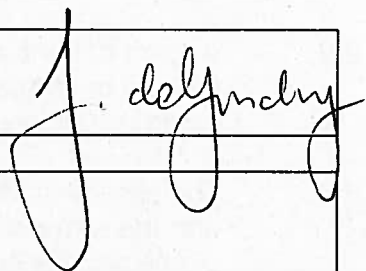


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<b>Report for:</b>	Cabinet 11th February 2014	<b>Item Number:</b>	
<b>Title:</b>	Waiver of Tendering Requirements and Award of Contract for Bringing Unity Back Into the Community (BUBIC)		
<b>Report Authorised by:</b>	Jeanelle de Gruchy, Director of Public Health 		
<b>Lead Officer:</b>	Marion Morris, Drug and Alcohol Strategy Manager Public Health		
<b>Ward(s) affected:</b> All	<b>Report for: Key Decision</b>		

**1. Describe the Issue Under Consideration**

- 1.1.** Bringing Unity Back into the Community (BUBIC) is an effective peer-led substance misuse service with knowledge and understanding of local substance misuse issues and communities and forms an integral part of the wider integrated substance misuse prevention and treatment system in Haringey.
- 1.2.** This report proposes a waiver of the Contract Standing Orders for this contract (allowed under CSO 10.01.2 (d) which states that 'a waiver may be agreed after considering a written report that demonstrates: 'the nature of the market for the works to be carried out or the goods or services to be provided has been investigated and is such that a departure from the requirements of Contract Standing Orders is justifiable'.
- 1.3** The BUBIC service is a bespoke service (reasons for this are given in the body of this report) and delivers well against the required outcomes. No other organisations in London are providing a similar service. Any new provider would need a significant amount of time to develop the community knowledge and networks to fulfil the role required. This would account for much of the proposed length of the contract extension and would therefore not represent good value for money to the council.



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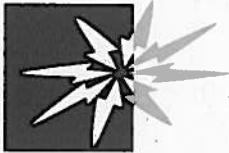
## **2. Cabinet Member Introduction**

- 2.1. BUBIC (Bringing Unity Back into the Community) was set up in 2003 by a group of black male Tottenham residents who had been through drug treatment in Haringey and wanted to give something back to the community. They have been commissioned (by the NHS) to provide peer support services in the borough since 2007.
- 2.2. As part of the transfer of public health into the local authority all existing substance misuse contracts have been re-tendered or are in the process of being re-tendered. The BUBIC contract is one of these contracts.
- 2.3. The service works to improve the lives of those affected by substance misuse and the wider community by, for example, working in partnership with the police and the council's Anti-Social Behaviour Team to identify problem premises and 'hotspots' and offer back-up support/access to treatment. It also supports the council in its role of reducing health inequalities and protecting and improving the health of the wider community by accessing people into substance misuse treatment.
- 2.4. I support the recommendations as outlined in section 3.

## **3. Recommendations**

It is recommended that Cabinet:

- a) Approves the waiver of the tendering requirements of Contract Standing Order 9.01 (requirement to tender) as allowed under Contract Standing Order 10.01.2 (d)
- b) Approves the award of contract for a period of two years to Bringing Unity Back in the Community (BUBIC) to the value of £330,000 from April 2014 to March 2016.
- c) That it be noted that award of contract is contingent upon BUBIC developing a business model which puts them in a position to undergo a competitive tender process by February 2015.
- d) That the service be tendered during 2015 resulting in a new contract being in place by April 2016.



