



Havering
LONDON BOROUGH

Notice of Non-Key Executive Decision

Subject Heading:	Uplift for adult and young people drugs and alcohol services
Decision Maker:	Mark Ansell, Director of Public Health
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services
SLT Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Daren Mulley, Senior Commissioning Manager, Joint Commissioning Unit E: daren.mulley@havering.gov.uk
Policy context:	At a local level, this contract supports Havering Council to meet its People Theme priorities in its Corporate Plan 2022/23 – 2026/27. This plan sets out how the Council intends to invest and transform the borough with an emphasis on improving the lives of vulnerable children, adults and families. In summary, this contract ensures the Council fulfils its aim of ensuring that people are helped to live independent, socially connected and healthier lives.
Financial summary:	The budget for this uplift will come from existing public health grant reserves built up from the annual grant. The total value of the uplift is £339,980 over the 2 years.

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Relevant OSC:	People
Is this decision exempt from being called-in?	Yes, it is a Non Key Decision

The subject matter of this report deals with the following Council Objectives

People - Things that matter for residents X

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

For the reasons set out in this report, the Director of Public Health is recommended to agree to;

- a) Seek additional funding of £33,599 from the existing public health grant reserves, for the young people’s drugs and alcohol service for years 24/25 and 25/26 and approve the uplift provision in the contract with a commencement date of 1st April 2021
- b) Seek additional funding of £306,381 from the from the existing public health grant reserves, for the adult drugs and alcohol service for years 24/25 and 25/26, and approve the uplift provision in the contract with a commencement date of 1st April 2022.

AUTHORITY UNDER WHICH DECISION IS MADE

Power to authorise the award is delegated to members of the Senior Leadership Team under Part 3 (Responsibility for Functions), Paragraph 3.3 of the Council’s Constitution as follows:

General powers (a) To take any steps necessary for proper management and administration of allocated portfolios.

Financial responsibilities (a) To incur expenditure within the revenue and capital budgets for their allocated portfolio as approved by the Council, or as otherwise approved, subject to any variation permitted by the Council’s contract and financial procedure rules.

STATEMENT OF THE REASONS FOR THE DECISION

1. Current Contracts

Change, Grow, Live (CGL) currently holds the two contracts for the provision of young people and adult drug and alcohol services in Havering and have recently been re-tendered with both new contracts awarded within the past two years. In more detail, the table below shows the key information relating to both the contracts;

	YP Drugs Service	Adult Service
Contract Holder	CGL	CGL
Contract Length	3 Years	5 Years
Extension	2 years	3 years
Start Date	1 st April 2022	1 st April 2021
End Date	31 st March 2027	31 st March 2029

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Value (Inc. Extension)	£597,619	£10,608,216
Funding Source	Public Health Grant	Public Health Grant

Table 1: Overview of Contracts

Since 2013, both services have been funded by the Council's Public Health Grant to deliver support services for the prevention, treatment and recovery of young people and adults in Havering who misuse drug and alcohol. Both services lead on supporting young people and adults recover from their misuse working closely with key local services to ensure primary care, social care, mental health, housing and criminal justice pathways are in place and effective. In addition, both services provide harm reduction services including education and training, needle exchange services across the borough, psychosocial and pharmacological treatment as well as pathways to relevant employment and training services. In the table below, a comprehensive list of the services specified in the contracts are as follows;

Adult Service	Young People Service
<ul style="list-style-type: none"> • Acute Hospital Alcohol liaison (i.e. local hospital) • Criminal justice liaison (e.g. court, prisons, probation) • Community detoxification • Needle Exchange • Supervised Consumption • Residential Detoxification and rehabilitation services • Key-working and supervision • Group-work programmes • Family & Carers support • Counselling support • Volunteering and mentoring support and training • Transition from young people's substance misuse service • Multi-agency, joint working with wider stakeholders • Professionals training (e.g. social care, health) • Clinical expertise and leadership 	<ul style="list-style-type: none"> • Psychosocial interventions • Criminal justice interventions • Brief targeted interventions • Targeted Group-work • Children of substance misusing parent/carers support • Multi-agency partnership work • Professionals training (e.g. children's social care, schools) • Harm reduction support • Accessing clinical substance misuse services via the local adult treatment and recovery service • Transition support to adult services

Table 2: Overview of Adult and YP Services

2. Performance

Formal contract meetings take place between the Council and CGL on a quarterly basis and are attended by the Lead Commissioner, Public Health Specialist, CGL Service Manager, YP Team Leader, Data Analyst and Regional Manager. The content of these regular meetings includes the monitoring of the local adult and young people's performance data reports.

