CABINET MEMBER SIGNING

Monday, 10th October, 2022, 1.30 pm

Members: Councillor Lucia das Neves – Cabinet Member for Health, Social Care, and Wellbeing

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

3. REQUEST FOR APPROVAL OF CONTRACT VARIATION AND EXTENSION OF THE CONTRACT TO BARNET ENFIELD AND HARINGEY MENTAL HEALTH TRUST (PAGES 1 - 10)

Fiona Rae, Acting Committees Manager
Tel – 020 8489 3541
Email: fiona.rae@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Thursday, 29 September 2022

 Agenda Item 3

Report for: Cabinet Member Signing – 10 October 2022

Title: Request for Approval of Contract Variation and Extension of the Contract with Barnet Enfield and Haringey Mental Health Trust

Report authorised by: Will Maimaris, Director of Public Health

Lead Officer: Sarah Hart, Public Health Senior Commissioner – Substance Misuse, Sexual Health, Health Improvement, 020 8489 1480, sarah.hart@haringey.gov.uk

Ward(s) affected: All

Report for Key/ Non-Key Decision: Key Decision

1. Describe the issue under consideration

1.1. The Council has accepted an indicative budget for a Rough Sleeping Drug and Alcohol (RSDA) grant, for the years 2022/23 and 23/24. The indicative total value of the grant will be £1,184,613.

1.2. **Variation of Contract** – the rough sleeping drug and alcohol grant is to support improvements in existing substance misuse treatment and recovery services. Barnet, Enfield and Haringey Mental Health Trust (BEH) is best placed to deliver the new grant services as a variation of their main substance misuse contract - Integrated adult substance Misuse treatment and recovery services lot one.

1.3. **Extension of Contract** - The BEH adult substance Misuse treatment and recovery services, lot one (specialist drug service) contract was approved by Cabinet in 2018 for a period of four years from 1 February 2019 with 2, two-year extension provisions and ends on 31 January 2023. Contract delivery is satisfactory and so it is most efficient to use the contract extension options to extend the contract at the same time as requesting a contract variation.

2. Cabinet Member Introduction

Not applicable.

3. Recommendations

The Cabinet Member is recommended:

3.1. In accordance with Contract Standing Orders 16.02 and 10.02.1 (b), to agree to use the Rough Sleeping Drug and Alcohol (RSDA) grant (outlined at 1.1 of the report) to vary the existing contract with Barnet Enfield and Haringey Mental Health Trust for Integrated Adult Substance Misuse Treatment and Recovery Services lot one (specialist drug service) from 1 July 2022 until 31 March 2024.

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3.2. In accordance with Contract Standing Orders 16.02 and 10.02.1 (b), to agree the contract extension of the Barnet Enfield and Haringey Mental Health Trust Integrated Adult Substance Misuse Treatment and Recovery Services lot one, for two years from 1 February 2023 until 31 January 2025. To note that the total value of the extension is £4,592,898.

4. Reasons for decision

4.1. **Variation of contract with BEH** – BEH is the named provider in the grant award, a change of provider is not within the grant agreement and would therefore require a re- submission of the bid to the Office of Health Improvement and Disparities (OHID).

4.2. A Change of provider would cause significant inconvenience and substantial duplication of costs to the local authority. In 2021 BEH set up what are the rough sleeping grant drug services. The start-up was highly technical and costly because of the policies, information sharing procedures, and relationships that needed to be in place for treatment organisations to be able to work with homeless providers, which includes hostels, day centres, health services.

4.3. If the Council chose to enter a procurement process for these services, this would stall service delivery. This would unavoidably reflect on the quality of services the Haringey residents currently receive. It could also lead to failure to meet the terms of the grant agreement.

4.4. **Back dating** – We are asking for the decision maker to allow for the variation of funding to BEH to be backdated to July 2022. The reason for this is that Haringey's bid for 2022/23 included costs from 1st July 2022. This was accepted by OHID, but not in time for the request award of contracts by July 2022.

