national drivers which reference the need for substance misuse treatment to be a key element of support for children, young people and families who require it.
7. Uptake of substance misuse services has remained consistently high in Enfield which contrasts with national trends where engagement has declined. Unfortunately, the number of young people engaged in services declined slightly in 2020/21 due to the closure of schools in response to the Covid-19 pandemic.
8. A review of drug and alcohol interventions undertaken by Public Health England concluded that substance misuse treatment interventions for young people are estimated to save between £5 and £8 for every £1 invested. Therefore, investing in substance interventions for young people offers Enfield a significant return on investment.

Relevance to the Council Plan

Good homes in well-connected neighbourhoods

9. Substance misuse services for children and young people are delivered through a hub and spoke model to ensure easy access for patients. The services current hub is based in Edmonton and satellites and outreach appointments are delivered borough wide.
10. Service delivery is undertaken in a range of locations, these are primarily in community sites such as libraries, youth centres, schools and colleges.

Safe, healthy and confident communities

11. Substance misuse services deliver health interventions including preventative messages, targeted information, advice and guidance and specialist treatment. Delivering support ranging from prevention to treatment ensures the health needs of children, young people and families in Enfield are met at the earliest opportunity.
12. Substance misuse can negatively impact on a range of outcomes. Public Health England have identified the correlation between substance misuse and several long term and short-term health needs.
13. In addition to the impact on the individual there is also an impact on the wider family including harm to the wellbeing of children and young people.

14. There is a strong correlation between substance misuse and offending behaviour, national research has shown that the delivery of drug and alcohol interventions directly reduces offending behaviour.
15. The service delivers support as part of a multi-agency approach ensuring young people have access to support for their wider health, social and emotional needs.

An economy that works for everyone

16. Improving the health of children, young people and their families in Enfield will prevent a range of longer-term negative health outcomes in areas such as mental health, offending behaviour and adult substance misuse.
17. Improving health outcomes will increase the number of people who are able to work and reduce sickness rates. The Wanless report was clear that a healthy population is a productive population.

Background

National drivers

18. In December 2021 Government released the National Drug Strategy: From Harm to Hope (HM Government 2021) as a 10-year drugs plan aimed at cutting crime and saving lives. The strategy focusses on four key areas to achieve this aim:
 - Breaking supply chains
 - Delivering a world-class treatment and recovery system
 - Achieving a generational shift in the demand for drugs
 - Partnerships and accountability
19. The strategy states that drug misuse 'currently costs society almost £20 billion a year' in addition to the 'human toll in lives shattered'.
20. From Harm to Hope recognises recent 'disinvestment in adult treatment with an even greater reduction in funding for young people's specialist substance misuse services and a growing level of unmet need'.
21. Young people who have drug problems often have complex needs and require a combination of specialist treatment and wider health and social care services. Services need to be trauma-informed and treatment should be family based where appropriate, particularly for those whose parents are dependent on drugs or alcohol.
22. The strategy identifies the devastating impact substance misuse has on families and the key role that the family can take in an individual's recovery. Substance misuse services can meet the specific support needs of families affected by parental substance misuse and coordinate this at a local level.
23. There is a clear ambition in the strategy for an increase in young people receiving specialist substance misuse treatment interventions to prevent longer term use into adulthood.

24. Finally, the strategy details varying levels of intervention will be available for individuals found in possession of drugs, these will range from attending a drug awareness session to prosecution. The requirement issued will be at law enforcements discretion so varying factors can be taken into consideration and the most appropriate sanction can be given. This approach aims to help 'address the disproportionate way in which certain groups, such as young black men, are sanctioned by the criminal justice system for drug possession (as highlighted in the March 2021 Commission on Race and Ethnic Disparities report) and, at the same time, deliver a set of tougher consequences for everyone who breaks the law'. To deliver the ambition of varying levels of intervention Enfield requires a service with the specialist substance misuse knowledge and skillset to provide effective care and support.
25. The updated Healthy Child Programme (Public Health England 2021) identifies the outcome 'Children and young people, parents and carers are supported to reduce substance misuse' given that significantly misusing substances and/or alcohol places children at an elevated risk.
26. No Child Left Behind (Public Health England 2020) is a public health informed approach to improving outcomes for vulnerable children, the needs analysis undertaken identified that 'Eighty-five percent of those in contact with criminal justice, substance misuse and homelessness services have experienced trauma as children'. It emphasises the needs for services that work with vulnerable families to have clear referral pathways and joint working arrangements in place with substance misuse services.
27. The National Alcohol Strategy (HM Government 2012) aims to promote sensible drinking and makes several recommendations around changing behaviours so people do not think it is acceptable to drink in way that could cause harm to themselves or others. It states a clear ambition to reduce the number of 11-15 year olds drinking alcohol and the amount consumed.
28. Working Together to Safeguard Children (HM Government 2018) states that 'Practitioners should, in particular, be alert to the potential need for early help for a child who:
 - is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
 - is misusing drugs or alcohol themselves', and;'A wide range of health practitioners have a critical role to play in safeguarding and promoting the welfare of children including:..... alcohol and drug services for both adults and children'
29. These national strategies recognise the importance for local areas to have effective substance misuse services delivering specialist support to residents who misuse drugs and alcohol. Delivering this specialist support allows local areas to minimise the impact of substance misuse on the individual, the community and wider services such as health and criminal justice services.