In terms of key performance indicators (KPIs), the adult service performance is measured across 25 KPIs whilst there are 18 KPIs that measure the young people's

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service performance. Overall, performance is positive for both services with the tables below showing selected KPIs from the last full year (2022/23) that highlights and demonstrates that CGL are performing well:

KPI No	Indicator	Threshold	2022-23	Performance: Met/Partially Met
1.0	Successful completion of drug (opiate and non-opiate) treatment as proportion of total treatment population	Top Quartile	Opiate: 8.9% Non-opiate: 51.9%	Met
2.0	Successful completion of alcohol treatment as proportion of total treatment population	Top Quartile	43.3%	Met
6.0	Proportion of Unplanned exits (Drugs)	<10%	7.7%	Met
7.0	Proportion of Unplanned exits (Alcohol)	<5%	1.9%	Met
9.0	Proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months	Top Quartile	Opiate: 11.1% Non-opiate: 3.3% Alcohol: 10.1% Alcohol/non-opiate: 5.4%	Partially Met (opiate and alcohol figures outside of top quartile)
12.0	Completion of the NDTMS system (all aspect including criminal Justice clients)	100%	100%	Met
22.0	Proportion of alcohol referrals engaged in service	80%	77%	Partially Met
23.0	Proportion of Successful Community Alcohol Detoxification Completions	80%	100%	Met
26.0	All clients in high risks groups (i.e. IOM clients, pregnant women, street homeless clients) seen within 2 working days	95%	100%	Met
27.0	% of clients with a record of a HCV test as a proportion of new/all clients in treatment at the end of the reporting period who were eligible to receive one	Top quartile for new clients and national average for all clients.	New - 64.0% (top quartile figure now unavailable) All – 80.7 (national average 56.2%)	Met

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Table 3: Adult Service KPIs Performance 2022/23

KPI No	Indicator	Threshold	2022-23	Performance: Met/Partially Met
1	Number of young people referred to service	160	211	Met
2	Number and % of referral from key services for young people (1)	40%	40%	Met
3	Minimum % of young people on caseload with alcohol misuse reported	30%	42%	Met
7	Number and % of young people who commence treatment (T3) within 15 working days of referral	90%	86%	Partially Met
8	Number and % of young people leaving treatment in an agreed and planned way.	80%	87%	Met
11	Number and % of young people exiting the service reporting reduced use, safer use, or abstinence	65%	87%	Met
12	Number and % of young people exiting treatment reporting improved physical health	70%	87%	Met
13	Number and % of young people exiting treatment reporting improved psychological well being	70%	87%	Met
14	Number and % of young people exiting treatment reporting improved family relationships	70%	59%	Partially Met

Table 4: Young People Service KPIs Performance 2022/23

A further, wider regional comparison of performance demonstrates that the services in Havering are in the top quartile of performing services in London too in spite of receiving one of the lowest Public Health grants in London (rolling 12mths up to Sept 2023);

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- **2nd highest** performing service for treatment progress¹ of adults in treatment in London in the last 12 months
- **7th highest** performing service for increases of numbers in London for adults in treatment in the last 12 months
- **6th highest** performing service for treatment completions in London for adults recovering from substance misuse.
- **3rd highest** performing service for increases in London of numbers of young people in treatment in the last 12 months

3. Budgetary Pressures

Over the past two years, inflation rates have increased rapidly leading to increased expenses across various aspects of CGL's key service spend areas. Operational costs, including utilities, salaries, and supplies, have risen significantly stretching the adult and young people service budgets to their limits.

Referring to the tables below, CGL's forecast for 24/25 and 25/26 budgets were showing a combined deficit of £549,772. Despite CGL's best efforts to optimise its resources and streamline operations, it has become increasingly difficult for CGL to sustain its programs and services at their current level.