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#### **4. Alternative Options Considered for BUBIC**

4.1. The existing NHS contract comes to an end in April 2014. The option of not renewing this contract and/or undertaking an open tender process for this service was considered but was discounted on the grounds that:

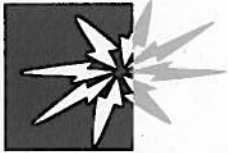
- a) The service is an important component in the effectiveness of the wider integrated substance misuse treatment system acting as an outreach and engagement service to Black and minority ethnic communities, providing peer support, and re-engaging those who have dropped out of treatment.
- b) The service is unique. This is because the service was developed by Tottenham residents who have overcome their drug addiction problems who wanted to give something back to the community. The outcomes it delivers are largely attributable to the fact that this is a service developed by local ex-service users who know the local "scene" and are able to access sections of the community that mainstream services have difficulty in accessing or engaging.
- c) Two credible independent external sources: Public Health England's Regional Substance Misuse lead, who has oversight of substance misuse provision in London, and the Senior Policy Advisor of the London Drug and Alcohol Policy Forum were contacted and confirmed that there are no similar providers in London.

4.2. On this basis, it was decided that a standard procurement process was not appropriate at this point in time. However, it should be noted that the service will be tendered during 2015 in order to ensure that the market has been fully tested and that the council is achieving maximum value for money in going forward. BUBIC will effectively have a year in which to develop their business model.

#### **5. Background Information**

5.1. Needs assessment is an integral part of the annual drug and alcohol treatment planning and commissioning process. Apart from assessing the prevalence of substance misuse problems it is also important to identify if there are any 'under-served' groups, be this by geographical area, gender or ethnicity.

5.2. A needs assessment undertaken in 2006 identified that younger African Caribbean men were not accessing traditional drug treatment in the borough. They were also over-represented in the Criminal Justice system.



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- 5.3. A different model was needed; one that would proactively and assertively engage this group into treatment and ensure the borough could meet its main performance target of 'successful drug treatment'.
- 5.4. In 2007 BUBIC were initially commissioned to improve access, engagement retention and peer support services within the black community; in recent years this has extended to the many different communities within Haringey. For example 77% of the service users are from black and minority ethnic communities and over one in three is female, which is a higher proportion than in traditional treatment services.
- 5.5. The high level aims that BUBIC were commissioned to deliver are:
- To promote a self-help model of recovery
  - To reduce/prevent illegal drug use amongst at risk communities
  - To tackle stigma associated with substance misuse and make recovery visible and possible
  - Develop peer support in priority neighbourhoods
  - Support a peer led group for families and friends
  - Reduce crime and re-offending
  - Reduction of drug related community safety issues e.g. open drug use, discarded needles.
  - Delivery of outreach and engagement services across the borough in key locations e.g. Northumberland Park.
- 5.6. This is a peer-support model with local residents who have overcome addiction helping others become drug and/or alcohol free. It also provides a much needed route into volunteering and employment for those who might otherwise find it difficult to access employment. Peer support is recognised as a key contributor to recovery from substance misuse and an essential part of a successful treatment system, National Institute for Clinical Excellence (NICE).<sup>1</sup>
- 5.7. BUBIC also provide a "community based, visible recovery champions role" – a key factor in effective drug treatment systems as identified by the National Treatment Agency and now by Public Health England.<sup>2</sup>
- 5.8. BUBIC are exploring setting up aspects of their work (such as the Balance Cafe – a series of engagement and aftercare initiatives which promote health and wellbeing) as a self- funding and self-sustaining Social Enterprise.
- 5.9. The success of Haringey's local drug treatment system is evidenced by Haringey having one of the highest successful drug treatment completion

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<sup>1</sup> NICE QS23 Drug use Disorders November 2012

<sup>2</sup> Commissioning for Recovery: Available at:

[www.nta.nhs.uk/uploads/commissioning\\_for\\_recovery\\_january\\_2010.pdf](http://www.nta.nhs.uk/uploads/commissioning_for_recovery_january_2010.pdf)



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rates in London and lower re-offending rates for drug using offenders than the England and London rates. The services offered by BUBIC have made a significant contribution to this success by bringing people into treatment and encouraging them to stay in treatment. BUBIC have been particularly effective in re-engaging criminal justice clients, achieving a 54% re-engagement rate.

