

Report for: Haringey Cabinet December 15th 2015

Item number: 21

Title: Award of contract for Substance Misuse Peer Support Service

Report authorised by : Jeanelle de Gruchy

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Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key decision

1. Describe the issue under consideration

- 1.1. This report details the outcome of an open tender process for the award of a contract to provide an adult peer support service to residents with a substance misuse problem. The report recommends the award of a new contract in line with Contract Standing Order (CSO) 9.06.1(d) following a robust tendering process.
- 1.2. The Council commissions a range of substance misuse treatment services; this service uniquely offers advice and support via trained residents in recovery from drug addiction.

2. Cabinet Member introduction

- 2.1. Haringey has a high prevalence of problematic substance misuse, which if untreated can potentially impact on any sphere of life: family, employment, education, social interactions and result in crime and antisocial behaviour. Tackling this issue is a priority for the Council and therefore I welcome a service designed to reach right into the community to support prevention, engagement and recovery.
- 2.2. Having a service run by local residents reinforces the cross cutting priority within the Council's corporate plan to work with residents to deliver services for their own communities. Its accredited mentoring programme creates a pathway into employment for ex drug using residents.
- 2.3. The award of this contract will support our longer-term commitment to better health for all and a reduction of crime in Haringey.

3. Recommendations

- 3.1. To agree the award of contract to Bringing Unity Back Into the Community (BUBIC) in accordance with Contract Standing Order (CSO) 9.06.1(d), for an initial term of 3 years for a value of £498, 489.00 with an option to extend for a period of up to a further 2 years for an additional value making a total of £838,950.00 over the maximum 5 years.

4. Reasons for decision

- 4.1. The recommendations as outlined in 3.1 are based on those providers who scored the highest MEAT scores and therefore would offer the best value to the Council in terms of quality and price. The quality component of this tender was 55% and the price 45%.
- 4.2. As a result of the procurement exercise, which was carried out in accordance with the Procurement Code of Practice, it is now recommended that the successful tenderer be awarded a contract as outlined in 3.1 in accordance with CSO 9.06.1(d).

5. Alternative options considered

- 5.1. The option to not have a substance misuse peer led service in Haringey was considered and not found to be feasible for the following reasons;
 - 5.1.1. The need for substance misuse services is high, the Haringey Joint Strategic Needs Assessment (JSNA) highlights that drug use in Haringey is more prevalent and problematic than the national average.
 - 5.1.2. Getting prevention messages and help to the right people in Haringey is challenging, crack and heroin use is illegal and often linked to criminal activity. Drug use is stigmatised and drug users often do not know about services, this is particularly true of crack cocaine users. A peer led service has been able to reach into the community in a way that traditional services don't.
 - 5.1.3. This service was set up to specifically target Haringey's black and ethnic minority (BME) crack using residents living in more deprived areas of Haringey; this has been successful with 69% of those currently using being BME crack users.
 - 5.1.4. Service review from service users and local providers suggests that not having a peer led service would impact on the current success of Haringey's treatment system, currently it performs in the top quartile nationally.
 - 5.1.5. Consultation with Community Safety partners demonstrated that there was no other service in Haringey able to access drug dealing hotspots to try to disrupt dealing through a community engagement approach.

6. Background information

- 6.1. Haringey has a significant drug problem, in 2012 the estimated prevalence of crack cocaine and opiate users was 1,847 or 10.0 per 1,000 (Haringey Health

Profile, 2015) the national rate for England was 8.4 per 1,000. Those most vulnerable to problematic drug use, especially crack cocaine and heroin use, are more likely to live in deprived areas, suffer from mental ill health, live in poor housing and be involved in other criminal activity (National Treatment Agency, Oct 2011). Haringey's profile of those in drug treatment reflects this, with the majority entering treatment coming from the most deprived wards. The severity of crack and cocaine use of those entering treatment in Haringey is above the national average (National Drug Treatment Measuring System 2015).