Adults Service	24/25 £	25/26 £	Total £
Income (including Dual Diagnoses Funding)	1,342,647	1,334,923	2,677,570
Staffing Costs	- 996,116	- 1,036,359	- 2,032,476
Admin Costs	- 144,263	- 148,591	- 292,853
Facilities Costs	- 145,088	- 149,440	- 294,528
IT Costs	- 27,314	- 27,314	- 54,629
Clinical Costs	- 254,538	- 264,720	- 519,258
Deficit	- 224,672	- 291,501	- 516,173

YP Service	24/25 £	25/26 £	Total £
Income	117,266	117,266	234,532
Staffing Costs	- 114,854	- 119,306	- 234,160
Admin Costs	- 11,967	- 11,967	- 23,933
Facilities Costs	- 780	- 780	- 1,560
IT Costs	- 4,238	- 4,238	- 8,477
Clinical Costs	-	-	-
Deficit	- 14,573	- 19,025	- 33,599

Tables 5 & 6: Adult & Young People Service Forecast Deficits; 24/25 & 25/26

Recognising the challenges posed by inflation and rising costs, CGL has conducted a thorough review of its budgets and financial projections for years 24/25 and 25/26. In summary, CGL's review highlight 3 key areas in the adult service budget where it has seen significant increases;

¹ Service users are classified as showing progress if they meet one of the following criteria:

- Successfully completed treatment - achieve a successful completion from treatment in the latest reporting period; or
- Not using problem substances - are still in treatment and are not using their problem substances
- Substantially reduced use of problem substances - still in treatment and have substantially reduced use of their problem substances

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- a) **Staffing:** To provide competitive wages and attract skilled professionals at a time where there are significant recruitment challenges in the drug and alcohol sector in the London region, CGL has increased its staff salaries by 8.2% in 2023/24. For the adult service, this has added a further £130,213 annually to CGL's staffing cost budget. The original staffing costs budgeted for in 24/25 was £775,844 and this has now been forecasted as £996,116 for 24/25.
- b) **Building & Cleaning:** CGL adult service premises in Romford (i.e. 36 High Street & Ballard Chambers) has been in need of constant repairs including the day-to-day maintenance. The current contract with the cleaning company has also seen a significant increase and has added a further £27,527 to these costs. The anticipated costs at tender stage were £16,000 with a forecasted budget of £43,527 for 24/25.
- c) **Pharmacy Costs:** CGL's contracts with the local pharmacies for the provision of needle exchange and supervised consumption have been re-negotiated with the Local Pharmacy Committee (LPC) this year. The LPC is the local body that represents pharmacies and therefore leads on the negotiation and agreement of contracts on behalf of the local pharmacies. Whilst the LPC's initial negotiating position was for a 75% increase, CGL and the LPC agreed that the pharmacy costs for both needle exchange and supervised consumption would increase by 30% in 24/25. This amounts to approximately £38,808 added on CGL's annual pharmacy costs. Previously CGL budgeted for £151,731, the forecast for 24/25 is £189,683.

4. Current Management of the Budget Deficits

With a two year forecast deficit of £549,772, the Council and CGL met in November 2023 to review the budget and identify low risk, low impact areas to make savings to reduce the deficit safely. In particular, these discussions focused on the adult service as the adult service budget has the highest proportion (93%) of the combined overall deficit of both services. As a result of these discussions, it was agreed that savings could be implemented in the following areas;

- a) Reduction in the supervised consumption budget
- b) Reduction in building maintenance costs
- c) Freeze recruitment of an existing harm reduction practitioner vacancy
- d) Freeze the recruitment of the Recovery Hub Coordinator

On the Council's request, CGL conducted an impact and risk assessment of these savings (see table below). Overall, the mitigating actions to address and manage the impact and risks were considered to be realistic and effective in reducing negative impact on the delivery of the adult service.

