

Report for: Cabinet Member for Health, Social Care and Wellbeing

Item number: Not Applicable

Title: **Request for approval to implement the extension allowed within the terms of the contract for the provision of integrated adult substance misuse treatment and recovery services for all three lots.**

Report authorised by: Will Maimaris – Director of Public Health

Lead Officer: Sarah Hart - Public Health Senior Commissioner – Substance Misuse, Sexual Health, Health Improvement
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Ward(s) affected: All

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

1. Describe the issue under consideration.

- 1.1. The contracts for the provision of integrated adult substance misuse treatment and recovery services across all three lots (Lot 1: Specialist Drug Treatment Service, Lot 2: Specialist Alcohol Treatment Service, and Lot 3: Drug and Alcohol Recovery Service), were awarded for an initial period of four years, with the option to extend for additional periods of up to two years, followed by a further extension of up to two years.
- 1.2. This report seeks Cabinet Member for Health, Social Care & Wellbeing's approval to implement the final extension allowed within the terms of the contract for the provision of integrated adult substance misuse treatment and recovery services, for lot 1, 2 and 3.

2. Cabinet Member Introduction

- 2.1. Not applicable

3. Recommendations

- 3.1. For the Cabinet Member for Health, Social Care and Well-being to approve extension of the contracts for the provision of integrated adult substance misuse treatment and recovery services across all 3 service lots, as listed below, for a period of two years commencing on 1st February 2025:
- The Lot 1 Specialist Drug Treatment Service is provided by Barnet Enfield and Haringey Mental Health Trust and the estimated cost of the service for duration of extension period will be £4,592,898.00. The aggregated value of the contract will be £19,662,024 including proposed extension.

- The Lot 2 Specialist Alcohol Treatment Service and Lot 3 Drug and Alcohol Recovery Service are both delivered by Humankind Charity. The estimated costs for the extension period will be £1,799,814.56 for Lot 2 and £1,025,582.78 for Lot 3, respectively. Aggregated value of the contract for Lot 2 will be £8,146,631 and Lot 3 will be £4,064,933 including proposed extension.

The above extension is in accordance with the terms outlined in the existing contracts and is permitted under Contract Standing Orders (CSO) 16.02 and 10.02.1(b).

4. **Reasons for decision**

- 4.1. In October 2018, following an open tender process, Cabinet awarded contracts for Integrated Adult Substance Misuse treatment and recovery in three lots. The contracts were awarded for four years, with an option to extend for two further periods of 2 years (total 8 years). These contracts have reached year 6, they can therefore within the terms of the original contract be extended for a further period of 2 years. The grant funding for these contracts is available, local need remains high, and the contracts are performing well for our residents. By extending the contracts the Council will continue to receive good value for money, as the service providers offered competitive prices when they tendered, and the price of the contract remains at 2018 prices. It is therefore not in our residents or the Council's interest to go out to the market for a new provider at this stage.

5. **Alternative options considered.**

- 5.1. **Do nothing** – the Council could decide not to extend the current service contracts. There are good reasons as to why this is not advisable. Haringey council is responsible for commissioning drug and alcohol services for its residents. Funding for these services is ring fenced within the public health grant and a condition of receiving the grant. Drug and alcohol treatment needs are high in Haringey. It is not only those with an addiction problem that benefit from access to effective treatment, illegal drug use fuels crime and both drug and alcohol use can create antisocial behaviour and disturbance to residents, making the borough feel unsafe. Families' wellbeing and especially children's, can be damaged by other members problematic use of substances.
- 5.2. **Tendering process** – The Council could decide that the contracts should go to market. However, this was rejected for the following reasons. The existing service providers deliver well against key performance indicators and have exceeded Government targets. They have a stable workforce and work effectively with residents to shape the service to meet emerging need, evidenced through CQC reviews. There is a possibility that if the council went to market currently, there could be significant inflationary costs related to staffing. This is due to the Government substantially increasing grant funding for substance misuse services to all local authorities, without warning for the market to develop an appropriate workforce. Extending the contracts will synchronise retendering with the Government's Comprehensive Spending Review, meaning any ongoing additional grant funding to Haringey council,

can be consolidated into a service redesign to maximise delivery value to residents.