Local context

30. The Public Health Grant Conditions require Enfield Council to 'have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services' and specialist drug and alcohol misuse services for children and young people is listed as a function in the conditions.
31. In 2021 there are estimated to be 91,502 children aged 0-19 living in the borough of which 68,815 are aged 5-19. Enfield has the 4th largest youth population in London.
32. The 5-19 population is estimated to stay reasonably stable until 2026 and from 2027 will begin reducing slightly.
33. Evidence shows there is a complex relationship between drugs, crime, health outcomes and deprivation.
34. The delivery of effective substance misuse interventions supports a multi-agency approach to addressing serious youth violence.
35. In 2019/20 more children aged 10-17 per 100,000 were cautioned or sentenced in Enfield (456) compared to London (442) and England (367).
36. Many of the risk factors for serious youth violence are the same as those for substance misuse, including not being in education, employment or training, family risk factors, household substance misuse, domestic abuse and poor mental health and well-being.
37. Economic deprivation has been associated with an increase in the risk of several health conditions, these include increased risk of mental health conditions, obesity and diabetes and heart disease.
38. Deprivation is also associated with a number of hazardous behaviours such as smoking, substance misuse, lack of physical activity, social isolation and poor diet.
39. Enfield has become relatively more deprived when compared with other London boroughs.
40. Enfield ranks as the 9th most deprived London Borough and 74th most deprived in the England. Levels of deprivation vary considerably across the borough with some wards in the east of the borough ranking in the 10% most deprived neighbourhoods in England.

Current Provision

41. In 2013/14 a competitive tender process was undertaken to procure a young people's substance misuse service to offer support to children and young people who misuse substances and to deliver parenting support to adults who misuse substances. The contract was awarded to the successful applicant and is due to end in March 2023.
42. The service currently delivers:

- Specialist treatment to young people up to the age of 24.
- One to one early intervention
- Group work programmes
- Family consultations where there is concern about a young person's substance misuse
- Professional consultation
- Prevention messages – information, advice, guidance and signposting
- Substance misuse awareness training to professionals
- Parental group work programme and one to ones aimed at minimising the impact of parental substance misuse on children
- Support to children affected by parental substance misuse who do not misuse themselves

Main Considerations for the Council

43. Details of the recommissioning of this service were shared with the Strategic Service Development Board in August 2020. There were no objections from the Board to the recommissioning of young people's substance misuse support.
44. Government released a new national drug strategy in December 2021 which details a 10-year plan to develop and invest in preventing drug misuse, treatment services are identified as a key element of this strategy. As we implement the strategy at a local level demand for these services will increase and Enfield Council needs to ensure that the appropriate infrastructure and services are in place to meet this demand.
45. Government has commissioned primary research to understand the causes of the recent national increased prevalence of drug use among young people and early findings are expected in 2022 with a final report in 2023.
46. The drug strategy commits a significant level of additional funding to achieve the aims, however local allocations beyond March 2023 are currently indicative and subject to approval by HM Treasury.
47. Following the outcome of the research and additional funding detailed in 45 and 46 procurement rules can be used to allow for service development.
48. Public Health England undertook a review drug and alcohol interventions called 'Alcohol and drugs prevention, treatment and recovery: Why invest?' review. This review concluded that substance misuse treatment interventions for young people are estimated to save between £5 and £8 for every £1 invested. This demonstrates that offering support early on to young people decreases the risk of them experiencing increasing complexities, poor outcomes and the need for more costly interventions later in life.
49. The delivery of substance misuse treatment services is a local authority function that falls within the Public Health remit, in Enfield it is primarily funded by the Public Health Grant with a small contribution from the externally secured London Crime Prevention Fund from the Mayor's Office for Policing and Crime and the Supplementary Substance Misuse Treatment Grant.