4.5. **Variation** – Variation of the main contract for Adult Substance Misuse treatment and recovery services, is permitted by Contract Standing Orders.

4.6. **Extension of main contract** - After an open tender process in October 2018 Cabinet awarded a contract to BEH for Integrated Adult Substance Misuse treatment and recovery services – lot one. The award was for a period of four years from 1 February 2019, with an option to extend for two further periods of 2 years with a total value of £18,371,592 (for 8 years). The initial term of the contract expires on 31st January 2023. The contract is performing satisfactorily, and it would not be in the Council or residents' interest to go out to the market at this stage for a new provider.

5. Alternative options considered

5.1. The Cabinet Member could choose not to apply the grant to the BEH contract and go to market for the Rough Sleeping project; however, it is agreed that BEH is the only viable provider and as co-designers of the bid and existing provider, best placed to ensure services are delivered well.

5.2. The Cabinet Member could choose not to vary the existing contract, however setting up a separate contract would create duplication and avoidable administration costs.

5.3. The Cabinet Member could decide not to allow backdating of the contract, however the grant to BEH has been agreed by OHID to be paid from 1st July, so it is included within the grant.

5.4. The Cabinet Member could decide that the main BEH contract should not be extended. As the existing service is delivering well, going through the disruption of a tender process is not in the interests of residents

6. Background information

6.1. In response to the COVID-19 pandemic, the Minister for Local Government and Homelessness (Luke Hall MP) called on local authorities to assist in ensuring that all those sleeping rough or at risk of doing so, were accommodated. In response to 'Everybody In' the Council placed over 500 people into emergency accommodation. It is estimated that around 70% of those with a history of rough sleeping will have a substance misuse issue. People experiencing homelessness are among the most vulnerable and isolated in our society, with the poorest health outcomes. They often struggle to engage in mainstream services which they find too inflexible.

6.2. In 2020 Haringey was chosen as a phase one area for a new grant to improve access to treatment for those with substance misuse needs, who have a history of rough sleeping. Although the grant was only for one year, a further two years were expected, subject to Government agreement.

6.3. **Participation** - The Public Health senior commissioner in response to the OHID grant application announcement, undertook several participation activities to design a new substance misuse service for those with a history of rough sleeping. Design meetings were held with the Supported Housing team, substance misuse service managers and those with lived experience. A survey was also undertaken with homeless staff and people with lived experience, see box 1 below.

1. **Staff and service users were asked about the referral process, their response was as follows**

   Clients who present with more complex challenging behaviour;

   Referral process is overly formal, takes a long time;

   Communication and response times require attention;

   The referral process is good; however, it will be good to have a dedicated team to work with clients with complex needs.

2. **Staff and service users were asked about what would reduce the number of those with a history of homelessness dropping out of drug/alcohol treatment.**

   The most comment response was that *homeless people find it difficult to attend substance misuse services for fixed appointment times*. Followed by services should be delivered from *places where homeless people are used to visiting. We need to have access to rapid prescribing.*

   - There were also reports of misconceptions and prejudice from substance misuse staff and services towards homeless individuals.
   - Communication appeared to be very poor - *services very rarely answer the phone, and overall do not do a good job of*

Box 1 – findings of the survey

6.4. From the co design work a theory of change, grant application and project plan were developed. The original model agreed was made up of a team of workers led by BEH. The team's work is based on the theory of change principle of being flexible and based where homeless people are most comfortable to engage, including the street, hostels, and Mulberry Junction. The outcomes of the service were agreed as follows:

- Access to treatment - A team of psychologically informed specialist workers, provide rapid access services in the community where and when people experiencing rough sleeping are best engaged. Peer mentors support people to navigate treatment and housing pathways.
- Sustained engagement - Trauma informed holistic system of 1:1 and groups ensure people feel safer to address their substance misuse. If it is not the right time for treatment, then recovery activities, BUBIC's Phase 1 programme or harm reduction at HAGA is facilitated by Peer workers.
- Successful completion, outcomes measurement is balanced between harm reduction and abstinence principles and people's own definitions of success.