Saving Area/Cost	Impact	Risk	Mitigating Action/s
Reduction in supervised consumption budget (£20k)	Service users will be changed to daily pick up at pharmacies.	Service users who cannot be changed due high-risk factors will remain on supervised consumption. This will be	CGL have a policy in place to support services users to have less restrictive regimes in place. The service uses who are taken of supervised

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		a clinical decision. No risk identified at this stage.	consumption will be regularly reviewed and tested for safety.
Reduction in building maintenance costs	Potentially repairs will be delayed that may impact on service delivery.	Aspects of service delivery will be limited potentially reducing the number of service users that attend the building due to health and safety concerns.	Key contractors are in place to conduct regular servicing to key aspects to the building. This will help reduce repairs needed in the longer term.
Freeze recruitment of harm reduction practitioner vacancy	This will reduce the number of staff in the opiate team. This also means the caseload will increase on individual opiate workers. No lead practitioner to liaise with pharmacies around training and support	With an increase in caseload the quality individual service user will receive including the frequency they are see will decline. Increase in staff stress and well-being due to high workload Impact on performance around Needle Exchange provision where pharmacies provide this service.	This will be further explored with the wider team to discuss when caseload become high, how we can manage some of the service users through PODs and clinics at the service Increase regular supervision and frequency of the Opiate MDT Team leader will take over the role of working closely with the pharmacies.
Freeze recruitment of Recovery Hub Coordinator	No Manager overseeing the day to day running of the Recovery Hub. Counselling service will need to be reviewed, as there will be no qualified staff to supervise the 6 volunteer counsellors. No line manager for 4 members of staff working, the volunteers and mentors. No lead for health awareness campaigns and information stalls	Options for recovery and after care service will be limited. Referrals will need to be made to other counselling services that have long waiting list.	The responsibilities of the current Coordinator will be distributed amongst the other team leaders who will take lead and direct supervision of those areas.

Table 7: CGL's Proposal to Reduce Deficit

By implementing the agreed measures above, the table below shows, that CGL will make savings of £209,792 (40% of the total forecast deficit) and therefore contribute to reducing the adult service budget deficit from £516,173 to £306,381.

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Adults Service	24/25 £	25/26 £	Total £
Income (including Dual Diagnoses Funding)	1,342,647	1,334,923	2,677,570
Staffing Costs	- 996,116	- 1,036,359	- 2,032,476
Staffing Savings	72,874	75,818	148,692
Admin Costs	- 144,263	- 148,591	- 292,853
Facilities Costs	- 145,088	- 149,440	- 294,528
Building Maintenance Savings	10,000	10,300	20,300
IT Costs	- 27,314	- 27,314	- 54,629
Clinical Costs	- 254,538	- 264,720	- 519,258
Clinical Savings	20,000	20,800	40,800
Total Savings Made	102,874	106,918	209,792
Deficit Total after Savings	- 121,798	- 184,583	- 306,381

Table 8: Adult Service Deficit Savings; 24/25 & 25/26

5. Proposed Uplift for YP and Adult Services

With the agreed deficit reduction measures in the section above significantly reducing the adult service and overall combined deficit, this report is recommending a two-year uplift for both services totalling £339,980. As the table shows, the most significant proportion (90.5%) of the additional monies for 24/25 and 25/26 will be allocated to the delivery of the adult service. In total, £33,599 will be allocated to the young people's service budget.

Proposed Uplifts	24/25 £	25/26 £	Total £
Adults Service	121,798	184,583	306,381
YP Service	14,573	19,025	33,599
Total	136,371	203,608	339,980

Table 9: Proposed Uplift Figures for Adult & YP Services; 24/25 & 25/26

Ahead of the two-year period ending, the Council and CGL will review the adult and young people services budgets and make further recommendations to manage the budgets effectively and within the Council's available resources.

OTHER OPTIONS CONSIDERED AND REJECTED

1. Do nothing: The impact of not securing the additional £339,980 funding will have a significant impact on maintaining the current service. CGL would need to start a process of consultation with the staff employed within the service with a view to restructure the service to reduce the deficit. The restructure would require CGL to delete 3-4 posts. These posts will be frontline practitioners who currently hold caseloads. In more detail, reducing the current workforce would have the following impact:

- a) Caseloads will increase. The current average caseload for practitioners is approx. 50-60. This could increase to 70-80.
- b) The quality of the service would be affected due to higher caseloads. This means that the frequency of one to one, key-work sessions will be longer. Group delivery programmes will also reduce as practitioners will not be available to deliver them. Response for service users seen in drop in sessions will also be longer due to practitioners available to cover duty responsibilities.

