

Slough Borough Council

Report To:	Cabinet
Date:	16 th March 2026
Subject:	Drug and Alcohol funding (contract variation)
Lead Member:	Councillor Ishrat Shah – Public Health, Wellbeing and Equalities
Chief Officer:	Tessa Lindfield, Director of Public Health & Public Protection
Contact Officer:	Sarah Rayfield, Public Health Consultant
Ward(s):	All
Purpose of report:	For decision
Key Decision:	YES
Exempt:	NO, except Appendix one as it contains the following category of exempt information as specified in Paragraph 3, Schedule 12A of the Local Government Act 1972, namely “information relating to the financial or business affairs of any particular person (including the authority holding that information).
Decision Subject To Call In:	YES
Appendices:	Appendix one: Proposed spend of the SSMTR component of the ring-fenced funding through the contract with Turning Point. (Exempt) Appendix two: Proposed spend of the SSMTR component of the ring fenced funding through Slough Borough Council Appendix three: Equalities Impact Assessment

1. Summary and Recommendations

- 1.1 This report sets out an update on the funding for drug and alcohol prevention, treatment and recovery, which is being consolidated into a protected drug and alcohol budget within the Public Health Grant to each Local Authority from 1st April 2026.
- 1.2 The total protected drug and alcohol prevention, treatment and recovery funding for Slough Borough Council is £2,685,878 for 2026/27, which includes the Supplementary Substance Misuse Treatment and Recovery (SSMTR) component of £320,453 and the Rough Sleeping Drug and Alcohol Treatment (RSDAT) component of £499,681. An allocation of £435,755 is designated for Individual

Placement and Support (IPS), with the remaining £1,429,989 forming the core PH grant contribution.

- 1.3 This report seeks approval to modify the existing substance misuse contract held with Turning Point Limited. The proposal is to modify the contract by a sum of £203,500 for a period of 12 months from 1st April 2026. This will enable expenditure of the Supplementary Substance Misuse Treatment & Recovery (SSMTR) component of the drug and alcohol funding.
- 1.4 This contract is for the provision of Integrated Adults and Young People's Substance Misuse Treatment services, commenced on 1st April 2023 and was awarded on a 5+2+2 term. The original contract value for the full term is £11.5million and the modification is for £203,500 which can be compliantly modified under Provider Selection Regime (PSR) regulations.
- 1.5 This report also notes that (pending PRB approval) the second year extension for the contract to provide the Lot 2 Rough Sleepers Substance Misuse Community Outreach service will be enacted. This contract is also with Turning Point limited and will be for a value of £354,773 for 2026/27.

Recommendations:

Cabinet is recommended to:

1. Approve the contract variation to the core contract for Turning Point services Limited for delivery of drug and alcohol prevention, treatment and recovery services, for a period of 12 months from 1st April 2026 to 31st March 2027 and value of £203,500, funded by the SSMTR component of the protected drug and alcohol funding within the public health grant.
2. Delegate authority to the Director of Public Health and Public Protection, in consultation with the Lead member for Public Health, Wellbeing and Equalities, to enter into the contract variation with Turning Point (services) limited for the Supplementary Substance Misuse Treatment and Recovery (SSMTR) component.

Reason:

The new ring fenced drug and alcohol funding total must be used solely for the purposes of commissioning and providing drug and alcohol prevention, treatment and recovery related services. This is the minimum amount that must be spent on this provision from the Public Health Grant.

The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) applies to the arrangement of relevant health care and public health services arranged by the Council. This includes substance misuse services. Although the original contract was procured under the PCR, as the contract is deemed to fall within the Provider Selection Regime (which came into effect from 1st January 2024) then the modification rules under the Provider Selection Regime will apply, not Regulation 72 PCR.

Providing additional funding through this contract variation provides the most efficient and effective way to ensure continuing delivery and improving quality of substance misuse services in line with the drug and alcohol prevention, treatment and recovery funding requirements.

Commissioner Review

This report is outside the scope for pre-publication commissioner review; please check the [Commissioners' instruction 5 to CLT to sign off papers](#) for further details.