6. **Background information**

- 6.1. Haringey has an ongoing need for substance misuse treatment services, the latest estimates from the Office of Health Improvement and Disparities (OHID) 2019/20 suggest Haringey has 3,869 residents who use opiates and or crack cocaine and 3,147 with dependent alcohol consumption.
- 6.2. It remains the responsibility of the Public Health directorate within the Council to ensure that effective services are commissioned to address the treatment needs of residents with substance misuse issues. The commissioned services are:
 - Lot 1 Grove drug service run by BEH,
 - Lot 2 HAGA alcohol service run by Humankind charity.
 - Lot 3 Haringey recovery service run by Humankind charity.
- 6.3. These 3 services form Haringey's core treatment services; they are supported by a peer led service called Bringing Unity Back into the Community (BUBIC). All substance misuse services are funded from the Council's Public Health Grant.
- 6.4. Annually the Council agrees performance targets for these services with the Office of Health Improvement and Disparities (OHID). The April 2024/25 target for residents in treatment is 1803. At the end of quarter 2 Haringey has already surpassed this with 1811 residents in treatment, a 17% growth from the 2023 baseline.
- 6.5. The Grove drug service has seen an increase in opiate users coming into treatment via its co-location with Mulberry Junction and collaboration with criminal justice services. Currently there is a synthetic opioid crisis in the UK, where synthetic heroin is extremely potent and opiate users are at substantial risk of fatal overdose. It therefore remains important to have opiate users in treatment services where we can offer harm reduction and treatment programs. The Grove's numbers in treatment have also increased due to the success of the new non opiate service which has this year seen a 30% increase (n=333) in residents receiving support. This is a specialist team, who have satellites in the west of Haringey. Residents experiencing problems with substance such as cannabis, cocaine, ketamine, and prescription drugs are reached through partnership with GPs, mental health services, hospitals and through promotion of a new digital offer.
- 6.6. In line with our resident's preference, Haringey has a standalone alcohol service, and this is HAGA. The HAGA service had a highly successful Care Quality Commission (CQC) inspection in 2023 which rated the service as GOOD and the areas of **responsive** and **well led** were rated as OUTSTANDING. HAGA is going to meet its annual target of 475 primary alcohol users in treatment.

- 6.7. Recovery from addiction is more than just clinical treatment and so Haringey Recovery Service (HRS) plays an important part in relapse prevention and social reintegration. In 2023/24 1500 residents received a service from HRS. This includes self-help groups, social activities, counselling, relapse prevention, welfare rights and employment support. 160 residents attended our recent Recovery Pride event celebrating those in recovery from addiction.
- 6.8. Seventy-two percent of those accessing treatment are men, this is reflective of addiction being more prevalent in men. Because treatment can seem a very male environment attention is given to ensure women can access the services. Haringey women tell us they prefer women only sessions and so these are provided by all services. All staff are trained to address the types of traumas affecting women who misuse substances. There are strong alliances with other services like domestic violence and sexual health. Co production with women to shape and deliver programs within substance misuse services, helps to ensure that women continue to access services and the sense of empowerment co production creates is an essential element of recovery. This year our women designed and led our first International Women's Day event, inviting all the women from Haringey to join them in discussing issues that affect women and celebrating women.
- 6.9. Little is known about population levels of addiction for those with other protective characteristics, but we should expect that treatment services are reflective of Haringey's general population. However, getting help for an addiction more difficult. In 2024 38% of those in treatment were white British, 24% white other, 9% Caribbean, 7% African 3% other Black, 1% Indian, Pakistani, and Bangladeshi and 2% other Asian. Our workforce is broadly reflective of our resident population and speak sixteen languages. Asking about religious beliefs is a mandated part of assessment and treatment planning and data shows a wide range of religious practice. Cultural competence is a core part of learning and development, and most notable events and religious festivals are celebrated within services. Services understand the importance of privacy, they already offer appointments in primary care settings, and we hope that being able to work with treatment services digitally will aid more access to those with protective characteristics.
- 6.10. 9% of current new presentation identify as not heterosexual. All staff receive public health commissioned competence training from LGBTQ organisations, there is an active LGBTQ service user group. There are also staff trained in the specialist area of chem-sex.
- 6.11. With the decision makers agreement to continue with these contracts there are processes already in place to ensure more residents will benefit from substance misuse treatment and that the quality of treatment is always improving. Currently our Co-production lead organisation has been commissioned to complete a review of the current HRS service and a survey has gone live to ask those using our homeless substance misuse services how we are doing? Both Grove and HAGA will be developing their co production plans for the next year. The commissioner will continue to meet quarterly with providers to monitor performance and equity of access and outcomes.