50. MOPAC funding is externally secured on an annual basis and allocated locally, it is subject to change on a regular basis.
51. Criminal justice services account for a significant number of referrals to young people's substance misuse support. MOPAC funding is used to offer enhanced care to young people who are involved with the criminal justice system, including substance misuse staff based in the youth offending service, attendance at key case meetings, group work programmes as a preventative or early intervention offer, feedback within required timescales (typically 24 hours) and delivery of Drug or Intoxicating Treatment Requirements
52. MOPAC allocations are agreed until 31st March 2023, should there be a reduction in the funding contribution to the substance misuse service the enhanced offer in paragraph 51 may need to be revised.
53. Public Health have a key role in supporting residents to be healthy by delivering evidence-based approaches to agendas such as the best start in life, substance misuse, healthy eating, physical activity, sexual health, smoking, healthy workplaces, mental health and well-being and dental health.
54. The most recent Smoking, Drinking and Drugs Survey of pupils in England found that while smoking and drinking continue to decrease this is in contrast to drug use which has begun to increase in the last five years.
55. Nationally the number of young people drinking continues to decrease, however following a general decline in the tolerance of drinking and getting drunk since 2003, the last 2 surveys indicate a slight relaxing of attitudes in recent years.
56. Though acceptance of drug use remains low among pupils nationally, attitudes have eased somewhat since 2011. The proportion of pupils who thought it was OK to try a drug to see what's like, or take a drug once a week, have increased for all three of the drug types asked about (cocaine, cannabis & sniffing glue).
57. The above change in trends amongst young people both around using substances and their acceptance of drug and alcohol use tells us that there is further work to be done to reverse this.
58. A service specification has been developed by Public Health Service Development Team and informed by the need's analysis detailed in paragraph 59.
59. A young people's needs analysis was undertaken to inform the future service delivery model, the needs analysis reviews local need, uptake of substance misuse services and consultation with young people, professionals and adults who used substances as children.
60. In July 2022 the national Joint Combating Drugs Unit issued Directors of Public Health with local delivery guidance for the new Drug Strategy that

requires local areas to undertake a system wide substance misuse needs analysis to be completed by Q3 2022/23. In order to ensure ongoing delivery of treatment to young people and their families the development of substance misuse services will take place in two phases, the first being the recommissioning of the substance misuse treatment service in a similar model to the current offer which will include an increase in the number of young people in treatment by 2024/25. The second phase will be the implementation of the needs analysis recommendations once agreed by the Enfield Combating Drug and Alcohol Partnership. The approach to this service development will be agreed once deliverables and funding are known and relevant governance processes and procurement rules will be followed.

Performance Overview

61-71 See confidential annex

Safeguarding Implications

72. This substance misuse service supports vulnerable residents with complex needs including children who are looked after, exploited, involved in offending behaviour, experiencing low emotional wellbeing or affected by negative parental behaviours.
73. The substance misuse service supports parents in understanding and minimising the impact that their substance misuse has on their children through the delivery of support and parenting interventions.
74. Nationally around 20% of children in need are affected by drug misuse and 18% by alcohol misuse. Parental drug or alcohol misuse features in a quarter of cases on the child protection register. Drug misuse is involved in 38% of serious case reviews and alcohol in 37%.
75. Substance misuse provision is included in the partnership approach to supporting children, young people and families. There are effective joint working practices in place with key services and satellites locations in sites including Charles Babbage House and the youth offending service. Substance misuse services are also well represented on Boards and meetings including children's social care meetings, the Multi Agency Safeguarding Hub and case panels for offending behaviour and child exploitation.
76. The recommissioning of this provision will provide the assurance and care required by families and will support the partnership across Enfield in keeping children and families safe.
77. In 2021 Enfield Council secured external funding to trial a 12 month pilot of the young people's substance misuse service offering support to young adults aged between 18 and 24. Due to the success of this approach it has been agreed that this will be included in ongoing service provision and will therefore be included in the specification for the young people's substance misuse service.

