

Report for: Cabinet 13th July 2021

Title: To award a new contract for the Children, Young People and Families Drug and Alcohol Service

Report

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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 seeks agreement from Cabinet to award a new contract for the Children, Young People and Families Drug and Alcohol Service as allowed under Contract Standing Order (CSO) 9.07.1 (d).
- 1.2 It is proposed that the contract will commence on 1st December 2021 for a period of 4 years with the option to extend for a further 3 years.

2. Cabinet Member Introduction

- 2.1 The Council recognises that most young people in Haringey live lives free of substance misuse. Where a child or young person develops a problem, it is important that they and their family have access to specialist support. Equally as important is helping children and significant others when a parent is misusing substances, this is because we now understand the lifetime effects that parental substance misuse can have on the physical and mental wellbeing of children.
- 2.2 Where substance misuse is impacting a family, it is the Council's responsibility to commission services to support need. Ideally, we want to reach families early through our universal provision. Within the new service the universal offer will include substance misuse training of those working with children and families, in-reach to schools, children's centres and other early help settings and a very strong social media and digital offer. The risk of substance misuse is not equal across our community, so it is important we have targeted services. The new service will be aligned to the 'Youth at Risk' strategy, reaching out to children, young people and their parents where their risk of engaging with substance misuse is high. Finally, where substance misuse requires treatment, the new service will offer evidence-based treatment and recovery interventions.

2.3 Families where there is a substance misuse issue face a great deal of stigma, it is not easy for them to reach out for help. I am therefore pleased to see the level of co-production that has gone into designing the new service and commend the young people from our Youth Advisory Board (YAB) for the time they gave to designing and scoring tender questions. The voice of children, young people and families will continue to play a significant role in the delivery of the new service.

2.4 I therefore support the proposed award of contract to the successful bidder.

3. Recommendations

3.1 For Cabinet to agree to award the contract for the provision of Children, Young People and Families Drug and Alcohol Services to the successful bidder as outlined in the exempt part of this report.

3.2 The contract will be for a period of 4 years from 1st December 2021 to 30th November 2025, with option to extend for a further period of 3 years.

3.3 The value of the contract for the initial 4 years is £1,264,541.00; the total value over the life of the contract is £2,212,911.00.

4. Reasons for decision

4.1 The current contract expires on 30th November 2021. The contract was due to expire on 31st March 2021 and a tender process was planned to start in Spring 2020 however, this was put on hold due to the disruption caused by the pandemic. The extension until 30th November 2021 was agreed by Cabinet.

4.2 An open tender process was undertaken. It is proposed to award the contract to the winning bidder which was selected based on the quality of the service being offered and the delivery price as set out within the invitation to tender documents. The Council is satisfied that the successful tender represents value for money.

5. Alternative options considered

5.1 Do nothing

The Council is not mandated to commission this service and so it could decide to no longer commission this service for its residents. However, there is high demand for this service and no alternative project /programme. Both a Care Quality Commission report and a review by Haringey Healthwatch concluded that this service is highly valued by children, young people and families.

5.2 In-house provision

A report was presented to the Insourcing Board to ensure the Council had considered the insourcing of this service. It was agreed that due to nature of this service it was better delivered by a specialist substance misuse provider.

6. Background information

- 6.1 *Why the service is needed* – Illegal drug use causes harm to children both directly through their own use and indirectly through adult consumption. The council is fully aware that young people and children have been pulled into drugs supply on an alarming scale, especially at the most violent end of the market. There are strong associations between young people being drawn into county lines and increases in child poverty, the numbers of children in care and school exclusions. Social media has played a facilitating role in this. Though legal, alcohol misuse is by far the greatest parental substance misuse hazard for children and young people and rarely does parental alcohol misuse not co-exist with other risks including mental ill health, parental conflict, or domestic violence. All substance misuse is now recognised as an adverse childhood experience (ACE).
- 6.2 Haringey now has excellent services for children, young people and families affected by substance misuse. We have innovated our services over the last two years as part of a group of nine areas in the country awarded an Innovations Fund for children affected by parental alcohol use. What we now deliver is a 'Whole Family Approach' to substance misuse. So, although we simplify the service into elements around young people's substance misuse or parental substance misuse, the service always addresses the needs of the whole family and the context that a child is living within. The service is strongly linked into contextual safeguarding.
- 6.3 From the perspective of the young people who misuse substances the service continues to be needed at all three levels of engagement, universal, targeted and treatment. Annually around 700 young people receive universal advice and information from the service. This last year has seen a rapid rise in use of online advice. Our new service recognises the importance of social media in children's lives and through having a dedicated social media role, expects to extend the universal offer to reach around 15,000 per year. Social media is an exciting development; however, our children and young people tell us that they continue to want guidance from trusted adults, especially schools. Since the introduction of mandatory Health Education in 2020, schools are expected to ensure pupils learn, *"the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking."* The new service will provide support to schools with teacher training, advice, and direct work with pupils.
- 6.4 Problems with cannabis use is by far the greatest issue for young people coming into the existing service; cannabis (96%) and or alcohol (29%)ⁱ. This is reflective of national trends. Targeted work continues to be important because problematic substance misuse is often linked to other behaviours underlined by trauma. These include engagement in crime, exclusion from school and mental health issues. Data from the Haringey youth justice service shows that 63% of the young people presented with a substance misuse need, this was higher in young black men 71% and those of mixed heritage 88%. Data from the existing children and

