



## **NEATH PORT TALBOT COUNCIL NEATH PORT TALBOT CABINET BOARD**

**10<sup>th</sup> July 2024**

**Report of the Head of Housing and Communities -  
Chelé Zandra Howard**

### **Matter for Decision**

### **Wards Affected:**

All Wards

### **Procurement of a Regional Alliancing Agreement for Substance Use Services**

### **Purpose of the Report:**

To obtain Member approval for the:

- Undertaking of a procurement exercise on behalf of the Area Planning Board (“APB”) for Substance Use Services to be delivered across the Swansea and Neath Port Talbot Area;
- Head of Housing & Communities to receive delegated authority to enter into a contract with the winning bidder(s).

## **Executive Summary:**

This report sets out a proposal to undertake a procurement exercise in order to appoint an alliance of Providers to deliver substance use services on behalf of the APB within the West Glamorgan area.

## **Background:**

On 16<sup>th</sup> November 2023 the Social Services, Housing and Community Safety Cabinet Board approved the Alliance Outline Business Case (Background Paper 1). This report set out the case for establishing an alliance of services that work together in order to holistically support people with harmful substance use.

Since then, Officers have undertaken significant work with APB partner organisations, providers of services and those that have lived experience of substance use treatment services, to develop the service model for the alliance.

In order to progress the alliance, Officers request permission to undertake a procurement process to establish an alliance and to enter into a contract with the successful bidder(s). The contract length is a maximum of 10 years consisting of an initial period of 3 years (with an option to extend for a further period(s) of up to 3+3+1 years) subject to the terms and conditions of the Agreement and funding terms & cycles.

The procurement route that will be utilised is 'Competitive dialogue'. Any bidder may submit a request to participate through completing a pre-qualification questionnaire. Following evaluation of the information provided in the questionnaire, bidders will be invited to participate in dialogue with Neah Port Talbot County Borough Council ("the Council") and commissioning partners. The dialogue process involves the bidding groups and the contracting authority and allows all the opportunity to continue in dialogue until they find a solution that meets their needs. The bidding groups will then submit their final tenders to be evaluated in accordance with the award criteria in the 'Invite To Tender'. Often used for complex solutions, the Competitive Dialogue process focusses on development of solutions and is more collaborative in nature, which is why this has been considered as the most effective approach in this case.

As the APB is not a legal entity, the Council acts as the lead authority for all financial and contractual arrangements relating to services funded by the Substance Misuse Action Fund (SMAF) and there is a risk sharing agreement executed by members of the APB that protect the Councils exposure in this regard.

## **Financial Impacts:**

Services will be funded from the various substance use grants made available to the region by Welsh government (“WG”), alongside a small amount of additional funding from APB partners. The Council contribution is £69,806 from its base budget, with no current plan to change this contribution in future years, as such entering into an alliance contract will not result in any new financial impacts for the Council.

The total amount of funding available to the region in 2024/25 is £9,693,990.00 (excluding Criminal Justice services allocations), however it is anticipated that this funding will reduce to £8,864,726 in 2025/26 as a result of certain grant funding streams coming to an end within this financial year. As such, the maximum financial envelope for this contract is in the region of £9,000,000 per annum.

It should be noted that the total financial envelope for the contract is dependent on WG grant allocation in future years, which may change throughout the lifetime of the contract. To minimise any financial risk, the alliance contract will be based around the annual funding available and will include the ability to terminate the contract or terminate elements of the contract by giving 3 months’ notice mirroring the exposure to the Council in the WG grant award terms and conditions. This will ensure that the contract value does not exceed the total amount of grant funding made available to the APB. It will be made clear in the procurement documentation that funding streams may fluctuate over the course of the contract due to the nature of grant funding.

Based on the anticipated level of grant funding for 2025/26, the maximum contract value will be approximately £90 million.

## **Integrated Impact Assessment:**

A first stage impact assessment has been undertaken to assist the Council in discharging its legislative duties (under the Equality Act 2010, the Welsh Language Standards (No.1) Regulations 2015, the Well-being of Future Generations (Wales) Act 2015 and the Environment (Wales) Act 2016. The first stage impact assessment has indicated that a more in-depth assessment was required.

An overview of the Integrated Impact Assessment has been included below in summary form only and it is essential that Members read the Integrated Impact Assessment, which is attached to the report at Appendix 1.

The Integrated Impact Assessment identified that the procurement of an alliance contract will have a positive impact on people that are at risk of/or are experiencing drug and alcohol use issues, many of which will have other protected characteristics. This is because the alliance service model intends to proactively address the challenges facing individuals, families and communities experiencing the harm associated with drug and alcohol use.

### **Valleys Communities Impacts:**

It is recognised that there can be challenges for people in Valley communities accessing certain services in a timely way (timescales in receiving prescribing for example) and due to location (having to commute long distances to access support). The access to and quality of provision of substance treatment support services needs to improve across all areas of Neath Port Talbot. The new contract will require that services are accessible to all eligible people in Neath Port Talbot and Swansea including the Valley areas.

