

Report for: Cabinet 10th November 2015

Item number: 19

Title: Award of contract for the Alcohol Support Service

Report authorised by : Charlotte Pomery, Assistant Director Commissioning

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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 Alcohol Support Service, in line with Contract Standing Order (CSO) 9.06.1(d).

2. Cabinet Member Introduction

- 2.1 I fully support the proposed single commissioning and service approach to the delivery of alcohol support services in the borough, with its important emphasis both on prevention and early intervention and on wrap around support. The risk of homelessness for people with alcohol needs can be high without the appropriate support and the outreach and engagement interventions set out in this report will help to minimise wider harm from alcohol use and to support abstinence.
- 2.2 The wider strategic focus on prevention and early intervention which minimises the need for more intensive interventions and complements other commissioned alcohol services is to be welcomed.

3. Recommendations

- 3.1 To agree the award of contract to the successful tenderer, Haringey Advisory Group on Alcohol, in accordance with Contract Standing Order (CSO) 9.06.1(d), for £969,691.00 for an initial term of 2 years and 9 months with an option to extend for a further period(s) of up to two years for a further value of up to £706,342 over two full years.

4. Reasons for decision

- 4.1 Although the existing alcohol support service in its current form was delivered as one service, it was funded through a number of separately agreed contracts across Housing and Adults Commissioning.

- 4.2 A review of the service provision identified cross cutting themes and outcomes across the two commissioning areas and the potential to improve outcomes for service users and deliver savings through joint commissioning and a competitive process.
- 4.3 As a result of the procurement exercise, which has been carried out in accordance with the Council's Contract Standing Orders and the Procurement Code of Practice, it is necessary to award the contract to the successful tenderer as outlined in paragraph 3.1 in accordance with CSO 9.06.1(d).

5. Alternative options considered

- 5.1 Three alternative options were considered but were deemed unsuitable:
 - 5.1.1 To continue with existing arrangements: this was not deemed viable as a longer term holistic approach is needed to provide stability for the service offer and more closely align the service outcomes with the Council's Corporate Plan, Building A Stronger Haringey Together.
 - 5.1.2 To recommission separately the different parts of the alcohol service: it was recognised that existing contracting arrangements and separate recommissioning would achieve neither the desired outcomes for users and their carers nor the savings set out in the Council's Medium Term Financial Strategy which could be delivered through a whole service commission and competitive tender process.
 - 5.1.3 To decommission the alcohol service: needs assessment and service user and stakeholder consultation evidence the need for this type of service provision in Haringey. This, in conjunction with the Council's duty in relation to wellbeing under the Care Act 2014, precluded decommissioning.

6. Background information

- 6.1 Alcohol misuse is associated with a number of health-related problems including: hypertension, cardiovascular disease, cancers, liver disease, mental and behavioural disorders, alcohol poisoning, accidental injuries, road traffic accidents, violence and premature death.
 - 6.1.1 Men in Haringey have the highest death rate from alcohol-specific causes in London per 100,000 population and the second highest mortality rate for chronic liver disease (NWPHO, 2012).
- 6.2 Alcohol has a significant social impact including alcohol-related crime, anti-social behaviour such as street drinking, domestic violence, teenage pregnancy, loss of workplace productivity and homelessness (Department of Health, 2007). Parental drinking is also a factor in a number of cases focused on the protection of children.
- 6.3 North West Public Health Observatory synthetic estimates suggest that 20.1% of the local population are drinking at increasing risk and 6.4% are drinking at high risk levels in Haringey (NWPHO, 2012). However, only a small percentage

of this population will go onto become dependent drinkers and require specialist alcohol treatment.

- 6.3.1 Alcohol related hospital admission rates remain above London and England averages. The latest published rate for Haringey is 2349 admissions per 100,000 population in 2012/13 (NWPFO, 2013).
- 6.3.2 Approximately 600 dependent drinkers access specialist alcohol treatment services in Haringey annually. National and local trends of alcohol-related hospital admissions suggest the upward trend in alcohol-related admissions are likely to continue, this means the need is likely to increase, at least in the short to medium term.

Alcohol services in Haringey

- 6.4 Alcohol services have evolved in Haringey over time separately funded through Housing Related Support, Social Care and Public Health. The commissioning of this new service brings together social care and housing related support commissioning to support the Council's commitment to enable all people to directly manage their own care and support, to maximise independence, choice and control and to maintain their housing and avoid the need for higher level interventions. The new holistic provision will range across different levels of support and care to reflect the different funding streams.