- 6.2. Haringey Council is effective at commissioning treatment services which deliver successful completions; outcomes are bench marked nationally and the Council performs above the national averages and delivers the outcomes in a timely manner.
- 6.3. Peer support is a term used to describe local people with experience of substance misuse reaching out to and helping their own community. It is recognised by the National Institute for Health and Care Excellence (NICE) as an effective element of drug treatment. The current peer led service has been running for 10 years. It was started by a group of black African male residents who had successfully completed treatment for crack cocaine, but recognised a need for an adjunct service run by those who had themselves been through treatment. They also had a strong desire to give something back to Haringey for the help they had received.
- 6.4. The peer support service is commissioned by the Public Health team as part of its responsibilities for health improvement. Commissioning responsibility was transferred from the NHS to Public Health in 2013. As an NHS service it had never been tendered before, a decision was made by Cabinet in 2013 that it should be taken to market and not be subject to a waiver of tendering beyond April 2016.
- 6.5. A service review was completed as part of the procurement process. It explored the merits of the current service and how these could be improved. Focus groups and interviews were held with both existing service users and those not using peer support, with the clinical drug treatment service and key partners within the Council's Community Safety team. The review highlighted the unique nature of the support provided and community assets within the service and these have been captured within the method statement evaluation and the new service specification.
- 6.6. The key elements within the new contract combine what was already working with some key new objectives from the review
 - Increased public and professional awareness around substance misuse particularly non opiates (Crack, Cannabis, Cocaine and New Psychoactive Drugs) - this will be offered to a minimum of 2000 residents

- Increase in penetration of problematic drug users not currently accessing clinical treatment- 40 people will be helped by the service into the clinical service for whom 40% will be new to treatment
 - 1000 attendances of support groups per annum, 70% of attendees will be from black and minority ethnic communities and 24% women
 - 50% reengagement of those who drop out of treatment at the main drug service through follow up home /community visits
 - Daily outreach either targeted with Community Safety partners or general community engagement and a minimum of a monthly night outreach session
 - Support to reduce reoffending for criminal justice clients in the drug service to support the system reaching a target of 40%
 - Friends and families support in their own right through the provision of a support group attended by a minimum of 30 friends or family members
 - Local residents training as accredited peer mentors
 - A service with sexual health outreach services to sex workers
 - To work with lesbian, gay, bisexual and transgender services to offer support to BME LGBT residents.
- 6.7. **The Procurement Process** - A 'Meet the Buyer' event was held on 1st July 2015. This event was intended to communicate and share information with potential providers to help them understand the commissioning intentions and offer opportunities to network and forge partnerships.
- 6.8. The 'Meet the Buyer' event indicated that this is a specialist service and the nature of the market for this type of service is limited. Therefore, the 'Open' tendering process was selected as the most efficient route to market.
- 6.9. The procurement process started with the placing a contract notice in Official Journal of the European Union (OJEU), on Haringey's website, Delta CompeteFor portal. In addition the advert was circulated by Haringey Association of Voluntary and Community Organisations (HAVCO) by email to its membership, approximately 750 contacts representing 500 voluntary and community groups in the Borough.
- 6.10. The Invitation to Tender (ITT) and supporting documents were uploaded on Delta (e-tendering portal) where following a registration process, the potential tenderers can access the tender documents and submit their tenders electronically.
- 6.11. The closing date for submitting tenders was 24th August 2015 and by the deadline one (1) bid was received.

- 6.12. The tender was evaluated using the Most Economical Advantageous Tender (MEAT) with a split of 55% quality and 45 % price. The tender evaluation criteria and weighting were set out in the tender documents and clarified during the tendering process.
- 6.13. Five service users from the Recovery Service were on the evaluation panel having received 2 days training in evaluation as part of the Haringey Recovery Academy.
- 6.14. The table below details total scores for the Tenderer.