### **Workforce Impacts:**

There will be no impact on the Council workforce.

### **Legal Impacts:**

It is anticipated that the contract value will exceed the threshold of £663,540 inclusive of VAT, for the Light Touch Regime set out in the Public Contract Regulations 2015. In addition, the Council must comply with its own Contract Procedure Rules which apply to the letting of contracts.

Under the Public Contract Regulations 2015, the Council is obliged to act in an open fair and transparent manner, ensuring that contract opportunities for such social care services are advertised to reach a wide market in order to encourage competition and to ensure equal treatment of all bidders. As such, the Council is required to undertake a competitive procurement exercise for the service in accordance with the Light Touch Regime under Public Contract Regulations 2015 and its Contract Procedure Rules. The tender process to be undertaken will comply with relevant legislative and procedural requirements.

The APB is not a legal entity and is therefore unable to enter into contractual arrangements with Service Providers, to overcome this the Council acts as banker and contract holder for the APB. The Commissioning partners to the proposed alliance have already in place a risk sharing agreement as between the APB partners. The risk sharing

agreement creates obligations on NPT, Swansea and the Health Board currently insofar as making additional financial contributions. Where other commissioning partners (i.e. Police and Crime Commissioner) will also be making additional contributions, it would be advisable to update the risk sharing agreement to reflect this obligation.

Alliance contracting is focussed on all parties form an alliance to work collaboratively. This approach prioritises shared goals, open communication, and risk-sharing among all parties. In contrast to traditional procurement and contracting methods, most risks are shared between alliance members.

### **Risk Management Impacts:**

The main risk of not undertaking a procurement exercise to establish a new model of substance use service is that the region will not be able to provide a more optimised service to meet current and future population needs.

The most notable risk of undertaking the procurement exercise is that these services are mainly funded through grants, the value of which has not been confirmed for future years. This risk will be mitigated through the ability to terminate the whole or elements of the contract and by entering into a partnership agreement with the APB partners.

### **Crime and Disorder Impacts:**

The access to timely and quality substance use treatment is a key feature in reducing the harm associated with the misuse of drugs and alcohol. There is a substantial evidence base which indicates that substance treatment services and interventions are effective for reducing reoffending rates and treating substance use needs. These include opioid substitution treatment, psychosocial interventions, brief interventions, trauma informed approaches and digital online interventions.

The procurement of an alliance will ensure that the current criminal justice substance treatment services are commissioned together as a whole system approach with community substance treatment services. It is considered that the outcomes are likely to have a positive effect in providing more effective and timely treatment and therefore will make a positive contribution to the Councils duty to reasonably prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and

- a) The misuse of drugs, alcohol and other substances in its area;  
and
- b) Re-offending in the area

### **Counter Terrorism Impacts:**

Commissioning in an Alliance Contract is unlikely to have a specific impact on the duty to prevent people from being drawn into terrorism. There will however be a requirement for staff to receive Prevent training and understand the process for referring people into Prevent.

### **Violence Against Women, Domestic Abuse and Sexual Violence Impacts:**

It is recognised by many studies that have been conducted, how harmful consumption of alcohol or drugs and intimate partner violence are intertwined. Evidence indicates that being under the influence of any substance greatly increases the risk of abusive and violent behaviour.

It is vital that there is a cohesive approach to the needs of women who have experienced co-occurring substance use and domestic abuse which will need to be considered within any new service development.

The contracts should have a positive effect on the below Violence against Women, Domestic Abuse and Sexual Violence Impacts:

Section 2(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a person exercising relevant functions must have regard (along with all other relevant matters) to the need to remove or minimise any factors which — increase the risk of violence against women and girls, or exacerbate the impact of such violence on victims.

The new contract will incorporate the duty for providers in relation to their provision of support for people with substance use need alongside their experience of domestic abuse.

### **Consultation:**

There is no requirement for external consultation on this item at this time, however significant engagement has taken place to develop the service model for the alliance. Since January 2024, there have been six workshops facilitated independently by alliance commissioning experts, in

which all organisations including commissioners of substance use services, service providers and people with lived experience have been brought together to co-design the future service model. Cross organisational participants included the mental health services, primary care, probation, housing, policing and children services for example. Five out of the six workshops were face to face events, with the last session online to ensure as many key stakeholders as possible had the opportunity to be involved. The workshops were advertised Nationally so as to ensure all providers were included.

This approach has enabled providers, practitioners and people who access services the opportunity to play an integral part in creating the new service model that will be commissioned. This has provided a firm basis for the process of collaborating and building strong, trusting relationships in our future service model, so when procurement opens, they are in a good position to create an alliance.

### **Recommendations:**

Having had due regard to the integrated impact assessment, it is recommended that Members approve:

- The undertaking of a procurement exercise to commission an alliance of providers to deliver substance use services across the Swansea and Neath Port Talbot region.
- Following the procurement process, the Head Housing and Communities to be granted delegated authority to enter into a contract with the winning bidders.
- The Head Housing and Communities to enter into a partnership agreement with the APB partner organisations.