Service outcomes and design

- 6.5 A needs analysis review has now been undertaken to underpin the new alcohol support service commissioning activity. This included consideration of the Joint Strategic Needs Assessment for alcohol, the local alcohol profile for Haringey, the Reshaping Drug and Alcohol Services in Haringey Consultation findings (March 2013), and equalities data from the current provider Haringey Advisory Group on Alcohol. Service user consultation and stakeholder meetings have also been held which support the development of the jointly commissioned approach to a single, non-clinical, Alcohol Support Service.
- 6.6 The new non-clinical Alcohol Support Service will be jointly commissioned by the Council's Commissioning Unit (Social Care) and Housing Related Support Commissioning as part of ensuring that a wide range of preventative and early intervention offers are available to the residents of Haringey to support people maintaining a better quality of life and increasing their ability to maintain their independence. The Haringey Alcohol Support Service will provide outreach and engagement services to minimise harm from alcohol use and support abstinence. The service will also deliver support to service users to prevent homelessness and sustain independent living and to bring about improved health, social, economic wellbeing and community involvement outcomes. The Service will have a wide strategic focus on prevention and early intervention which minimises the need for more intensive interventions and complements other commissioned alcohol services. The service will work closely with other providers and agencies to ensure a seamless service and will deliver against the Council's priorities and cross cutting themes as set out in the Corporate Plan, Building A Stronger Haringey Together.

- 6.6.1 the aim of the outreach service is to prevent homelessness, minimises street drinking and alcohol related ASB and works in the community to raising awareness of the harmful affects of alcohol.
- 6.6.2 The aim of the engagment service is to reduce harmful levels of drinking or to support abstinence through non-clinical interventions.
- 6.6.3 The strategic focus on prevention and early intervention of the service will prevent escalation to high cost social care needs.
- 6.6.4 The Alcohol Support Service outcomes are set out in Appendix One.

The Procurement Process

- 6.7 A ‘Meet the Buyer’ event was held on 2nd July 2015. This event was intended to communicate and share information with potential providers to help them understand commissioning intentions and offer opportunities to network and forge partnerships. The ‘Meet the Buyer’ event indicated that these are specialist services 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.
- 6.8 The procurement process started with the placing of a contract notice in the 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. The Invitation to Tender (ITT) and supporting documents were uploaded on Delta (e-tendering portal) where following a registration, the potential tenderers can access the tender documents and submit their tenders electronically. The closing date for submitting tenders was 15th September 2015 and by the deadline one(1) bid was received.
- 6.9 The tender was evaluated using the Most Economically Advantageous Tender (MEAT) with a split of 40% quality and 60% price. The tender evaluation criteria and weighting were set out in the tender documents and clarified during the tendering process. The table below details total scores for the Tenderer:

Tenderer	Quality Scores (out of 400 points)	Price Scores (out of 600 points)	Total scores (out of 1000 points)	Contract price for 2 years and 9 months
HAGA	366	600	966	£969,691.00

- 6.9.1 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 it coincided with another procurement, the second identified that the provider did not have resources to carry out the tender.

- 6.10 The two years and nine month contract value is £969,691.00 with an option to extend for a further period(s) of up to two years for a value of up to £706,342 over two full years.

7. Contribution to strategic outcomes

- 7.1 This service is linked to the Corporate Plan, Building a Stronger Haringey Together 2015- 18, in particular;

Priority 2 – Enable all adults to live healthy, long and fulfilling lives:

1. All residents will be as healthy as possible for as long as possible.
 - a. Health related quality of life will improve over time (including mental health and wellbeing).

Priority 5 - creating homes and communities where people choose to live and are able to thrive:

2. Prevent homelessness and support residents to lead fulfilling lives.
 - a. More people, including vulnerable people and those with complex housing needs, will be able to maintain their tenancies successfully and have greater independence.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Finance

- 8.1 There are a number of contracts in place across the Council to fund HAGA and the approach proposed in the report will greatly simplify these arrangements. Current contracts expire on 31st March 2016 and the budget for Adults Commissioning is £400k and the budget for Housing Related Support is £74k making a total current budget provision of £474k per annum. The recommended contract value is £353k per annum which equates to an annual saving of £121k. This saving will contribute to commissioning savings as identified in the Council's Medium Term Financial Strategy.