2. Report

Introductory paragraph

- 2.1 The Drug & Alcohol Treatment, Recovery and Improvement Grant (DATRIG) was first available in 2025/26, consolidating a number of grants which had previously been available between 2023 - 2025, including the Rough Sleeping Drug and Alcohol treatment grant (RSDATG) and the Supplementary Substance Misuse Treatment and Recovery (SSMTR) grant.
- 2.2 From 1st April 2026, all drug and alcohol funding is being consolidated into a ring fenced funding total provided within the Public Health Grant, to be used solely for the purpose of commissioning and providing drug and alcohol prevention, treatment and recovery related services.
- 2.3 The total protected drug and alcohol prevention, treatment and recovery funding for Slough Borough Council is £2,685,878 for 2026/27, which includes the Supplementary Substance Misuse Treatment and Recovery (SSMTR) component of £320,453, the Rough Sleeping Drug and Alcohol Treatment (RSDAT) component of £499,681, Individual Placement and Support (IPS) allocation of £435,755, with the remaining £1,429,989 forming the core PH grant contribution.
- 2.4 The SSMTR component is confirmed as £320,453 for 2026/27, with indicative funding provided for 2027/28 and 2028/29. The proposal is to award a 12 month variation to the contract with Turning Point for £203,500 to provide additional drug and alcohol services as outlined in Appendix 1. The remainder of the SSMTR funding will be spent through Slough Borough Council as outlined in Appendix 2.
- 2.5 Awarding a 12 month variation to the contract for the SSMTR component, will enable the continuation of key interventions and workers, ensuring continued delivery and focus on improving the quality of substance misuse services.

Options considered

Option	Pros	Cons (including key risks)	Reasons why/why not recommended
Do not utilise the funding	Less onerous commissioning requirements	Vital drug and alcohol services would be reduced with staff redundancies. A highly vulnerable population would have less treatment options with widening health inequalities.	Not an option as required spend on drugs and alcohol through the new ring fenced part of the Public Health Grant
Deliver services in house		Slough Borough Council does not currently have the capacity or capability to do this	Not a viable option due to lack of staff capacity and expertise

Undertake a comprehensive procurement process	Able to test the market for alternative providers	Time restraints as the funding needs to be spent from 1 st April – thereby not allowing sufficient time for a comprehensive procurement process and a potential disruption in service provision	Turning Point delivers services under an existing core contract funded by Public Health Grant. Turning Point has provided the SSMTR element since the start of the current contract (2023-25). The original SSMTR inclusion was restricted to a two-year period considering uncertainty regarding availability of DATRIG funding.
Modify the existing contract with Turning Point Services Limited under the Provider Selection Regime. Recommended Option	The service is working well and has exceeded our expectations by meeting the numbers expected to access the service, in addition to setting up a strong peer led training and support programme. The existing provider is likely to continue to meet and exceed our expectations.	The contract modification could be challenged	The incumbent provider is performing well across both of its contracts. Awarding the contract will support continued improvement with the least disruption to service. The modification does not render the contract materially different in character from the original award and is permitted within the Provider Selection Regime regulations. A transparency notice will be published prior to award

Background

The National drug strategy [From Harm to Hope](#) was published in 2021 as a 10 year strategy aiming to turn the tide on drug crime, reduce the harm drugs cause to individuals and society and save lives. This has been underpinned by additional funding from government through the Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant provided from 2022 – 2025 and the Rough Sleeping Drug and Alcohol treatment grant (RSDATG) from 2023 – 2025. These grants were consolidated into the Drug & Alcohol Treatment, Recovery and Improvement Grant (DATRIG) from April 2025, but with separate conditions and expectations for the allocated funding. The funding in 2025/26 has enabled the continuation of key interventions as delivered by the service provider Turning Point Limited.

This grant funding provided to date has been dependent on Slough Borough Council maintaining or building on existing investment in drug and alcohol treatment and recovery from the Public Health Grant. From 2026/27, all drug and alcohol funding is being consolidated with the formation of a new ringfenced drug and alcohol total within the Public Health Grant. This ringfenced funding must be used solely for the purposes of commissioning and providing drug and alcohol prevention, treatment and recovery related services and is the minimum around that must be spend on this provision. Local authorities

are required to have regard to the need to improve the take up of, and outcomes from its drug and alcohol misuse treatment services. Any underspend from the drug and alcohol protected funding total that are held in the public health reserve, will only be used on those services.

In Slough, the main substance misuse service contract is held by Turning Point. The contract was awarded to Turning Point, following a competitive procurement exercise. This contract started on 1st April 2023 for an initial term of 5 years, with two options to extend for 2 years at a time. The contract that started on 1st April 2023, also included some of the additional funding provided by the SSMTR grant (Lot 1) and RSDATG (Lot 2). A modification to the existing Lot 1 Integrated Adult and Young People's substance misuse service contract enabled expenditure of the SSMTR component of DATRIG for a 12 month period from 1st April 2025 – with an additional £178,551 spend through the contract.