### **Reasons for Proposed Decision:**

To ensure substance use services across the Swansea and Neath Port Talbot region are of high quality, financially sustainable and able to meet the current and future needs of the population.

### **Implementation of Decision:**

The decision is proposed for implementation after the three-day call-in period.

## **Appendices:**

Appendix 1: Integrated Impact Assessment for the procurement of an Alliance

## **List of Background Papers:**

Background Paper 1: The Transformation Programme - The Alliance Outline Business Case

<https://democracy.npt.gov.uk/documents/s93652/20231004CabinetMemberBriefingTheTransformationProgrammeTheAllianceBusinesscase.pdf>

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## **Appendix 1:**

### **Integrated Impact Assessment (IIA)**

This Integrated Impact Assessment considers the duties and requirements of the following legislation in order to inform and ensure effective decision making and compliance:

- Equality Act 2010
- Welsh Language Standards (No.1) Regulations 2015
- Well-being of Future Generations (Wales) Act 2015
- Environment (Wales) Act 2016

#### **Version Control**

<b>Version</b>	<b>Author</b>	<b>Job title</b>	<b>Date</b>
Version 2	Angharad Metcalfe	Transformation Programme Manager	23.05.2024

#### **1. Details of the initiative**

	<b>Title of the Initiative: Procurement of a Regional Alliance Contract for Substance Use Services</b>
<b>1a</b>	<b>Service Area:</b> Social Services, Health & Housing
<b>1b</b>	<b>Directorate:</b> Housing & Communities
<b>1c</b>	<p><b>Summary of the initiative:</b> To request permission from Cabinet members to go out to tender into an alliancing agreement for substance use services across Swansea and Neath Port Talbot.</p> <p>The aim will be to replace the current range of contracts, and service level agreements through commissioning an integrated highly visible, accessible and effective substance misuse service that delivers integrated treatment and support to meet the needs of the diverse population of Swansea and Neath Port Talbot. This will ensure that people in the community using drugs and alcohol will receive a comprehensive and seamless service to reduce the harm to the individual, families, friends, carers and communities.</p>
<b>1d</b>	<b>Is this a 'strategic decision'?</b> Yes

<b>1e</b>	<p><b>Who will be directly affected by this initiative?</b></p> <p>People that need support with drug and alcohol use needs, their friends, families and the wider community in Neath Port Talbot and Swansea areas are provided with effective services.</p>
<b>1f</b>	<p><b>When and how were people consulted?</b></p> <p>An Outline Business Case has been utilised consultations including the Health and Social Review (HSR) of Tier 2 and Tier 3 services conducted in 2019, The Health Inspectorate Wales Joint Thematic Inspection (2017-18), the Strategic Evaluation of Prescribing Services (2022) and the Children and Young people review of services (2023).</p> <p>The HSR involved a total of 196 questionnaires which were completed by stakeholders (young people, adult service users, concerned others, the third sector, members of staff, GPs and the public). Focus groups and one-to-one interviews were facilitated by team members who met with 39 adult service users or concerned others, 17 young people affected by substance use and over 110 individuals from the APB or working in substance use services and partner organisations.</p> <p>The StEPS Survey was launched on the 20th of May and ran for 6 weeks, to the 1st of July. The survey was on-line, although people who use services were also provided with hard copies to complete, which were uploaded to the on-line survey. The StEPS Survey was launched on the 20th of May and ran for 6 weeks, to the 1st of July. The survey was on-line, but people who use services were also provided with hard copies to complete, which were uploaded to the on-line survey by the Service User Involvement Officer.</p> <ol style="list-style-type: none"> <li>1. The majority of respondents were from Swansea (32 responses (80%)) with a smaller number from NPT (8, 20%).</li> <li>2. The majority were professionals (26 responses, 65%) with a good response from people with lived experience (14 responses, 35%). No concerned others completed the survey.</li> </ol> <p>The Western Bay Independent Drug Commission has been set up to act as a 'critical friend' to the Transformation Programme and during the spring and summer of 2023 the Commission has established a programme of public evidence sessions, following an initial call for evidence. All drug and alcohol services have been connected with and visited by commission facilitators and have now been followed up with more formal visits by Commission members in Swansea during August. The Commission is now transitioning to its next phase of work which will include five sub-groups conducting a 'deeper dive' of the key themes that have arisen out of the early evidence gathering. The outcomes of the Western Bay Independent Drug Commission will be provided in a formal report in January, although interim findings will be reported verbally into the Area Planning Board. The draft report will be received by the APB on the 21<sup>st</sup> of June and will be used to inform the future approach.</p>