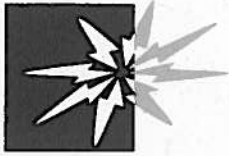
- 5.10. A brief description of services to be provided can be found at Appendix 1, headline budget figures are included at Appendix 2 and outcomes at Appendix 3.
- 5.11. Performance is monitored via quarterly contract monitoring meetings and a more detailed workbook. All targets have been met or exceeded. In 2014/15 we will work with BUBIC to further improve on performance and business competence and support them towards becoming a self-sustaining social enterprise.
- 6. Comments of the Chief Financial Officer and Financial Implications**
- 6.1. The proposed two year contract is a renewal of an existing contract with the same supplier for the same annual cost of £165,950. The cost of the contract is within the Service budget provision and is funded by the Public Health Grant.
- 6.2. Although the grant is ring fenced for a further two years from this year the level of total grant cannot be guaranteed for the whole period. However the Service will make provision for this contract sum within their total available resources.
- 6.3. Although this contract has not been subjected to tender the Service has confirmed that the proposed local supplier is currently providing a unique service that is value for money and that no alternative suppliers exist (Section 4 of this report).
- 7. Head of Legal Services and legal Implications**
- 7.1. The services are not categorised as priority services under the Public Contracts Regulations 2006 and there is therefore no requirement to carry out a European tendering exercise.
- 7.2. Public Health Directorate requests a waiver of Contract Standing Order 9.01 (requirement to tender) as allowed under CSO 10.01.2 (d) (i.e that it is in the Council's overall interest).
- 7.3. Because of the value of the contract, the waiver may be approved by Cabinet in accordance with CSO 10.01.1 (a) (contracts valued over £100,000).



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- 7.4. Subject to approval of the waiver, an award of contract to BUBIC is recommended as allowed for under CSO 9.07.1 (d) (contracts valued over £250,000).
- 7.5. The Head of Legal Services confirms that there are no reasons preventing Members from approving the recommendations in this report.
- 8. Equalities and Community Cohesion Comments**
- 8.1. Policy and Equalities have been consulted in the preparation of this report and they have commented as follows:
- 8.2. The contract for Bringing Unity Back into the Community (BUBIC) will provide a substance misuse service to some of the most marginalised groups in Haringey, most of whom possess some of the characteristics protected by sections 4 – 12 of the Equality Act 2010 and to whom the Council owes the section 149 duty of that Act, to among other things, have due regards to advance equality of opportunity to them by having due regard to their needs.
- 8.3. In regard to procurement, its Equal Opportunities policy commits the Council to use procurement as a strategic tool for advancing equality of opportunity including opportunity to access to Council contracts by opening up the Council's supply chains. Ordinarily, this would have required that opportunity be available to all providers who are eligible and interested to bid for the Bringing Unity Back into the Community contract.
- 8.4. However, as paragraph 1.3 of this report makes clear, a market analysis has concluded that no other provider in the market could effectively provide this service in Haringey. In this unique circumstance, a re-tendering exercise would be pointless as it could not produce a different outcome and no other providers have been disadvantaged by the waiver.
- 9. Head of Procurement Comments**
- 9.1. This recommendation is in line with the Procurement Code of Practice.
- 9.2. Although this contract has not been subjected to tender, it has been externally verified that the proposed local supplier is currently providing a unique service that is value for money and currently no alternative suppliers exist (section 4 of this report).
- 9.3. Contract management is in place to ensure that the service continues to provide quality outcomes.





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**10. Policy Implication**

**10.1.** The award of the BUBIC contract will assist the council in meeting key outcomes in the Corporate Plan of 'Safety and wellbeing for all' and 'Opportunities for all' and is congruent with the principles of promoting equality and empowering communities which underpin the vision of a 'One Borough', 'One Future'.

**11. Use of Appendices**

**11.1.** Appendix 1 breakdown of services, appendix 2 budget and appendix 3 Outcomes.



## **Appendix one: Breakdown of Service**

### **1.1 Aims and Objectives of the Service**

The service aims to meet the objectives of the Public Health Outcomes Framework and the National Drug and Alcohol Strategies along with key priorities in the Council Corporate Plan – ('Safety and Wellbeing for all' and 'Opportunities for all').