The additional funding provided through this contract variation (outlined in appendix one) will provide staff to provide the drugs and alcohol service, such as recovery workers (including those focused on children and young people and criminal justice) and a full time team leader. It will also enable naloxone provision, testing for Blood Borne Viruses (BBVs) and funding to support prevention initiatives including campaigns.

The remainder of the SSMTR funding will be spent through Slough Borough Council (as outlined in appendix two) and fund commissioning staff, medications such as buvidal, along with prevention work focused on children and young people, community work focused on addressing alcohol use and campaigns.

A Drug and Alcohol Substance Use needs assessment was undertaken in Slough in January 2024, which identified the following:

- The rate of overall drug use (OCU, opiates and crack) is significantly higher in Slough compared to rates in the South East and England. The prevalence of drug use varies significantly by age in Slough. The data showed that for multiple reasons, the drugs affect more of our younger population.
- The rate of overall unmet need for OCU usage, opiates, crack and alcohol use are significantly higher in Slough compared to regional and national values.
- The directly standardized rates of hospital admissions attributable to alcohol related conditions are the highest in Slough compared to neighboring boroughs.
- Slough appears to have a higher proportion of referrals from the criminal justice system compared to the South East and England, but first-time entrants into youth justice system has been progressively decreasing over the years (also following the national trend).
- The proportion of adults needing substance misuse treatment who successfully engage in community based structured treatment following release from prison is the lowest in Slough compared to other neighboring authorities, and significantly lower than the South East and England.
- The successful completion of drug treatment for opiates in Slough is comparable to South East and England and we have the highest proportion of treatment completions for non-opiates compared to our neighboring authorities.

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 Under the Health and Social Care Act 2012, local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are Public Health services aimed at reducing drug and alcohol misuse.

Grant funding is provided by the Department of Health and Social Care (DHSC) and managed on a regional basis by the Office of Health Improvement and Disparities (OHID).

The Public Health Grant allocation for 2026/27, including the consolidated funding streams, is £10.355m with provisional allocations increasing to £10.610m in 2027/28 and £11.886m in 2028/29.

The DHSC has specified there are 'ring fences within the ring fence', stipulating a minimum amount that must be spent on drugs and alcohol treatment as well as other elements within the grant. For 2026/27, within the overall grant of £10.355m, £2.686m must be spent on tackling drugs and alcohol. In later years these figures rise to £2.791m in 2027/28 and £2.918m in 2028/29.

3.2 Legal implications

The Original Contract is for the provision of Integrated Adults and Young People's Substance Misuse Treatment services, which commenced on 1st April 2023 and was awarded on a 5+2+2 term ("**Original Contract**"). The value of the Original Contract for the full term is £11.5million and the modification is for £203,500 which can be compliantly modified under the Health Care Services (Provider Selection Regime) Regulations 2023 ("**PSR**") as the Original Contract comes under the following CPV code under the PSR:

85312500-4	Rehabilitation services, but only insofar as such services are provided to individuals to tackle substance misuse or for the rehabilitation of the mental or physical health of individuals
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The PSR's rules for modifying or varying contracts apply to **all** contracts, regardless of when they were signed. Therefore, whilst the Original Contract was procured under Public Contract Regulations 2015, the PSR applies.

The Council relies on Regulation 13 of the PSR as set out in the *Procurement implications* section.

3.3 Risk management implications

Risk	Description	Probability	Severity	Mitigating actions
Uncertainty of longer-term funding	Additional drugs and alcohol funding has been provided on an annual basis making it challenging to plan long term. However, confirmed funding has been provided for 26/27 with indicative funding for 27/28 and 28/29	Moderate	low	There is a national commitment to tackling harm from drugs and alcohol. Indicative three year funding provides some certainty and the ability to plan with a longer term focus

Service staff on permanent contracts	To mitigate recruitment challenges, Turning Point Service staff have been recruited on permanent contracts.	Moderate	Moderate	Modifying the core contract to manage ongoing expenditure of the SSMTR component of the funding will enable this service to continue therefore negating any redundancy liability.
Contract spend being greater than the funds available.	The contract value increases beyond the available funds	Low	High	The contract value should not materially change compared to the original existing contract. The commissioner and provider have a good relationship and spend of variable items will be monitored through the contract monitoring process.