	<p>The 'Ideas Alliance' are our delivery partners, and experts in alliance contracting, who have supported us in ensuring we take the right steps to develop an effective alliance. We have brought together a wide range of stakeholders across all of the statutory organisations, (Policing, Health Board, Probation, Police and Crime Commissioner and Local Authorities) alongside providers of services and people with lived and living experience of substance use. Ideas Alliance has facilitated 6 workshops which has enabled a diverse range of stakeholders to play an integral part in creating the services that will be commissioned.</p>
1g	<p><b>What were the outcomes of the consultation?</b></p> <p>There are many findings of the consultations which provides some overarching thematic areas of consideration. key issues in the current system include access, demand, capacity, quality of care, integration, criminal justice links, outcome measures, co-production, data and evaluation, communication and workforce planning.</p> <p>The Ideas Alliance Workshops included over 74 Core invitees which doesn't include the people with lived and living experience, who have been included in each workshop. Invitees included homelessness and housing, mental health, police, probation, prisons, community safety partnerships, pharmacy and primary care, social workers, providers of services across substance use and mental health and many other third sector providers. Frontline staff, commissioners and people with lived and living experience all worked together to define what the new whole system approach should include.</p> <p>The outcome from the workshops is that we have been able to work collaboratively across sectors to draw together and co- produce the new delivery model, the ways of working and the outcomes that people want to be delivered.</p>

## 2. Evidence

### What evidence was used in assessing the initiative?

The evidence used to assess the initiative included the evidence outlined in 1f and 1g above, but also includes data provided from the currently commissioned substance use services operating in Swansea and Neath Port Talbot.

In 2021/2022 across all services commissioned by the APB, 4,062 people were supported, in 2022/2023 this figure rose to 4,548. For criminal justice commissioned services, in 2021/22 there were 2,605 referrals with 764 people on caseload March 2022. In 2022/23 there were 2,828 referral and 833 people on caseload March 2023.

<b>Demographics</b> (% split) (does not include CJS)		
Local Authority	Swansea: 67%	NPT: 33%

Gender	Females: 35%	Males: 65%
Ethnicity 23% had none recorded	White: 75%	Other: 3%

The percentage split with Local Authority Areas reflects there are more people accessing services as a percentage of the general population in Swansea compared to Neath Port Talbot (population split: Swansea: 63; NPT 37).

#### Key statistics at a glance:

There are almost twice as many males accessing services than females.

There are much fewer ethnic minorities accessing services compared to white people.

70% of people accessing services were aged between 30 and 55.

There are limitations in the recording on Welsh Community Care Information System (WCCIS) and there have been issues with providers routinely entering data, linked to the general functionality of WCCIS itself. Protected characteristics appear to be one of the areas where recording is poor, but this is not the only concern and as part of the transformation plan going forward this will be an area for development. It should be noted that there are plans to move over to a new system in the next 18 months to 2 years. We do not yet know what that system will be, or what the capability will be to extract data from one system and upload to another.

Public Health Wales compiles a summary of routinely reported substance misuse related data, drawn from a number of sources including Digital Health and Care Wales, Harm Reduction Database (HRD) Wales, Welsh National Database for Substance Misuse (WNDSM), Office for National Statistics (ONS), Local Authority Education services and home Office data. The report is titled 'Data Mining Wales: The annual profile for Substance Misuse 2021-22 and can be accessed using the following link: [phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/](http://phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/)

### 3. Equalities

a) How does the initiative impact on people who share a **protected characteristic**?

Protected Characteristic	+	-	+/-	Why will it have this impact?
Age	x			<p>The current substance treatment services are provided to children, young people and adults across all age groups, however the age range most represented according to our data is between 30-55 in 2023.</p> <p>The new services will provide drug and alcohol services across the region, to</p>

			<p>encourage development of harm reduction education in schools, colleges and universities, alongside ensuring access to and services designed for children, young people and adults across all ages. The services will be developed to meet population needs and trends within all age groups.</p> <p>The providers will be required to have in place processes and policies for all the services to ensure that there is equality of access and that the individuals substance use need are supported.</p> <p>Services will be commissioned to develop an individual support plan, and this should take into account any specific requirements resulting from a persons protected characteristic to ensure that there is equality of outcomes.</p> <p>Findings from a commissioned review of children and young people’s services will also be included.</p> <p>The proposal brings resources to support vulnerable people and there is no reduction in services already provided.</p>
Disability	x		<p>There is currently limited information regarding the disability status of people presenting to substance treatment services.</p> <p>The new providers will be required to have in place processes and policies to ensure that there is equality of access, and that the individuals substance treatment needs and requirements are supported.</p> <p>The new service will be commissioned to support individuals who may be experiencing challenges experienced by groups referenced within equality legislation.</p> <p>There is a requirement for providers of longer-term services to develop an individual support plan and this should take into account any specific requirements resulting from a persons protected characteristic to ensure that there is equality of outcomes.</p> <p>Providers will be expected to record and analyse data in respect of disability more effectively.</p>