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- c) Waiting times for clients accessing assessments and one to one appointments will increase.
- d) Attendance at professional and joint working meetings with other local professionals, groups and forums would be affected.
- e) The number of service users successfully completing treatment is likely to decrease due to higher caseloads.
- f) Home visits to service users unable to access the service will be reduced due to insufficient resources.
- g) The current counselling service offered by CGL would be closed as the current coordinator is the only qualified staff member able to manage and supervise the counsellors.
- h) Funding for residential rehabilitation treatment will be limited.
- i) Keeping the Recovery Hub open and operational would need to be reviewed due to a reduction in resources to manage the premises.

PRE-DECISION CONSULTATION

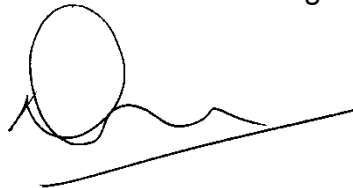
The pre-decision consultation has involved engaging with a number of stakeholders to prepare this report. This includes Public Health, CGL, Legal and Finance.

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Daren Mulley

Designation: Joint Commissioning Unit

Signature:

A handwritten signature in black ink, consisting of a large, stylized 'D' followed by a series of loops and a long horizontal stroke extending to the right.

Date: 12th February 2024

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a statutory duty under Section 12 of the Health and Social Care Act 2012 to take appropriate steps to improve the health of the people who live in its area.

The Council entered into two contracts, one for the provision of adult alcohol and drug services on the 1st April 2021 and another for the provision of young people and adult alcohol and drug service on the 1st April 2022.

Adult alcohol and drug services contract

The value of the contract for the provision of adult alcohol and drugs services was £10,608,216. This is an above threshold Light Touch contract for the purposes of the Public Contract Regulations 2015 (CPR2015). It is confirmed that additional funding of £306,381 is required for the contractual years 2024/2025 and 2025/2026. The variation will be subject to the full rigours of the PCR 2015.

Appendix E titled 'Charges' displays a table of the costs for the 8 contracting years (5+3), Clause E4 states that the amount payable to the service provider shall be inclusive of all costs of staff, facilities, equipment, materials and other expenses incurred by the provider as outlined in the table.

The Council has the right under Clause E3 to request for a breakdown of costs annually to ensure that nationally and locally driven changes are captured.

Clause B22 of the contract, allows for certain amendments and variation of the contract subject to this being in writing. A variation notice must be sent to the other party setting out the proposed variation.

The proposed variation will not alter the overall nature of the contract. The Public Contracts Regulations 2015 provide for such a variation under Regulation 72 (1)(a).

Furthermore, paragraph 4.35 of the Care And Support Guidance issued under the Care Act 2014 provides that "local authorities must not undertake any actions which may threaten the sustainability of the market as a whole, for example, by setting standard fee levels below an amount which is sustainable for providers in the long-term."

Young people alcohol and drug services contract

The value of the contract for the provision of young people alcohol and drug services was £597,619. This is a below threshold Light Touch contract for the purposes of the Public Contract Regulations 2015 (CPR2015). It is confirmed that additional funding of £33,599 is required for contractual years 2024/2025 and 2025/2026. The variation will not be subject to the full rigours of the PCR 2015.

Clause 1.4 of Appendix E states that the Contract price is an inclusive cost and the Local Authority will not be charged for any additional costs or charges unless previously agreed by both parties.

Clause B22 of the contract, allows for certain amendments and variation of the contract subject to this being in writing. A variation notice must be sent to the other party setting out the proposed variation.

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The Contract Procedure Rules (CPR) provide for such a variation under CPR 19.1 (i), as the variation is provided for in the initial procurement documentation. For the above reason, the Council may approve the uplift for both contracts.

FINANCIAL IMPLICATIONS AND RISKS

This decision paper is seeking approval to agree additional funding for the young people's drug and alcohol service and the adults drug and alcohol service for 24/25 and 25/26. The two services are under separate contract and the provider of these services is Change, Grow, Live. Both contracts went out to tender and were awarded within the last 2 years.

The total increase that is being requested is £339,380 and this is broken down for each of the contracts as per below:

- £33,599 for the young people's drugs and alcohol service for 24/25 and 25/26.
- £306,381 for the adult drugs and alcohol service for 24/25 and 25/26.