3.4 *Environmental implications*

Staff recruitment focuses from within Slough and its neighbouring boroughs thus negating long car journeys into work and minimising air pollution.

The peer support programme activity signposts drug users to safe deposits of drug paraphernalia thus keeping the environment clean from drug debris.

3.5 *Equality implications*

The service provides open access substance misuse outreach for those who are rough sleeping or at risk of rough sleeping, with a focus on recovery and harm reduction. The Equalities Impact Assessment identifies positive impacts across all protected characteristics. No negative equality impacts have been identified. The service actively addresses barriers through partnership working and street-based delivery. Ongoing monitoring and reporting arrangements are in place, and no changes to the service are required.

Equalities Impact Assessment attached as Appendix 3.

3.6 *Corporate Parenting Implications*

There are no direct implications of this decision in relation to corporate parenting. However, substance misuse can impact on children in the family setting. The core contract provides an integrated adults and young person's substance misuse service and within this additional funding, there are plans for a Children and Young Person's recovery worker to directly improve engagement and referrals to the service, along with a preventative approach.

3.7 *Procurement implications*

This report seeks approval to modify the existing substance misuse contract held with Turning Point Limited. The proposal is to modify the contract by a sum of £203,500 for a

period of 12 months from 1st April 2026. This will enable expenditure of the Supplementary Substance Misuse Treatment & Recovery (SSMTR) component of the DATRIG.

This contract for the provision of Integrated Adults and Young Peoples' Substance Misuse Treatment Services, commenced on 1st April 2023 and was awarded on a 5+2+2 term. The original contract value for the full term is £11.5million and the modification is for £203,500 which can be compliantly modified under PSR regulations.

Although the original contract was awarded under the Public Contracts Regulations (PCR) 2015, as the services are healthcare services the modification rules under the Provider Selection Regime (PSR) Regulations 2023 will apply, not Regulation 72 PCR 2015.

Modifications to contracts originally awarded under the Public Contracts Regulations 2015 are permitted in the following instance:

- The modification is attributable to a decision of the relevant authority and does not materially alter the character of the contract or framework agreement, and the cumulative change in the lifetime value of the contract or framework agreement, compared to its value when it was entered into, is under £500,000 or under 25%.

Two previous modifications have been made to this contract:

- A modification for £178,551 was made in 2025/26 – for a period of 12 months only
- A modification to increase the core contract value by £46,215 per year for the remainder of the contract term (7 years) – at a total of £323,505.

The two modifications to date equate to a total of £502,056 over the remaining term including extension periods.

The cumulative change in the lifetime value of the contract for the existing two modifications and the new proposed modification will be £705,556. This is under 25% of the original contract value and so is a permitted modification under PSR regulations. However, as the cumulative change in the lifetime value of the contract is over £500,000, a transparency notice will be required.

It is important to note that the relevant authority must publish a transparency notice where both the below apply:

- the modification is attributable to a decision of the relevant authority
- the cumulative change in the lifetime value of the contract or framework agreement is £500,000 or more

The procurement team will publish the required transparency notice to ensure compliance with the regulations.

3.8 *Workforce implications*

Substance use contracts are fully staffed with staff on permanent contracts. Permanent contracts were offered to mitigate the risks to recruitment into the service. Recruitment was challenging because all our neighbouring boroughs were also awarded additional grant funding thus were recruiting at the same time. Should the variation not be awarded SBC may be liable for some redundancy costs for staff currently in post delivering this service.

3.9 *Property implications*

The service will be based at 27 Elliman Road. The property has been approved to be made available to Turing Point for an initial period of five years from 1st April 2023.

4. Background Papers

None

Appendix 1 – Proposed spend of the SSMTR component of the ring-fenced funding through the contract with Turning Point

contains exempt information. See Part II of agenda.

Appendix Two: Proposed spend of the SSMTR component of the ring fenced funding through Slough Borough Council

This is a proposed outline of spend and is subject to minor changes in line with conditions of the ring fenced funding within the public health grant.