7. **Contribution to strategic outcomes**

- 7.1. These services will contribute to Council Corporate Delivery Plan 2023/24, Theme 4: Adults, Health and Welfare under Healthy and Fulfilling Lives. The delivery plan speaks of a Haringey 'where all adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities'.

8. **Carbon and Climate Change**

- 8.1. Not applicable

9. **Statutory Officers comments (Director of Finance (procurement), Assistant Director of Legal and Governance, Equalities)**

8.1. **Finance**

- 9.1.1. Annual budget allocations that fund the existing contracts for lots 1, 2 and 3, will be continued to meet the cost of the proposed contract extension for each LOT.

9.2. **Procurement**

- 9.2.1. Strategic Procurement notes the contents of this report and have been consulted in the preparation of this report.

- 9.2.2. The contracts referenced in paragraph 3 were awarded following a competitive procurement process under the Public Contracts Regulations 2015 (PCR 2015), 'Light Touch' regime. These contracts were initially set for a four-year term, with an option to extend for up to two additional periods of two years each. Strategic procurement notes, that the report seeks approval to implement the extension permitted under the contracts' terms.

- 9.2.3. From January 2024, the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) has superseded the PCR 2015 for the procurement of healthcare services. Consequently, the Council is now required to ensure compliance with the PSR when commissioning, procuring or extending healthcare services.

- 9.2.4. The Recommendations stated in Paragraph 3 above are permitted in accordance with PSR 13.1(a), which states, a contract or framework agreement for relevant health care services may be modified during its term without undertaking a new procurement process, where the modification is clearly and unambiguously provided for in the original contract or framework agreement.

- 9.2.5. The performance of the contract is regularly monitored by Public Health commissioners. Feedback suggests that the providers are delivering satisfactory services and meeting contractual outcomes.

- 9.2.6. Strategic procurement confirm the Recommendations stated in paragraph 3 above are in accordance with CSO 10.02.1 (Cabinet may authorise a

variation of contract above 500k), CSO 16.02 (Member decision between Cabinet meetings).

9.3. Assistant Director of Legal and Governance (Monitoring Officer)

- 9.3.1 The Assistant Director of Legal and Governance has been consulted in the preparation of this report.
- 9.3.2 The services are classified as Schedule 3 services (Social and other Specific Services) under the Public Contracts Regulations 2015 (PCR 2015) and are subject to the 'light touch' regime. Since the introduction of the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) in January 2024, extensions of contract come within the remit of the PSR rather than the PCR 2015.
- 9.3.3 Under Reg 13.1.(a) of the PSR a contract may be modified during its term without undertaking a new procurement process where the modification is clearly and unambiguously provided for in the contract documents.
- 9.3.4 As each of these contract extensions will be a Key Decision, the approval would usually fall to Cabinet under CSO 10.02.1 b) (contract value is £500,000 or more). In-between meetings of the Cabinet, the Leader may take any such decision or may allocate to the Cabinet Member with the relevant portfolio (CSO 16.02).
- 9.3.5 The Assistant Director of Legal and Governance (Monitoring Officer) confirms that there is no legal reason preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in this 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. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

- 9.4.4. This report relates to the extension of contracts which have been designed and tendered in line with the Council's equality duty. Substance misuse is highly stigmatised and so it is to be expected that adults, with a history of substance misuse with protected characteristics may face additional challenges in seeking help. The report highlights many ways in which the current providers are ensuring equity. If these contracts are extended, then there are mechanisms to ensure that this continues. Substance misuse services are mandated to collect data on all protected characteristics which is submitted monthly to the National Drug Treatment Monitoring Service (NDTMS) who publish this monthly for commissioners. Haringey public health team also discuss this data quarterly with providers and will continue to do deeper dives into the access and outcomes for those with protected characteristics. The data will be used to create regular needs assessments, equity audits and in ongoing service design. Having residents and staff with protected characteristics co design and deliver services will also continue to ensure that services are always further expanding their equity.

10. **Use of Appendices**

11. **Local Government (Access to Information) Act 1985**

11.1. Not Applicable