Public Health Implications

78. The young people's substance misuse service is integral to improving social and health outcomes for children, young people and their families.
79. This preventative service elements deliver health promotion messages to children in the borough and can support them in making positive choices that will have a lifelong impact.
80. The specialist treatment delivered offers care planned interventions to young people with a range of complex needs to help them make positive choices and behavioural changes.
81. Public Health England have produced evidence of the impact of substance misuse treatment in the 'Alcohol and drugs prevention, treatment and recovery: Why invest?' review.
82. This review found that £10.4 million adults drink at levels that increase their risk of health harm, of these 595,000 may need treatment for alcohol dependence and 120,000 are living with children (200,000 children live in these households).
83. Drug and alcohol misuse significantly harm the wellbeing of children and young people and can impact on health & wellbeing, education, risky behaviour and result in inappropriate caring roles.
84. Substance misuse treatment interventions for young people are estimated to save between £5 and £8 for every £1 invested.
85. The young people who engage with the service have a range of complex needs, the delivery of preventative and early intervention services reduces the risk of their needs becoming more complex and entrenched.

Equalities Impact of the Proposal

86. The service is primarily aimed at delivering interventions to young people, there is an additional service element aimed at supporting parents to minimise the impact of their substance misuse on their children. Should the service not be recommissioned the loss of service would have a significant impact on these two groups.
87. Evidence shows there is a complex relationship between drugs, crime, health outcomes and deprivation, research by Government has shown that the level of deprivation in the local authorities with higher drugs need is twice that of those in those with lower levels of need.
88. The recommissioning of the service could impact on patient engagement particularly if there is change in provider. This is identified in the Risk section of this report and the Equalities Impact Assessment undertaken for this project.

89. Monthly contract management meetings have been taking place since January 2022 to manage the recommissioning and service implementation process. A robust service implementation plan and regular communication will help mitigate against risk of the recommissioning process impacting on residents.

Environmental and Climate Change Considerations

90. The recommissioning of the young people's substance misuse service will not have a greater environmental or climate change impact than the current approach.
91. The tender process will require applicants to consider environmental and climate change considerations in their submissions. This may include actions such as the use of virtual appointments where appropriate, promoting active travel for staff and service users, promoting flexible working to reduce the number of commutes undertaken by staff and a paper light approach.

Risks that may arise if the proposed decision and related work is not taken

Loss of specialist service provision

92. Given the specialist nature of the young people's substance misuse service the needs of the young people engaged in treatment cannot be met elsewhere. Young people would have no access to specialist services until they are 18 and eligible to access the adult substance misuse service which is likely to result in an increase in complexity of need and entrenched substance misuse behaviours. There is no mitigating action for this risk.

Loss of preventative and early interventions

93. Increased pressure on other services including mental health services, wider health services, criminal justice services, youth services, social care and education. Enfield Council and key partners could increase capacity in these services or look at introducing priority criteria to meet additional demand.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

Reduction in performance, disengagement of patients and loss of staff

94. The recommissioning of a service may impact on service delivery and can lead to staffing changes and patients disengaging. Mitigating actions will include regular communication, adequate time allowed for TUPE and service implementation following the contract award, a comprehensive service implementation plan and regular contract management meetings.

Potential applicants may not be interested in tendering for the service.

95. Knowledge of the marketplace offers assurance that there are suitable providers delivering similar services in other areas.

96. The use of London Tenders Portal will ensure that the tender is well advertised so potential applicants are aware of this opportunity. Following receipt of responses to the Invitation to Tender we will be able to establish the level of interest from providers.
97. Ensuring the specification and available funding are aligned will ensure this is an appealing opportunity for tenders.

Changes to funding – MOPAC and Public Health Grant

98. Local allocations of the Public Health Grant are agreed annually and while there may be some fluctuation it is unlikely to be substantial.
99. To date MOPAC funding has been agreed on an annual or bi-annual basis and is therefore subject to regular review.
100. The contract will include a variation schedule which will allow for variations to be made within permitted limits.
101. Should there be a loss in funding Enfield will need to consider alternative funding opportunities or a review of service deliverables.
102. The contract will allow for annual break clauses and will be issued for an initial term of three years, with an option to extend for a further two years subject to availability of funding and satisfactory performance.