Slough Borough Council	
Children and Young People prevention project	£3,533
Alcohol focus - Community/voluntary work	£10,000
Prevention/promotion/campaigns	£5,000
Grade 7	£6,065
Grade 9	£11,803
Consultant	£17,347
0.4 FTE commissioning officer (regional IPD consortium)	£333
0.6 FTE across three boroughs (0.2 FTE for Slough)	£12,800
Buvidal	£50,072
Subtotal	£116,953
Total SBC+ Tuning Point	£320,453

Appendix Three: Equality Impact Assessment

Directorate: Public Health	
Service: Public Health	
Name of Officer/s completing assessment: Jyoti Singh	
Date of Assessment: 27th January 2026	
Name of service/function or policy being assessed: Enacting the one-year extension of the Rough Sleepers Substance Misuse Community Outreach Service contract with Turning Point	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The Rough Sleepers Substance Misuse Community Outreach Service is an open access service for all residents who are either rough sleeping or at risk of rough sleeping i.e. in temporary housing accommodation, sofa surfing etc. and who are struggling with substance use and who want to overcome their dependency. The service is available to adult residents who can either self-refer or be referred by another service. The service is also available to anyone who is concerned about someone else's" substance use (typically a family member) and who needs help and advice.</p> <p>The current service contract expires on the 31st March 2026 and commissioners are seeking approval to enact the one-year extension to the contract.</p> <p>The National 10-year Drugs strategy has had a direct influence on the service model in that we are required to increase access to substance use services, improve the quality of services and help those in their recovery journey.</p> <p>The service model caters for rough sleeper residents who need help to reduce/cease substance dependency and there is a particular focus on underrepresented groups such as women, BME groups and LGBT populations.</p>
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>Slough's Rough Sleepers Substance Misuse Community Outreach service is commissioned by the Public Health Department and is provided by Turning Point.</p>
3.	<p>Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p>

The service model will have the impacts as set out in the table below

Characteristic	Positive , Negative, Neutral or Unknown Impact	Rationale for Assessment
Age	Positive	The service will be available to adults who are rough sleeping or at risk of rough sleeping and who are concerned about their own or someone else's drug or alcohol use.
Disability	Positive	The service is available to all rough sleepers and those at risk of rough sleeping including those with a disability. For any residents whose disability prevent them from accessing the service, street-based care and or home visits can be arranged and/or at a place that suits the individual. The service is tailored to meet the needs of an individual thus 121 support is available.
Gender Reassignment:	Positive	There is a greater emphasis within the revised service specification to ensure that the LGBT community are more appropriately provided for. It is estimated that around 21% of those transitioning their gender are using substances, albeit not all with be rough sleeping, thus the service will develop cross working arrangements with the Turning Point Lot 1 core service and offer 121 support if this is needed.
Marriage and Civil Partnership:	Positive/ Neutral	The service is explicit on refreshing the awareness of diversity and the different models of relationships that exist between individuals and their living arrangements and their families. This is echoed when the service works with partners such as mental health and temporary housing providers. Other agencies are made aware of the harms and disadvantages of drugs and alcohol use and how residents are able to safely use substances in the presence of others to mitigate any risks associated with overdosing. Extensive naloxone training is also offered to family members to again reduce the risk of overdosing.
Pregnancy and maternity:	Positive/ Neutral	The Rough Sleepers Substance Misuse Community Outreach service is by design inclusive and supportive of pregnancy and maternity and specifically supportive of the health needs and supports of the mother and the child. The service works particularly closely with children's social care to support parents with substance misuse issues who themselves are living with and/or have children.
Race:	Positive	The Rough Sleepers Substance Misuse Community Outreach service is by design inclusive and supportive of different ethnicities and cultural groups by considering the taboos associated with substance misuse in some communities. Explicit focus in local delivery on meeting the needs of Rough Sleeping adults from ethnic minorities' communities (including but not limited to Black, Asian, Eastern European and Gypsy Roma and other Traveller communities) is a core element of the offer. In addition, substance misuse services are recognised as a primary service thus they are open to those rough sleeping within the borough who have no recourse to public funds