Gender reassignment	x			<p>We do not have any data in relation to people with this protected characteristic in relation to the current substance treatment services.</p> <p>Research in both Scotland and across the United Kingdom (UK) suggests that Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) people are more likely to use alcohol and other drugs and develop problematic or dependant use than the general population (Emslie, Lennox &amp; Ireland, 2015; Valentine &amp; Maund, 2016; Bachmann &amp; Gooch, 2018). Similar to disproportionate rates of mental ill-health experienced by LGBTQ+ people, disproportionate use of alcohol and other drugs and associated harms represent one of many health inequalities facing LGBTQ+ people (Bachmann &amp; Gooch, 2018).</p> <p><a href="https://www.sfad.org.uk/what-the-research-says-about-lgbtq-people-and-substance-use">https://www.sfad.org.uk/what-the-research-says-about-lgbtq-people-and-substance-use</a></p> <p>Although there is no dedicated funding to specifically fund a service solely for people that have a protected characteristic by way of gender reassignment, processes and polices will be in place for all the services to ensure that there is equality of access and that the substance use needs and requirements of the person are supported.</p>
Marriage & civil partnership	x			<p>We have limited data in relation to how many people with this protected characteristic are presenting to substance use services.</p> <p>The new services are designed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The proposal brings additional resources to support vulnerable people and there is no reduction in services already provided.</p> <p>Although there is no dedicated funding to specifically fund a service solely for people that have a protected characteristic by way of marriage/civil partnership, processes and polices will be in place for all the services to</p>

			<p>ensure that there is equality of access and that the individual substance use support needs and requirements of the person are met.</p> <p>In addition, there is a requirement for providers of longer-term services to develop an individual support plan and this should take into account any specific requirements resulting from a persons protected characteristic to ensure that there is equality of outcomes.</p>
Pregnancy and maternity	x		<p>It is really important that pregnant women who use alcohol and/or drugs have the support they need to reduce harm, and according to NICE guidance are recommended to have access to continuity of midwifery care through provision of a named midwife but will also have the opportunity to be supported through their care by a specialist midwife, and/or community drug/alcohol treatment service.</p> <p>The new drug and alcohol services, will include provision for women who may be pregnant and therefore will be developed with professionals who are routinely involved in the care of pregnant women, including midwives, GPs and primary care professional who may encounter pregnant women with complex social factors. Services will be developed in line with NICE guidelines for antenatal care.</p> <p>Through commissioning a more effective service for alcohol and drug treatment that is integrated we would expect to see improvements in the services for people with this protected characteristic</p>
Race	x		<p>These services will be designed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The proposal brings additional resources to support vulnerable people and there is no reduction in services already provided.</p>

			<p>Although there is no dedicated funding too specifically fund services solely for people that have a protected characteristic by way of race, processes and polices will be in place for all the services to ensure that there is equality of access and that the individual substance use support needs and requirements of the person are supported.</p> <p>In addition, there is a requirement for providers of longer-term services to develop an individual support plan and this should take into account any specific requirements resulting from a persons protected characteristic to ensure that there is equality of outcomes.</p> <p>Data in relation to those that are entering into drugs and alcohol services, indicate that the percentage of ethnic minority groups accessing services is less than the overall percentage in the population.</p> <p>Developing and designing our services with ethnic minority communities will enable us to improve the access and quality of services for people with this protected characteristic.</p>
<p>Religion or belief</p>	<p>x</p>		<p>These services will be designed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The proposal brings additional resources to support vulnerable people and there is no reduction in services already provided.</p> <p>Although there is no dedicated funding to specifically fund a service solely for people that have a protected characteristic by way of religion/belief, processes and polices will be in place for all the services to ensure that there is equality of access and that the individual substance use needs and requirements of the person are supported.</p> <p>In addition, there is a requirement for providers of longer-term services to develop an individual support plan and this should take into account any specific requirements resulting from a persons protected characteristic to ensure that there is equality of outcomes.</p>

Sex	x			<p>The percentage of women accessing drug and alcohol treatment services is far less than men. By commissioning and developing substance use services that take into consideration sex, and considers specific responses to address these differences, there will be a benefit to all people based on their particular characteristic.</p> <p>Developing and designing our services with all genders, will enable us to improve the access and quality of services for people with this protected characteristic</p>
Sexual orientation	x			<p>Services are designed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The proposal brings additional resources to support vulnerable people and there is no reduction in services already provided.</p> <p>Research in both Scotland and across the United Kingdom (UK) suggests that Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) people are more likely to use alcohol and other drugs and develop problematic or dependant use than the general population (Emslie, Lennox &amp; Ireland, 2015; Valentine &amp; Maund, 2016; Bachmann &amp; Gooch, 2018). Similar to disproportionate rates of mental ill-health experienced by LGBTQ+ people, disproportionate use of alcohol and other drugs and associated harms represent one of many health inequalities facing LGBTQ+ people (Bachmann &amp; Gooch, 2018).</p> <p><a href="https://www.sfad.org.uk/what-the-research-says-about-lgbtq-people-and-substance-use">https://www.sfad.org.uk/what-the-research-says-about-lgbtq-people-and-substance-use</a></p> <p>Although there is no dedicated funding to specifically fund a service solely for people that have a protected characteristic by way of sexual orientation, processes and policies will be in place for all the services to ensure that there is equality of access and that the substance use needs and requirements of the person are supported.</p>

				In addition, there is a requirement for providers of longer-term services to develop an individual support plan and this should take into account any specific requirements resulting from a persons protected characteristic to ensure that there is equality of outcomes.
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### What action will be taken to improve positive or mitigate negative impacts?