Tenderer	Quality Scores (out of 550 points)	Price Scores (out of 450 points)	Total scores (out of 1000 points)	Contract price for 3 years	Contract price for 5 years
BUBIC	450	450	900	£498,489.00	£838,950.00

- 6.15. The Council contacted the organisations that had initially requested information about the procurement, but had not submitted tenders. Two (2) replies were received. One feedback outlined that the launch date for the contract coincided with the launch date for several other London tenders. The second identified that the provider did not have the resources to carry out a tender.
- 6.16. The three year contract value is £498, 489.00 with an option to extend for a further period of up to two years for a value of up to £838,950.00.

7. Contribution to strategic outcomes

- 7.1 The tendering of these services is part of Public Health’s wider commissioning plan and part of the Corporate Plan Priority 2 and Priority 3. Failure to provide these interventions would impact on the Corporate Plan delivery and efficiency savings in the longer term.

8. Comments of the Chief Finance Officer and financial implications

- 8.1. This report details the outcome of an open tender process for the award of contracts to peer support. The report recommends the award of new contracts for an initial term of three years with an option to extend for a period or periods of up to a further two years.
- 8.2. The total value of the four contracts proposed over the initial three year period is £498,489.00. Funding from the Public Health grant has been identified to commission this service which is within the 3 year budget plan.

9. Head of Procurement Comments

- 9.1. The recommendation is compliant with the Procurement Code of Practice

- 9.2. Although only 1 bid was received it was part of a competitive process within which no bidder is aware of the number of competitors they are bidding against.
- 9.3. The contract documentation will include the performance specification to be used for monitoring and evaluating the performance of the service providers and to demonstrate that the Council's priorities are being achieved in accordance with the Corporate Plan.

10. Comments of the Assistant Director of Corporate Governance and legal implications

- 10.1. The report relates to services which are subject to the new Light Touch Regime under the Public Contract Regulations 2015. As such they are required to be advertised in the Official Journal of the European Union (OJEU) although there is greater flexibility in the tender procedure followed than under the standard EU tender regime.
- 10.2. The Council followed an open tender process in accordance with CSO 9.01 (a).
- 10.3. The Council now wishes to award the contract to the provider identified in paragraph 3.1 of this report.
- 10.4. Cabinet has power to approve the award under CSO 9.06.1 (d) (contracts of £500,000 or more).
- 10.5. The award is a Key Decision and has therefore been included in the Forward Plan in accordance with CSO 3.01 (d).
- 10.6. The Assistant Director of Corporate Governance confirms that there are no legal reasons preventing Members from approving the recommendations in paragraph 3.1 of the report.

11. Equalities and Community Cohesion Comments

- 11.1. The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
 - advance equality of opportunity between people who share those protected characteristics and people who do not;
 - foster good relations between people who share those characteristics and people who do not.
- 11.2. The peer support contract has been developed to address health inequalities as identified through the Joint Strategic Needs Assessment. Previously the peer support model was used to address the gap in service for black African men and had shown itself to also meet the needs of many groups not accessing a service. Within the new contract the service will pick up feedback

from the focus groups and aim to maximise access to women, explore outreach to BME lesbian gay bisexual and transgender residents who are not accessing treatment services and provide out of hours help line and services over the public holidays. The EQiA also identifies older drug users having specific needs and that this service will be expected to further identify and address. These services should therefore have a positive impact for those with the protected characteristics.

- 11.3. The contract for award is for an existing service. Tenderers have had to meet equalities requirements and the equalities policies of tenderers have been evaluated as part of the tendering process.

12. Local Government (Access to Information) Act 1985

- 12.1. This report contains exempt and non exempt information. Exempt information is contained in the exempt report and is not for publication. The exempt information is under the following categories: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)):

(3) Information in relation to financial or the business affairs of any particular person (including the authority holding that information).

13. Use of Appendices

- 13.1. Appendix I: EQIA