young people's substance misuse services shows 22% of the referrals identified a mental health issue alongside substance misuse and 9% of young people referred were not in education training or employment. For those in the service 24% were white British.

- 6.5 Hidden harm is the recognition of the impact of parental substance misuse on children. Children face particular problems, as well as being caught up in the chaotic domestic circumstances that often surround problem drug or alcohol use in the family, they may also be affected by poverty, poor housing conditions, low academic achievement and criminal activity. In Haringey in 2019/20 there were an estimated 355 opiate using and 552 alcohol, dependent parents with children living with them (PHE 2020). Reflective of national trends, 58% of opiate using and 85% of alcohol dependent parents were not in treatment. In the last two years our new offer to alcohol dependent has supported over 150 families.
- 6.6 The ambition of the re-procurement of the service was to clearly identify any unmet need and to articulate the voice of those using the service and those who refer into the service. In the development of the specification, we undertook an equality review, looking at who was using the service matched against need and what their outcomes were. We benchmarked the service against other services to look for better models of delivery. To ensure our review was independent we commissioned Haringey Healthwatch to interview young people, service users, and referring professionals. A draft specification was reviewed by colleagues in the council's Children and Young People's Service and Community Safety Team, who were also part of tender scoring.
- 6.7 We followed good practice in commissioning by ensuring there were opportunities for youth involvement and co-production. In collaboration with Haringey's Youth Advisory Board (YAB) we recruited three young people to write a method statement question, for which they received independent training and support. The young people then scored the responses and attended the consensus meeting to discuss their scores.
- 6.7 Within the process we also wanted to ensure that the service was reflective of the diversity of Haringey and recognise the increase risks of substance misuse harm to those with protective characteristics. Within each method statement question the bidders were expected to demonstrate competence in diversity and equality.

7. Procurement Process

- 7.1 The services provided under this contract are considered Health and Social Care services and are therefore subject to Light Touch Regime under the Public Contract Regulations 2015. An open tender process was carried out in accordance with the Regulations and the Council's Contract Standing Orders.

- 7.4 A market engagement event was held on 11th February 2021, to engage with the market and provide information about the Council's commissioning intentions and procurement process.
- 7.5 The Contract Notice was published using Find A Tender Service (FTS) and Contracts Finder websites. The Invitation to tender and supporting documents were published via the Council's e-tendering portal (HCPS).
- 7.6 13 companies registered their interest on the portal and accessed the tender documents, a number of clarifications were raised during the tender process. 3 companies declined to submit tenders citing insufficient resources to prepare quality proposals and inability to submit a competitive tender. By the closing deadline of 14th April 2021, 4 tenders were submitted.
- 7.7 The submitted tenders were checked for completeness and compliance with minimum requirements prior to full evaluation. Tenders were evaluated on the basis of the Most Economically Advantageous Tender (MEAT) methodology with a split of 30% price and 70% quality. The quality component comprised 65% method statements and 5% presentation.
- 7.8 Tenders were evaluated by a panel comprising of officers from various teams including Public Health, Community Safety and Children Services as well as young people from the Youth Advisory Board. The table below details the scores obtained by each bidder. Further information about the tender evaluation is contained in Part B (exempt part) of the report.

Tenderer	Method statement Scores (out of 650 points)	Presentation Scores (out of 50 points)	Price Scores (out of 300 points)	Total scores (out of 1000 points)
Successful Bidder A	632	50	300	982
Bidder B	466	40	296	802
Bidder C	462	30	299	791
Bidder D	292	20	297	609

7.9 Transition arrangements and contract management

- 7.9.1 The contract is scheduled to start on 1st December 2021.