The contracts will have clauses ensuring the providers compliance with the relevant equalities legislation.

The services will be monitored by the Area Planning Board Support Team (which includes receiving service user feedback). The APB support Team will also analyse any complaints and safeguarding referrals regarding the service to identify if there are any concerns regarding the service having a negative impact on people with a protected characteristic.

The APB support team have an independent panel which review all drug deaths within service and DRD coroner findings, alongside reviews conducted by Public Health Wales to consider local data in context and in comparison, to other areas in Wales.

The provider will also be required to implement their own monitoring systems, which will help to identify if any aspect of the service has led to unintended/unidentified negative impacts.

### b) How will the initiative assist or inhibit the ability to meet the **Public Sector Equality Duty**?

Public Sector Equality Duty (PSED)	+	-	+/-	Why will it have this impact?
To eliminate discrimination, harassment and victimisation	X			<p>It will support people that use services to help develop and implement robust responses for those experiencing drug and alcohol related harm. This includes children, young people and adults and includes people on Probation and in Prisons and those with mental health issues and other complex needs. The new system will aim to increase the recording ability of the data systems to ensure protected characteristics are effectively recorded and monitored to ensure improvements in access. Key to the programme is that the services that people need to address their substance use related harm remove any barriers to that access, which may be related to discrimination, harassment or victimisation.</p> <p>The following examples from the Outline Business outline at a high level how:</p> <p><i>“A clear engagement strategy for services will be required to improve access and encourage and increase the take-up of</i></p>

			<p><i>treatment to all people, and specifically for people who are currently underrepresented in services”.</i></p> <p><i>“To deliver substance services that focus on promotion of early intervention, resilience and self-care to improve people’s health and well-being and reduce health inequalities.”</i></p>
To advance equality of opportunity between different groups	x		<p>One of its key outcomes is to ensure there is equality in access to services that meet the needs of all people, recognising their diverse range of needs. It will also aim to support people to overcome challenges in accessing the most effective treatment and reducing the harm caused to them and others through their use of illicit substances.</p> <p>This ensures that there is equality of opportunity for people to have secure and safe access to treatment and support.</p>
To foster good relations between different groups	x		<p>It will help support those that have found it difficult to attend drug and alcohol treatment services and remain in treatment.</p> <p>It aims to increase the range and type of substance treatment services for people who may have multiple needs, for example they may have social care needs, mental health needs or homelessness. Through developing cohesive services, where there is no wrong door, we will help to reduce social exclusion and isolation. It will also help to support cohesive communities and support implementation of the place making charter commitments. The approach will support people with multiple and complex needs and will aim to ‘<i>Keep people at the centre and be informed by lived and living experience</i>’ and ‘<i>build effective pathways and joint working with specialist systems-mental health, housing, social care.</i>’</p> <p>The commissioning in an Alliance will require strong partnership working between the statutory organisations working together and commissioning the right models of support for people in our communities.</p>

### What action will be taken to improve positive or mitigate negative impacts?

- There will be effective monitoring and scrutiny of performance of commissioned services (including service user feedback), and this includes collecting information on the outcomes for people that receive a service. This will help identify where there may be opportunities for service improvement in order to further enhance how the services can positively impact.

#### 4. Socio Economic Duty

Impact	Details of the impact/advantage/disadvantage
Positive/Advantage	<p>Local partnerships are involved in collaboration on needs assessment and this commissioning is joined. Our plan for the required service will be produced and published jointly, in collaboration between all those agencies responsible for providing services for in the local authority area. Through pooling budgets and taking a holistic approach we are better placed to consider the socio-economic makeup of our areas and respond to the needs of our communities on that basis.</p> <p>At the individual level there is often a financial impact related to a person's use of drugs or alcohol, which places great financial strain to fund illicit/ extensive use of substances. Through the provision of effective substance use services we will be better placed to reduce the financial burden of use through effective reduction of drug/alcohol consumption.</p>
Negative/Disadvantage	
Neutral	

#### What action will be taken to reduce inequality of outcome

- Undertake individual impact assessments and consultation for specific projects within the programme of work.
- Develop Monitoring and scrutiny of performance of commissioned services.
- Independent Western Bay drugs commission public consultation outcomes

#### 5. Community Cohesion/Social Exclusion/Poverty

	+	-	+/-	Why will it have this impact?
Community Cohesion	x			Will help people that use the service to reduce their drug and alcohol use, and support connection with their local community.