Financial Implications

103. Department of Health and Social Care has made it a condition of grant funding that a local authority must “have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners”.
104. The Public Health Grant for Enfield in 2021/22 is £17.531m, this being a slight increase of £241k or 1.4% from 2020/21.
105. The National Drug Strategy: From Harm to Hope (HM Government 2021) commits to invest £533 million over three years to rebuild local authority commissioned substance misuse treatment services in England. This funding is conditional on local areas not disinvesting on current commitments to the substance misuse agenda. Funding for 22/23 has been confirmed while amounts for 23/24 and 24/24 are indicative and subject to approval by HM Treasury.
106. The Public Health Grant is ringfenced and is designed to cover expenditure incurred in delivering the Public Health function, which covers mandated (statutory) services and non-mandated (non-statutory) services.
107. The estimated cost of this service and funding are set out in the confidential annex.

Legal Implications [Provided by ZS on the draft circulated on 02/08/22]

108. The Council has a general power of competence under section 1(1) of the *Localism Act 2011* to do anything that individuals may do, provided it is not prohibited by legislation and subject to Public Law principles. Section 111 of the *Local Government Act 1972* permits local authorities to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of their functions. The Health and Social Care Act 2012 inserted a provision in section 2B of the *National Health Service Act 2006*, which requires local authorities to take such steps as it considers appropriate for improving the health of people in its area. The recommendations in this report are within these powers.
109. The Council must comply with its Constitution, Contract Procedure Rules (CPRs) and, as the value of the contract exceeds the Light Touch Regime Threshold, the Council must also comply with the Public Contracts Regulations 2015 (PCR 2015) in the procurement process and the award of the contract. Any variation to the contract as recommended in this report must be within the grounds for permitted modifications of public contracts under regulation 72 of the PCR 2015.
110. The CPRs require that where a contract is awarded with a value of £1 million or over (as is the case here), the provider must provide 'sufficient security' as defined in CPR Rule 7.3 (such as a performance bond or a parent company guarantee). Evidence of the form of security required, or why no security was required, must be stored and retained on the E-Tendering Portal for audit purposes. If this requirement is waived, then the Executive Director of Resources must approve the financial risk prior to any award, and the relevant Authority Report must set out the reasons and what measures are to be taken to manage the risk. The procurement documents must include a requirement for sufficient security as set out above or a waiver should be obtained in the manner set out above.
111. The Council must comply with its obligations relating to obtaining best value under the *Local Government (Best Value Principles) Act (1999)*. The Council is further required to act in accordance with the Public Sector Equality Duty under section 149 of the Equality Act 2010 and have due regard to this when carrying out its function which includes making new decisions.
112. All legal documents to be entered into in connection with the subject matter of this report must be approved in advance by Legal Services on behalf of the Director of Law and Governance.
113. This decision and any decision for the award of the contract are Key Decisions and the Key Decision process must be followed for this decision and any subsequent decision for the award of contract.
114. The Council must ensure compliance with any terms attached to the funding received from Public Health England, MOPAC or any third party organisation. Failure to do so may risk recovery or withdrawal of the funding.

115. If there is a change in service provider for the services following the procurement exercise, the *Transfer of Undertakings (Protection of Employment) Regulations 2006* as amended (TUPE) may apply in respect of the employees of the incumbent service provider. As part of the tender process, the Council needs to ensure that information relating to any staff of the outgoing provider who may potentially transfer to an incoming provider under TUPE are obtained and provided to the incoming provider to enable the incoming provider to comply with its obligations under TUPE.
116. It is noted that the report references a proposal for the service to operate from 29 Folkestone Road N18 2ER. The Council will need to undertake due diligence and take steps to confirm on any existing occupation arrangements and rights affecting this property and organise necessary actions to resolve any issues. Furthermore, in terms of any proposed new letting, the Council must comply with the provisions of its Constitution, including but not limited to its Property Procedure Rules, which set out mandatory procedures regarding (amongst other things) the acquisition, management and disposal of property assets. In addition, Section 123(2) of the Local Government Act 1972 requires a Local Authority to secure the best consideration reasonably obtainable when it disposes of land except on a short tenancy, unless it has the benefit of an express or general consent of the Secretary of State. A short tenancy is defined as a lease of not more than 7 years or the assignment of a lease which at the date of the assignment has not more than 7 years unexpired of the term.