	Religion and Belief:	Positive	The Rough Sleepers Substance Misuse Community Outreach service is by design inclusive and supportive of different cultural groups and offers a culturally sensitive model of health care and support in an inclusive and culturally sensitive matter. The service works with a range of local belief groups to help shape the service offer so that it meets the needs of the local communities.
	Sexual orientation:	Positive	The Rough Sleepers Substance Misuse Community Outreach service is by design inclusive and supportive of different sexualities within the community. As mentioned, the service will have a particular focus on the LGBT community and training of staff to appropriately support service users.
	Other: Mental Health, Criminal justice	Positive	The service will be positive for two different additional groups: Mental Health: Adults and with co-occurring mental health needs receive additional support from the core Rough Sleeper team because the team includes a mental health worker specifically for our rough sleeping cohort. Criminal Justice: The service works in close partnership with the criminal justice services to ensure adults can transition smoothly from prison to the service in a seamless way thus ensuring continuity of care. In addition the service works closely with Thames valley Police when divisionary actions are appropriate.
4.	What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information. See above		
5.	What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why? None identified.		
6.	Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc). There is a wide range of evidence in support of the provision of substance misuse and recovery treatment services and the positive impact they make to the lives of individuals, families and communities. A concise bibliography of some of the main sources of evidence is presented below including: <ul style="list-style-type: none"> • From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK • Addiction Healthcare Goals - GOV.UK an update to From Harm to Hope Strategy. 		

	<ul style="list-style-type: none"> • No health without mental health No Health without Mental Health (Department of Health) • Drug misuse: psychosocial interventions (NICE clinical guideline, CG51) • Part 1: introducing recovery, peer support and lived experience initiatives - GOV.UK • Drug misuse: methadone and buprenorphine maintenance (NICE technology appraisal, TA114) • Drug misuse: opioid detoxification (NICE clinical guideline, CG52) • Drug Misuse: naltrexone for the management of opioid dependence (NICE technology appraisal,TA115) • Psychosis with coexisting substance misuse (NICE clinical guideline, CG120) • Pregnancy and complex social factors (NICE clinical guideline, CG110) • Overview Drug misuse prevention: targeted interventions Guidance NICE (NICE Guideline NG64) • Overview Needle and syringe programmes Guidance NICE (NICE Public Health guideline PH52) • Overview Drug use disorders in adults Quality standards NICE (NICE quality standard, QS23) • Overview Methadone and buprenorphine for the management of opioid dependence Guidance NICE (NICE Technology appraisal guidance TA114) • Overview Naltrexone for the management of opioid dependence Guidance NICE (Technology appraisal guidance TA115) • Overview Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors Guidance NICE (NICE Clinical Guideline CG110) • Overview Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings Guidance NICE (NICE Clinical Guideline CG120) • Drug misuse and dependence: UK guidelines on clinical management - GOV.UK Drug Misuse and Dependence: UK guidelines on clinical management
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?</p> <p>A full scale consultation exercise was undertaken in preparation for the original tender exercise which included representatives from:</p> <ul style="list-style-type: none"> • Criminal Justice • Department of Works and Pensions • Food Bank • SBS Housing • Probations

	<ul style="list-style-type: none"> • Community Safety Team • SCVS • Superdrug • Thames Valley Police <p>The consultation focused on what works well and what needs to be improved. The referral route into the service was commonly seen as working well as was working with the existing service.</p> <p>Some areas for improvement included speedier allocation of support worker following triage and feedback to referrer on progress especially with the probation service.</p> <p>This has been further supported from the formation of the Slough Substance Misuse partnership and the implementation of a “Plan of a Page” action log.</p> <p>A substance misuse needs assessment has also been carried out and this has positively impacted of the development of the service since it was first awarded.</p> <p>A further enhancement has been the development of an evidenced based Rough Sleepers peer support programme that includes the key elements of- mutual acceptance and understanding, optimising a person’s wellbeing and growing a recovery community.</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>Yes. The national drug strategy is a 10-year ambition upon which the service model has been built. As such the service provides greater capacity to a cohort of residents who have greater health needs and who may have been stigmatised from accessing core services. Thus, a street based outreach service takes care direct to those with greatest needs. At the same time the service has developed strong partnership working across the landscape to help maximise joint care provided to rough sleepers</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example, what plans, if any, will be put in place to reduce the impact?</p> <p>A substance misuse needs assessment has also been carried out and this has positively impacted of the development of the service since it was first awarded.</p> <p>A further enhancement has been the development of an evidenced based Rough Sleepers peer support programme that includes the key elements of:- mutual acceptance and understanding, optimising a person’s wellbeing and growing a recovery community.</p>

10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>There are a wider range of indicators that the Rough Sleepers service must meet as agreed with the DHSC. Bi-annual reporting to OHID/DHSC has to be made thus ensuring that the grant is continually available to SBC</p>

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan).	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date

Name: Jyoti Singh
Signed: Jyoti Singh (Person completing the EIA)

Name: Sarah Rayfield
Signed: Sarah Rayfield (Consultant Public Health)

Date: 27th January 2026