Social Exclusion	x			Will help people that use the service to access social opportunities and become involved in their local communities. A key outcome area for the new commissioned services will involve reducing social exclusion and reducing isolation.
Poverty	x			It is recognised that problem drug use is derived from intertwined and complex issues, which includes poverty, with people living in more deprived areas and with lower socio-economic capital are at greater risk of harm. Support offered by the services in the contract contracts relate to supporting people with accessing benefit and money advice, helping people to manage their finances, helping people to budget and prevent homelessness, helping people to gain employment, education or volunteering and accessing homelessness support.

### What action will be taken to improve positive or mitigate negative impacts?

There will be effective monitoring and scrutiny of performance of commissioned services. (including service user feedback) and this includes collecting information on the outcomes for people that receive a service. This will help identify where there may be opportunities for service improvement in order to further enhance how the services can positively impact

## 6. Welsh

	+	-	+/-	Why will it have this effect?
What effect does the initiative have on: – people's opportunities to use the Welsh language			x	The contract will require the service be delivered in the persons first choice of language.
– treating the Welsh and English languages equally			x	The contract will require the service to be delivered in the person choice of first language.

### What action will be taken to improve positive or mitigate negative impacts?

- Develop Monitoring and scrutiny of performance of commissioned services in relation to Welsh Language provision.

## 7. Biodiversity

How will the initiative assist or inhibit the ability to meet the **Biodiversity Duty**?

Biodiversity Duty	+	-	+/-	Why will it have this impact?
To maintain and enhance biodiversity	x			The contract will outline the need for providers to support the delivery of decarbonisation objectives where applicable. There will be consideration as we develop the programme on how we can support the environment. We will ensure that the Councils wider environmental objectives are supported through the planning work, both in terms of ensuring environmental considerations are embedded within our planning and by putting in place measures to encourage energy efficient estates and services. These measures will include requesting evidence of how developments support the lowering of carbon emissions and reduction of energy consumption.
To promote the resilience of ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.	x			

What action will be taken to improve positive or mitigate negative impacts?
Develop Monitoring and scrutiny of performance of commissioned services in relation to their biodiversity impact.

## 8. Well-being of Future Generations

How have the five ways of working been applied in the development of the initiative?

Ways of Working	Details
i. <b>Long term</b> – looking at least 10 years (and up to 25 years) ahead	Through commissioning services that provides longer contracts, will enable embedding of effective services, rather than the continuous commissioning cycles for short term contracts. The longer term contracting enables providers to develop their services, focus on delivery rather than competing for funding and supports long term partnerships

	<p>to be built. Providers will be better placed to offer assurances to their staffing group of the long-term funding which enables them to keep their expert, committed staff (as they have longer term contracts).</p>
<p>ii. <b>Prevention</b> – preventing problems occurring or getting worse</p>	<p>The services will focus on early intervention and prevention attempting to help people from becoming involved in substance use and reducing the harm of future use. Actions to prevent this include the communications in schools, colleges and universities, alongside the general population level public health communication work to reduce harm and increase access to services. As well as:</p> <ul style="list-style-type: none"> <li>• Tackling Poverty</li> <li>• Reducing Social Exclusion and Isolation</li> <li>• Preventing Institutionalisation, and</li> <li>• Reducing Crime and Disorder</li> </ul> <p>Developing quality services that provide effective clinical and psychosocial support to people with substance use issues aims to prevent those who have existing problems from getting work, and achieving sustained control of their use and achieving better outcomes they want through receiving the right support at the right time.</p>
<p>iii. <b>Collaboration</b> – working with other services internal or external</p>	<p>Working collaboratively underpins commissioning in an alliance and is a requirement for all statutory organisations to work together. It is an ambitious service delivery model which will require building on the Council's strategic partnerships to implement robust responses for those using drugs and alcohol.</p>
<p>iv. <b>Involvement</b> – involving people, ensuring they reflect the diversity of the population</p>	<p>Key stakeholders have been consulted when developing the business case and proceeding commissioning plan. All Organisations across the partnership (Health Board, criminal justice, Swansea Council etc) have been involved in discussion around proposed budget.</p> <p>Service provides, staff working in organisations that currently deliver substance treatment services and wider partners (Housing Options, Children Services etc have also been involved).</p> <p>Providers are required to undertake engagement with those that use their services to also help inform service improvement as part of the contract moving forward. Co production will be a key element in the future provision of services.</p>