The reason that this increase is being requested is due to the provider facing increasing inflationary pressure, the main areas that are contributing to the increased pressure are the staffing costs which have increased by 8.2%, this increase was required in order to provide a competitive wage and attract skilled professionals at a time where there are significant recruitment challenges in the drug and alcohol sector in the London region. The other main reason is the increase in the pharmaceutical costs, CGL has a contract with the pharmacies for needle exchange and consumption, the contracts have been renegotiated this year which has resulted in an increase in costs.

CGL submitted initial forecasts which showed a total deficit in their financial position of £516,713 for the Adult service and £35,599 for the children's service over the 24/25 and 25/26 financial years. The details of which are below:

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Adults Service	24/25 £	25/26 £	Total £
Income (including Dual Diagnoses Funding)	1,342,647	1,334,923	2,677,570
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Facilities Costs	- 145,088	- 149,440	- 294,528
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Clinical Costs	- 254,538	- 264,720	- 519,258
Deficit	- 224,672	- 291,501	- 516,173
YP Service	24/25 £	25/26 £	Total £
Income	117,266	117,266	234,532
Staffing Costs	- 114,854	- 119,306	- 234,160
Admin Costs	- 11,967	- 11,967	- 23,933
Facilities Costs	- 780	- 780	- 1,560
IT Costs	- 4,238	- 4,238	- 8,477
Clinical Costs	-	-	-
Deficit	- 14,573	- 19,025	- 33,599

After a meeting between CGL and LBH, a savings proposal identified £209,792 of savings to reduce the deficit, the savings were risk assessed and considered low risk and this brought the total deficit down to £339,980

The total increase to CGL in the 24/25 financial year for both contracts will be £136,371, this is broken down in £14,573 for the young people's adult drug and alcohol contract and £121,798 for the adult's drug and alcohol contract.

The total increase to CGL in the 25/26 financial year for both contracts will be £203,608, this is broken down in £19,025 for the young people's adult drug and alcohol contract and £184,583 for the adult's drug and alcohol contract.

The total contract value of the young people's drug and alcohol contract for the 3 years plus 2 was £597,619, the increase will make the total contract value £631,216.

The total contract value of the adult's drug and alcohol contract for the 5 years plus 3 was £10,608,216, the increase will make the total contract value £10,914,597.

The increase in this contract will be fully funded from the Public Health Grant, the grant allocations for 24/25 and beyond are currently unknown, any inflationary increases in the Public health Grant allocations may be able to cover the increase in costs to the contracts. There are sufficient funds in the Public Health Reserve to cover the cost of £339,380. It is currently forecast that the balance of the Public Health Reserve at the end of March 2024 will be £2,464,306.

CGL and LBH will need to monitor the financial position going forward as the increase has only been agreed for a 2-year period.

Although, there are sufficient funds available to meet the increased cost of the contract, the contracts were only awarded 2 years ago and this is an extremely large increase to be requesting on the annual contract value.

From a financial perspective, the increasing of this contract adds additional burdens to the Public Health Grant funding, however considering all options and the niche market

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that exists for this type of service provision, it is felt that this is the best possible option to maintain a service supporting vulnerable clients. Benchmarking with other authorities indicates we are currently paying less than other authorities for similar levels of service and if an alternative decision was made to give notice on the contract, then it is thought an alternative service provision would cost more than the cost of the uplift.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

There are no implications or risks anticipated to Council staff as the employees involved in the delivery of the service are employed directly by the existing Supplier. As the incumbent Supplier will be awarded the new contract the Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 will not apply.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The action undertaken will include monitoring how the service meets the needs of all eligible users, including those from ethnic minority communities and the disabled. The Council will also ensure that potential providers have undertaken equality training and adhere to the Council's Fair to All Policy or their own equivalent.

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ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

Supplier will minimise impact on the environment by:

- a) Eliminating the need for one use plastics
- b) Ensuring that all waste is correctly recycled
- c) Utilising public transport when this fits with Infection Protection Control measures
- d) Employing locally wherever possible to reduce the environmental impact of travelling to work
- e) Employing digital solutions to reduce the need for manual recording and disposable materials.

BACKGROUND PAPERS

None

APPENDICES

None

Key Executive Decision

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed 

Name: Mark Ansell

CMT Member title: Director of Public Health

Date: 27th February 2024

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____