7.9.2 The Public Health Team will monitor the performance of the contract on a quarterly basis. Key performance indicators are included within the service specification.

8. Contribution to strategic outcomes

This service is linked to the Borough Plan, in particular Priority 2: People, Outcome 5: Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks and communities; *Objective (C) 'Children and young people will be physically and mentally healthy and well'* and Outcome 7: All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities; *Objective (A) 'Healthy life expectancy will increase across the borough, improving outcomes for all communities'*.

9. Statutory Officers comments

9.1 Finance Comments

9.1.2 The new contract to be awarded to the successful bidder is for 4 years starting from 1st December 2021 to 31st November 2025 with options to extend for further 3 years. The contract costs for 4 years is estimated at £1,264,541 and with 3 year's extension is estimated at £2,212,911.

9.1.3 The funding for the entire contract is from the ringfenced Public Health grant. The funding will be from the grant allocations for the respective financial years for the term of the contract.

9.1.4 The cost of the full term of the contract, detailed by financial year is shown below.

Financial Year	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	Total
4-yr contract	104,813	316,052	316,677	315,903	211,095				1,264,541
3-yr extension					104,694	316,552	316,997	210,127	948,370
Total for FY	104,813	316,052	316,677	315,903	315,789	316,552	316,997	210,127	2,212,911
Current Contract	190,000								
Total cost 2020/21	294,813								
PH Budget Allocation	285,000								

Shortfall	9,813

- 9.1.5 The contract represents a £31,000 increase on the previous contract and results in £9,800 increase on the budget allocation for the 2021/22 financial year. This increase will be managed within the Public Health Grant budget. For future years, the budget allocation from the grant will need to be adjusted to reflect the revised contract cost.

9.2 Procurement

- 9.2.1 The service to which this report relates is within the remit of Schedule 3 of the Public Contracts Regulations 2015 ("The Regulations") as such the requisite contract notice was published on appropriate platforms and a prescribed process outlined.

- 9.2.2 An open tender process was carried out by Strategic Procurement in conjunction with Commissioning, in line with requirements of the Regulations, Contract Standing Orders and the Procurement Code of Practice.

- 9.2.3 The recommended Provider supplied the most economically advantageous bid, outlined at 7 above and is, therefore supported.

- 9.2.3 The contract price represents best value for the Council and returned a cost efficiency of some £27,089 on projected budget.

- 9.2.4 The contract will be monitored during its lifetime on key performance indicators as defined by the specification to ensure service delivery and service users outcomes are met.

9.3 Legal

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

- 9.3.2 The contract which this report relates to has been procured in accordance with the Public Contracts Regulations 2015. Pursuant to Contract Standing Order 9.07.1(d) Cabinet has authority to award the contract.

- 9.3.3 The Head of Legal and Governance (Monitoring Officer) sees no legal reasons preventing Cabinet from approving the recommendations in the report.

9.4 Equality

- 9.4.1 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.
- 9.4.2 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.
- 9.4.3 The proposed decision is to award of the new contract for the Children, Young People and Families Drug and Alcohol Service. The aim of this contract is to continue to reduce harm to children, young people and families caused by substance misuse. The main protected groups to be affected by the decision are therefore children and young people among whom women are overrepresented. The data presented above shows that substance misuse can occur in conjunction with mental health (disability) and low income or economic exclusion, and evidence from the youth justice service suggests some ethnic groups are overrepresented in presenting with a substance misuse need. The service acknowledges the need to address these interconnected issues affecting individuals with protected characteristics in order to be effective.
- 9.4.4 We know that due to COVID-19 and the lockdown, rising unemployment and reduced opportunities caused by the pandemic are likely to disproportionately affect the people most vulnerable to substance misuse. Therefore, this service will work to reduce health inequalities and target those populations in most need.
- 9.4.5 As an organisation carrying out a public function on behalf of a public body, The Provider is obliged to have due regard for the aims of the Public Sector Equality Duty. They will also collect and report monthly on demographic data, including all protected characteristics to PHE. Contract management arrangements will be established to review the data and ensure that the delivery of the service does not result in any preventable or disproportionate inequality and to identify any gaps in provision.
- 9.4.6 Further, to ensure the service was reflective of the diversity of Haringey and recognise the increased risks of substance misuse harm to those with protective characteristics, for each method statement question in the procurement process bidders were expected to demonstrate competence in diversity and equality.

10. Use of Appendices

Appendix1-Report B Exempt Report

11. Local Government (Access to Information) Act 1985
Not applicable

ⁱ Quarter 4 2017/18 NDTMS