- Stable accommodation - Every person has an integrated substance misuse and housing care/support plan. The team is involved in incident and risk management planning in emergency/supported housing, with the view to preventing evictions.
- Dual diagnosis - Bridges between mental health and substance misuse services are strengthened by the emerging multi-discplinary team (MDT) approach between our new Rough Sleeping Mental Health Service, Street Outreach Team and Council delivered services. This leads to shorter waiting
  times, rapid multidisciplinary assessment, improved risk, and safeguarding r esponses.
- GP registration - All those with a history of rough sleeping are supported to register with a GP.
- General health care - Complex health needs are addressed via a GP with a special interest (GPSI) working with primary and secondary care and the homeless GP's.
- Access to inpatient - The team are reworking the inpatient pathway to account for the pace, needs and goals of people who have been rough sleeping.

6.5 Monitoring and outcomes of year 1. The service is overseen by an operational group reporting to a quarterly multi partnership Substance Misuse Rough Sleepers Steering group, which includes people with lived experience. The table below shows the monitoring outcomes for year 1.

Referrals and engagement - in the last 12 months 93 complete referrals were made and followed up. This performance is good as the service only became operational in September/October 2021, then in the spring 2022 a member of staff left. Haringey now has a full team, and this is reflected in referrals increasing last quarter. We are confident we will reach our OHID targets set for October 2022.

56% of males have engaged compared to 36% of females. The highest numbers of referrals are in the "Other White" and "White British" groups, with around 55 - 60% engaging in treatment. This reflects identified need and the success relates to having an Eastern European worker. Also, to note that 17 engagements were Afro Caribbean, a very hidden homeless group, for whom we plan more work. 63% of whom have engaged, which is likely to be linked to the BUBIC peers being Afro-Caribbean.

There is little difference in engagement between alcohol and drug users. However, although numbers are small, it appears that engagement rates of Primary Cocaine and Cannabis users are low.

Completions – 71% of discharged were unsuccessful. Key issues are eviction from accommodation and custody.

Successes and challenges **-** The aim is to make the new substance misuse rough sleeper team be a virtual part of homeless services and the Haringey Health Integrated team (HHIT). This has been achieved, there are frequent joint outreach visits and clients with complex needs are discussed at a multi-agency team meeting. It has been challenging to set up information sharing protocols between substance misuse and homeless services to support better integration, but this is now nearly complete.

Training **–** substance misuse and homeless workers have been training each other, to better understand roles and cultures and for homeless workers to be more knowledgeable about drugs.

Naloxone and needle exchange – the team has been supporting hostel workers to be able to give overdose prevention help (naloxone) and needle exchange. Both were visibly being used on the substance misuse commissioners' visits to hostels.

Motivation – there have been some very successful client journeys, people who no one ever thought would make it to treatment, completing detox and rehab and moving on to re settlement. This is creating an environment of ambition around substance misuse rather than acceptance of ongoing use.

Pace – In our proposal we were clear that the service needed to work at the pace of the individual as not everyone will be ready for treatment straight away. Our model has really been able to tap into this, with the regular visits to hostels by the peer workers and lots of opportunities to sit and talk through options with the substance misuse key worker. Case studies show that once relationships are built, people with a history of rough sleeping will engage with harm reduction and treatment.

6.6. **Additional funding for year two and three**. During the first-year Haringey homeless substance misuse peer mentors and key workers have been able to gather more information about unmet need. Once again, we did some service re design and submitted a new bid to OHID for further funding. Below are the additional services;

- Outreach prescribing – the team will now have a prescriber who can initiate opiate substitute therapy (OST) in the community. Currently clients need to attend the drug service for this, and they often do not or have disabilities that make this very hard. We know going to a male dominated drug service is one of the barriers for women.
- Psychology – we are going to be able to increase psychology input to this group of clients. We know that the levels of trauma are extremely high in these residents. We hope that this may be something to help with better engagement of women.
- Complex health nurse –who will help management of safeguarding and complex health needs.