Objectives of the service are as follows, the figures in brackets represent domain outcome within Public Health Outcomes Framework met

- Support service users to achieve freedom from dependence on drugs or alcohol (2.15)
- Improve mental and physical health and wellbeing; (2.23, 2.11, 2.12, 2.22))
- Minimise harm whilst working towards freedom from dependence
- Prevent preventable drug related deaths and the spread of blood borne viruses;(4.3 3.4, 4.8, 4.9)
- Reduce crime and re-offending 1.12, 1.13)
- Reduction of domestic violence (1.11)
- Reduction of community safety issues i.e. open drug use, discarded needles (1.19)
- Support good parenting and the reduction of child poverty (1.1)
- Improve relationships with family members, partners and friends
  
- Support service user to enter meaningful activity and access into sustained employment;(1.8)
- Preventing homelessness and assisting service users into settled accommodation;(1.6)
- Preventing hospital admissions resulting from self harm (2.10)

#### **The Principles of the service are:**

- To tackle stigma and make recovery visible through the promotion and understanding of issues of substance misuse within the community by members of the community who have overcome substance misuse problems
- To promote a self help model of recovery were peers are trained to support their own community
- To prevent illegal drug use amongst at risk communities

### **2. Eligibility**

- 2.1.** The service is open to anyone with a Haringey connection who has a concern regarding drug misuse.

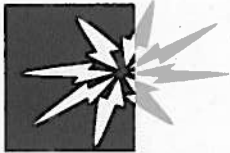




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**3. Description of the service**

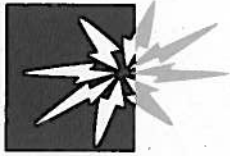
- Working in partnership with voluntary and statutory agencies to support those with drug or alcohol problems into recovery
- Reaching out to users in the community i.e. outreach and satellite services for e.g. YMCA
- Offering assessments as a first point of entry into drug treatment
- Facilitating rapid access into treatment for those at high risk
- Providing peer support which work alongside treatment
- Providing peer support for those who do not want to enter treatment
- Promotion of health and wellbeing within the community
- Providing clients with volunteer mentors who offer advice, guidance and support
- Re-engaging those who drop out of treatment
- Peer support for those seeking or that are in recovery, (recovery support as defined by the NDTMS)
- Providing and developing peer support sessions in priority neighbourhoods.
- Taking public health substance misuse messages into the community, schools and colleges
- Supporting a Peer led group for friends and families
- Organising health and wellbeing events in the Balance Café in partnership with public health, Tottenham Hotspur
- Training of Peer mentors.



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**Appendix Two: Budget**

<b>Service /Post</b>	<b>Value Per Annum</b>
Peer Support, community engagement, volunteer training	£142,950
Outreach Post	£16,000
	£4,140
Carers support group	£2,860
<b>Total of Funding</b>	<b>£165,950</b>



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**Appendix three: Outcomes**

	To provide outreach, engagement and peer support sessions to 1000 residents per annum 50% of which should be from BME communities.	1000
	To assess 50 clients for drug treatment per annum	50
	Percentage of those assessed that enter treatment	90%
	Percentage of clients referred into treatment by BUBIC that are retained in treatment for a minimum of 12 weeks (national drug target)	80%
	Percentage of clients engaged with BUBIC that successfully complete treatment (national drug target)	40%
	To extend the peer mentor scheme by training up 10 new peer mentors per year	10
	To deliver 10 substance misuse awareness training sessions per annum to community groups	10
	To bring 50% of those who have disengaged back into treatment	50%
	To work with the wider Drug Intervention Programme and IOM team to ensure that Haringey meets its target for reducing re-offending among drug using offenders	21% down to 10% over 4 years (MOPAC target).
	To deliver a minimum of 12 support sessions for carers per annum	12