Procurement

- 8.2 The recommendation is in line with the Procurement code of practise.
- 8.3 A competitive process has been undertaken through an open tender process to test the market and ensure Value For Money.
- 8.4 Contract management arrangements have been put in place to ensure contract compliance and to monitor performance.
- 8.5 The Head of Procurement supports the recommendation

Comments of the Assistant Director of Corporate Governance

- 8.6 This 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.
- 8.7 The Council's Contract Standing Orders (CSOs) also apply to the procurement and the services have been tendered in accordance with CSO requirements. The open procedure provided under CSO 9.01(a) was followed.
- 8.8 The services tendered are valued over £500,000. As result, the decision to award the contract for the services is a Key Decision that must be included in the Forward Plan, which has been done, and must be taken at Cabinet level in accordance with CSO 9.06.1(d).
- 8.9 The Assistant Director of Corporate Governance confirms that there are no legal reasons preventing Cabinet from approving the recommendation in paragraph 3 of this report.

Equality

- 8.10 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.
- 8.11 This report relates to award of a contract for an alcohol support service through a competitive tendering process. The service by its nature provides support to vulnerable people, including those with the protected characteristics.
- 8.12 The contract specification clearly sets out the supplier's responsibilities under equalities legislation, including a requirement to have in place up to date equalities policies and to ensure that the service is accessible to all sections of the community.
- 8.13 The contractor had to demonstrate compliance with relevant equalities legislation through the tendering process. The contractor was also required to demonstrate how they would meet the needs of different service users and ensure the service provided would be accessible to all sections of the

community. The contractor's compliance with equalities legislation will be quality assured through regular contract monitoring and service review.

- 8.14 An Equalities Impact Assessment has been carried out. The Alcohol Support Service is a service provided to some of the most vulnerable and excluded residents, including from the protected groups. Whilst the reduction in funding for this service may have an impact on the service delivered, this risk has been mitigated by the service being jointly funded and also through the service specification having a strategic focus on prevention and early intervention which should reduce the need for the more intensive and costly interventions.

9. Use of Appendices

9.1 Outcomes of the Alcohol Support Service

9.2 Copy of the Alcohol Support Service Equalities Impact Assessment

10. Local Government (Access to Information) Act 1985

10.1 This report contains no exempt information.

Appendix One

Alcohol Support Service Outcomes (extract from the service specification)

Service Outcomes at the Individual Level

- Service users are enabled to achieve and sustain either abstinence or alcohol use within safe limits.
- Service users are supported to maintain independent accommodation and prevent homelessness.
- Service users are supported into education, employment or training and are engaged with the community,
- Service users are consulted and involved in the development of the service.
- Individuals are empowered to take informed decisions about their health and wellbeing: including taking physical activity; healthy eating; reducing smoking.
- Service users are supported to access harm minimisation support, reducing the risks of street drinking.
- Service users are enabled to access peer support and other recovery models based on their own needs. Service users feel supported by their peers to recover.

Service Outcomes at the Service Level

- A wide strategic focus on prevention and early intervention which minimises the need for more intensive interventions and complements other commissioned alcohol services.
- Partnerships which will enable early intervention for the prevention of homelessness and supporting people to maintain independent accommodation.
- Effective and person centred support delivered which promotes completion of the treatment programmes, the improved health, economic and social well-being of service users, including addressing their welfare rights, money management and prevents homelessness
- Unique programmes which provide personalised support and advice and promote mental wellbeing i.e. reduction in anxiety and depression, improvement in feeling of wellbeing for:
 1. people who are looking to be abstinent from alcohol and
 2. continuous drinkers, (possibly through a day programme),
 3. an outreach programme that;
 - Raises awareness of alcohol harm reduction amongst residents, communities and professionals,

- Reaches out and works with residents with alcohol problems not engaged in services and low motivated residents to help them recognise damaging alcohol use.
 - Reduces alcohol related street/community disorder.
 - Responds in an informed and culturally appropriate manner.
- An integrated approach in working with other outreach based services.
- Promote Make Every Contact Count.
- Strong links with Children and Young People's and Early Help Services to support work with families by:
 - Clear referral pathways.
 - Clear protocols for information sharing with other agencies.
 - Recognising that service users are part of family systems.
 - Collaborate with specialist services which support individuals for example domestic violence, sexual health, substance misuse.

Service Outcomes at the Community Level

- Live longer healthier lives.
- Improve the mental health and wellbeing of the population.
- Prevent homelessness and support independence.
- Reduce the numbers of people into temporary accommodation.
- Give every child the best start in life.
- Right care, right time, right place.
- Delivery of greatest value from every pound spent.
- Co production.
- Reduce the numbers of unsupported street drinkers.
- Provide clear information and signposting to services that support people with problematic drinking.
- Develop preventative models to reduce risks in the long term.
- Reduce numbers of alcohol related hospital admissions.
- Reduce levels of alcohol related antisocial behaviour.