6.7. **Contract extension** – BEH are the service provider for the drug treatment service The Grove. The contract for the service was awarded in January 2019. The new service was taking shape when the Covid 19 pandemic and subsequent

lock downs came. The service stayed open throughout the pandemic. Staff found ways to work both virtually and face to face with clients. New clients were seen, and existing clients supported. Prior to the pandemic there were 1,185 residents in treatment for drug problems, this remained steady during the lock down years and has been gradually rising with currently 1,200. Similarly, completions took a reduction during the tendering process and remained steady during the pandemic. The Grove has a very active co production group which helps to innovate and improve services.

7. Contribution to strategic outcomes

The service fulfils three crosscutting commitments of the Haringey Labour Manifesto:

1. Tackling inequalities and poverty - making services equitable and easily accessible for all Haringey residents.
2. Living Well Approach - locally delivered services.
3. Protecting our residents - Improved community safety for all ages.

8. **Statutory Officers comments**

8.1 Finance

8.1.1 The proposal is to exercise the first option of a 2-year extension to the current contract with Barnet, Enfield, and Haringey Mental Health Trust (BEHT) for the provision of integrated adult substance misuse treatment and recovery services. The period covered by this extension is 1/2/23 to 31/1/25.

8.1.2 Funding is in place to meet the costs of this extension.

8.1.3 The proposed contract variation is to bring the wrap around and treatment services which are also provided by BEH into this contract for monitoring and reporting purposes. Funding for the wrap around and treatment services has already been secured from the Rough Sleeping Drug and Alcohol treatment grant, hence the variation will not have a financial impact on this contract.

8.2. **Procurement**

8.2.1. The services, within substance misuse treatment and recovery fall within the remit of Schedule 3 of the Public Contracts Regulations 2015 (the Regulations). The contract with Barnet Enfield and Haringey Mental Health Trust (BEH) was duly tendered and awarded in line with the Regulations in 2018

8.2.2. A change in a contract post award usually necessitates a new tender process. However, under Regulation 72. (1) (a) modification of contract is allowed if it was part of the original award. The contract with BEH was let with provision for two, two- year extensions, one of which is currently requested in line with Contract Standing Orders 16.02 and 10.02.1b. The Contractor is providing a satisfactory service that meets contractual outcomes it would not be beneficial for the Council or service users to expend unnecessary resources going out to tender and disrupting service provision.

8.2.3. Moreover, Regulation 72 (1) (b) permits additional services without the need for a retender, if a change of contractor cannot be made for economic or technical reasons provided the cost is not more than 50% of the original award. The value of the requested variation at 6% of the original award value is well within the prescribed limit. Additionally, the grant was contingent on the monies being awarded to BEH who were partners in the grant application and technically could not be awarded to another supplier via a tender process. Further, should a change of supplier be permitted it would have meant duplication of cost and administrative resources as well as significant service disruption.

8.2.4. The request for this contract variation is also in line with CSOs 16.02 and 10.02.1b

8.3 Legal

8.3.1 The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of the report.

8.3.2 Pursuant to CSO 16.02 and CSO 10.02.1b the Cabinet Member has authority to approve the recommendations in the report.

8.3.3 The Head of Legal and Governance (Monitoring Officer) sees no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendation in the report.

8.4 Equality

8.4.1 The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not

8.2.5. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

8.2.6. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

8.2.7. This report relates to the receipt of a grant to residents who are homeless with substance misuse issues. The service provides support to vulnerable people, including those with protected characteristics.

8.2.8. Substance misuse is highly stigmatised and so it is to be expected that adults, with a history of homelessness with protective characteristics may face additional

challenges in seeking help. This is explored within the needs assessments, equity audits and service design. Having people with lived experience co deliver services and monitor service will further expand equity. Data from these projects will include all protective characteristics.

9. Use of Appendices

9.2. None

10. Local Government (Access to Information) Act 1985

10.2. Not Applicable

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