Workforce Implications

117. If the recommissioning results in a change of provider TUPE may apply. There will be no workforce implications to Enfield Council as this will be managed by the outgoing and incoming provider.
118. The Senior Public Health Service Development Manager will lead the project and will engage relevant partners as appropriate. There are no additional staffing resources required from Enfield Council to undertake the recommissioning of this service.

Property Implications

119. The service will operate from 29 Folkestone Road N18 2ER which is part of Enfield Council's property portfolio. The provider will enter in a lease for the premise which will terminate at the same time as the contract.

Other Implications

120. Any procurement must be undertaken in accordance with the Councils Contract Procedure Rules (CPR's) and the Public Contracts Regulations (2015).
121. The award of the contract, including evidence of authority to award, promoting to the Councils Contract Register, and the uploading of executed contracts must be undertaken on the London Tenders Portal including future management of the contract.

122. All awarded projects must be promoted to Contracts Finder to comply with the Government's transparency requirements.
123. Where a contract has not been procured via the LTP, then the signed contract, call off agreement and supporting DAR etc, must be sent to procurement.support@enfield.gov.uk who will create a record in the LTP and promote to contract finder to ensure the Council meets its transparency obligations.
124. The CPR's state that contracts over £100,000 must have a nominated contract owner in the LTP, and for contracts over £500,000 there must be evidence of contract management, including, operations, commercial, financial checks (supplier resilience) and regular risk assessment uploaded into the LTP.
125. For a contract of this size it will be subject to the Public Contract Regulations 2015 regulations (form EU regulations) for compliance.
126. Depending on the size of the market a open or restricted process could be used to demonstrate best value.
127. The specification must include KPI's and service level agreements and have a contract management schedule to ensure that VFM is maintained throughout the delivery of this contract.
128. See confidential annex.

Options Considered

Option 1: Recommission - Recommended

129. Enfield Council could undertake a competitive tender process to award a new contract to the successful bidder.
130. This approach ensures ongoing support to the vulnerable young people with complex needs who require this specialist care and treatment.
131. A tender process will ensure that Enfield Council's is compliant with procurement rules and regulations.
132. Undertaking a recommissioning process will allow the service specification to be reviewed and updated to ensure it is reflective of national strategies, the provision that is required in Enfield at the current time and will provide assurance that the service offers value for money.

Option 2: Cease to deliver the service – Not recommended

133. Enfield Council could take the decision to no longer provide substance misuse support to children, young people and their families.

134. The Young People's Substance Misuse Service delivers specialist support to children, young people and families with complex needs which cannot be met in other provision. Ceasing delivery of this service will result in a gap in service provision and vulnerable families not being able to access the specialist support they required.
135. It is also likely to lead to an increase in demand for other services that support vulnerable families such as mental health services, youth services, children 's social care services and criminal justice services.
136. The new drug strategy requires local areas to increase substance misuse treatment and support.
137. The substantial additional funding allocated to Enfield for the delivery of the new Drug Strategy is conditional on there being no disinvestment of existing funding for substance misuse.
138. National evaluations of substance misuse provision have found that for every £1 spent on substance misuse there is a saving of between £5 and £8. This demonstrates that not offering preventative and early interventions to young people leads to increasing complexities, poor outcomes and the need for more costly interventions later in life.

Option 3: Extend the existing arrangement – Not recommended

139. The current contract was issued in 2014 and all available extensions have been utilised.
140. See confidential annex

Conclusions

141. Following review of the available options and the various considerations detailed in this paper it is concluded that the safest and most effective way forward is to recommission Enfield's young people's substance misuse support. This will ensure ongoing availability of effective and specialist care to children, young people and families affected by substance misuse.
142. This approach will ensure continuity of care to patients, which at a time when we are experiencing an increase in need and complexity is extremely important.
143. The recommissioning of this provision will allow ongoing delivery of effective and accessible services that offer value for money.

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Appendices

Equalities Impact Assessment – Recommissioning of young people’s substance misuse support

Background Papers

The following documents have been relied on in the preparation of this report:

[Alcohol and drug prevention, treatment and recovery: why invest?](#)

[Updated Healthy Child Programme](#)

[No Child Left Behind](#)

[From Harm to Hope – a 10 year strategy to cut crime and save lives](#)

[The Government Alcohol Strategy](#)

[Working together to safeguard children](#)

[Independent review of drugs](#)

[Smoking, Drinking and Drugs Survey](#)