<p><b>v. Integration – making connections to maximise contribution to:</b></p>	<p>Substance use services on a South Wales basis are currently commissioned by the Health Board, Police and Crime Commissioner, HMPPS and Local Authorities. Services work to separate service specifications and are monitored for impact based on the service delivered. While this structure has functioned well, it remains underpinned by traditional, bilateral contracting arrangements that do not specifically encourage collaborative working and have limited the level of integration achieved. With each organisation working to different outcomes and performance judged individually, there is little incentive to take a best-for-system, outcome-based decisions.</p> <p>In order to address the issues identified in our current substance misuse system, services that are commissioned and provided jointly, which are driven by the individual's needs have the greatest potential to bring about positive health outcomes and contribute to a much wider social dividend.</p>
<p><b>Council's well-being objectives</b></p>	<p>Well-being Objective 1: All children have the best start in life – by preventing families from becoming involved in substance use and supporting those who are involved by providing them with the clinical, psychosocial and holistic support they need.</p> <p>Well-being Objective 2: All our communities will be thriving and sustainable – by providing access to effective and timely substance use services, those who are at risk of harm from substance use will be supported to improve their health and well-being and achieving the outcomes they want in the long term.</p> <p>Well-being Objective 3: Our local environment, culture and heritage can be enjoyed by future generations – by implementing place making principles in our strategic planning and by supporting decarbonisation.</p> <p>Well-being Objective 4: There are more green, secure and well-paid jobs and skills across the area are improved – by commissioning services in a longer-term sustainable manner, providers will be able to offer longer term contracts. Through developing our long-term estates strategy services and commissioners will be better placed to encourage environmentally friendly developments that meet the needs of diverse communities in Neath and Port Talbot.</p>
<p><b>Other public bodies objectives</b></p>	

## 9. Monitoring Arrangements

Provide information on the monitoring arrangements to:  
Monitor the impact of the initiative on Equalities, Community Cohesion, the Welsh Measure, Biodiversity Duty and the Wellbeing Objectives.

Annual contract monitoring reviews of these services will be undertaken, alongside collection of outcomes data in line with the development of an outcomes framework and in line with Welsh Government KPI requirements.

Analysis of complaints and safeguarding referrals will identify concerns that the service may be having a negative impact on people with a protected characteristic.

Providers to implement their own monitoring and quality assurance systems.

## 10. Assessment Conclusions

Please provide details of the conclusions reached in relation to each element of the assessment:

	<b>Conclusion</b>
<b>Equalities</b>	It is intended that Commissioning in an Alliance Contract will have a positive impact on people that have a protected characteristic.
<b>Socio Economic Disadvantage</b>	It is intended that Commissioning in an Alliance Contract will have a positive socio-economic impact on people and communities.
<b>Community Cohesion/ Social Exclusion/Poverty</b>	It is intended that Commissioning in an Alliance Contract will have a positive PSED impact on people and communities.
<b>Welsh</b>	It is intended that Commissioning in an Alliance Contract Outline Business Case will have a positive impact on Welsh Language.
<b>Biodiversity</b>	It is intended that Commissioning in an Alliance Contract will have a positive impact on biodiversity.
<b>Well-being of Future Generations</b>	It is intended that Commissioning in an Alliance Contract will support the Council in achieving the five ways of working.

### Overall Conclusion

Please indicate the conclusion reached:

- **Continue** - as planned as no problems and all opportunities have been maximised



Please provide details of the overall conclusion reached in relation to the initiative.

Commissioning in an Alliance Contract will have a positive impact on people that are experiencing drug and alcohol use related harm alongside their children, friends and families. It aims to proactively address the additional related harm from anti-social behaviour, drug litter, Night- time economy and offending behaviour which is impacting our communities.

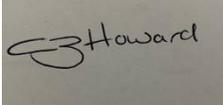
## 11. Actions

What actions are required in relation to obtaining further data/information, to reduce or remove negative impacts or improve positive impacts?

Action	Who will be responsible for seeing it is done?	When will it be done by?	How will we know we have achieved our objective?
Ensure contract has clauses relating to compliance with relevant equalities legislation	<ul style="list-style-type: none"> <li>NPT Legal</li> <li>Transformation Programme Manager</li> </ul>	Before any decision is made	Contract
Monitor Services	<ul style="list-style-type: none"> <li>Transformation Programme Manager</li> <li>APB support Team</li> </ul>	Quarterly/Annually	Monitoring Reports
Analyse any complaints and safeguarding referrals regarding the service.	<ul style="list-style-type: none"> <li>Transformation Programme Manager</li> <li>APB Support Team</li> </ul>	When required	Investigation reports and corrective action plans
Service outcomes reported.	<ul style="list-style-type: none"> <li>Transformation Programme Manager</li> </ul>	In line with agreed performance framework outcomes and Welsh Government KPI requirements	Outcome reports
Providers to implement their own internal monitoring systems	Provider	Contract commencement	Monitoring visits
Providers to have in place processes and policies to ensure that there is equality of access and requirements of the person are supported.	Provider	On commencement of contract	Monitoring visits
Providers to take into account any specific requirements resulting from a persons protected	Provider	Before service commences	Monitoring visits

characteristic when supporting the person to ensure that there is equality of outcomes			
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## 12. Sign off

	Name	Position	Signature	Date
<b>Completed by</b>	Angharad Metcalfe	Transformation Programme Manager		24/05/2024
<b>Signed off by</b>	Chelé Zandra Howard	Interim Head of Housing & Communities		24/05/24