

 Brent	Cabinet 8 December 2025
	Report from the Interim Director of Public Health.
	Lead Member – Cabinet Member for Adult Social Care, Public Health, and Leisure (Councillor Neil Nerva)
Procurement of Integrated Treatment Recovery Wellbeing & Substance Misuse Service	

Wards Affected:	All
Key or Non-Key Decision:	Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Andy Brown, Head of Substance Misuse, 0208 937 6342 andy.brown@brent.gov.uk

1.0 Executive Summary

- 1.1 This report concerns the delivery of the Integrated Treatment Recovery Wellbeing and Substance Misuse Service. Drug and Alcohol Services save lives by helping to prevent drug and alcohol related deaths, they also help to protect vulnerable people, reduce inequalities, and reduce crime and disorder. The report outlines the current position about delivery of services and sets out proposals for the re-procurement of a contract for the Integrated Treatment Recovery Wellbeing and Substance Misuse Service using the Provider Selection Regime.

2.0 Recommendation(s)

Cabinet is asked:

- 2.1 To note that the Brent Integrated Treatment Recovery Wellbeing and Substance Misuse Service is currently provided to the Council by VIA Community Ltd.
- 2.2 To approve the direct award under the Provider Selection Regime of the Integrated Treatment Recovery Wellbeing and Substance Misuse Service to VIA Community Ltd for a period of three years.

3.0 Detail

3.1 Cabinet Member foreword

- 3.1.1 The contract for the Integrated Treatment Recovery Wellbeing and Substance Misuse Service detailed in this report supports the Brent Borough Plan 2023 – 2027 priorities of ‘Thriving Communities’, ‘A Healthier Brent’ and ‘Prosperity and Stability in Brent’. This Service also closely aligns with the Health and Wellbeing Strategy 2022 – 2027 ‘Healthy Lives’ priority. An example of which can be seen in the approach undertaken by VIA in increasing the numbers of residents into structured treatment through their dedicated Outreach Team.
- 3.1.2 The Integrated Treatment Recovery Wellbeing and Substance Misuse Service is provided by Via Community Ltd (formerly WDP - Westminster Drugs Project). The services deliver against the key priorities outlined in 2021 National Drug Strategy: *From Harm to Hope* and this includes clinical prescribing (including relapse prevention), Treatment and Recovery Services, Care planned counselling service and recovery day programme, Outreach and engagement, Criminal Justice Interventions and Young Persons Early Intervention and Prevention Services.
- 3.1.3 There is evidence that being in treatment has marked impacts on the wider health and social care economy, as well as on levels of offending. There continues to be a recognition that evidence-based drug and alcohol services support improvements in health, reduce drug and alcohol related deaths, reductions in blood borne viruses, improve relationships and reduced wider social harms. Substance misuse services in Brent have always been required to demonstrate to Public Health commissioning leads how they contribute to these wider societal agendas.
- 3.1.4 There is an extensive Treatment and Recovery offer available to Brent residents which is tailored according to individual health and social care needs in which all those who access the service have an individual care plan and a clinical assessment which will also include advice about health and wellbeing, regular one to one key working sessions, support groups weekend services as well as a range of education, training and employment programmes and opportunities for volunteering.
- 3.1.5 Increasing the numbers of Opiate and Crack user’s (OCU’s) in Structured Treatment and Recovery Services is a key policy priority for central government in its approach to reducing the wider harm to the community caused by drug (and alcohol related) crime and related anti-social behaviour. Increasing the number of OCU’s into the local structured treatment and recovery system will directly influence the level of funding for drug and alcohol services received by Brent through the Public Health Grant.
- 3.1.6 Via Community Ltd have continued to provide services outlined in the original contract and submissions to National Drug Treatment Monitoring System (NDTMS) through 24/25 and 25/26. They have continued to improve

performance on key areas outlined in the 2021 National Drug Strategy: From Harm to Hope such as increasing the numbers in Structured Treatment and increasing the number of opiate and crack users into the local treatment and recovery system.

3.2 Background

3.2.1 Brent Council entered a contract to provide substance misuse services under the Integrated Treatment Recovery Wellbeing and Substance Misuse Service (the "Contract") with Westminster Drugs Project (now rebranded and renamed as VIA Community Ltd ("Via") from 14.11.2024 for 2 years with the current contract due to expire on 31.03.26.

3.2.2 In addition to the core funding for Integrated Treatment and Recovery Services, from 01.04.25 the Council received an additional grant called the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). This has an annual value of £1,396,929. Although a proportion of this funding is given to VIA it is not included in this direct award as this grant is in addition to the Core funding and the process for this spend is managed through the Head of Substance Misuse and the Brent Drug and Alcohol Partnership. What is included in this direct award however is a slight increase in the contract value of £3,894,000 which is to incorporate smoking cessation and the prescribing of Buprenorphine (which is a long-acting substitute for opioids).

From 01.04.26 the DATRIG funding will be assimilated into the Public Health Grant, but the three-year allocation has yet to be confirmed.

3.2.3 The new arrangements for the spend on Drug and Alcohol treatment and recovery services within the Public Health Grant are currently being developed by the Office for Health Improvement and Disparity (OHID). Clarification is expected in early to mid-November 2025.

3.2.4 The Contract with Via is managed directly by Public Health who are supported by B3 (the service user council whose members have completed or are in the process of completing their treatment and recovery journey through Via New Beginnings). Performance and agency activity is recorded through the monthly reports produced by the Via service lead which at monthly contract meetings. B3 are the service user council for Brent run entirely by and for residents who have been engaged or currently engaged with structured drug and alcohol treatment services in Brent. This relationship is quite unique B3 run a weekend service at Cobbold Road Treatment and Recovery Centre which means residents can access support and advice seven days a week backed by a 24/7 helpline.

3.2.5 The direct award is the recommended on the basis the service is performing well, supports a number of the Borough's our most vulnerable residents and has excellent partnerships and networks.

- Current performance on National Drug Treatment Monitoring System (NDTMS) highlighted that on 01.06.25 the service surpassed the 2024/25

national target with 1426 residents engaged in structured treatment representing a 10% growth ahead of the target.

- VIA employs a number of residents in the Brent service; it also provides a range of volunteering opportunities and peer training to enable residents and those in recovery including B3 members to secure permanent employment in the drug and alcohol field.
- The 25/26 Borough Plan highlights an aspirational target of 1500 residents engaged in structured treatment and recovery programmes, but the national drive is to increase the number of OCU's into the local treatment and recovery system – the baseline of which is being currently developed.

3.2.6 There are currently no waiting times for residents needing access to the service and retention rates remain comparable to national and regional performance for opiate and crack users, alcohol, and non-opiate users. In March this year, the agency reported the six month micro-elimination of Hepatitis C in the local treatment population, (one of six boroughs nationally to report on this area at the start of the 24/25 year) and more recently the agency has announced that the twelve 12 month figure has also been met.

3.2.7 The current Contract arrangement formally expires on 31.03.2026, and officers consider the most appropriate approach to re-procurement would be through the Provider Selection scheme.

3.3 Provider Selection Regime

3.3.1 The Health and Care Act 2022 fundamentally changed the health and social care landscape. The previous commissioning / provider relationships and competitive procurement have been replaced by new duties of collaboration and the creation of Integrated Care Boards (ICBs) which bring together NHS commissioners and providers in sub-regional groupings. The Health and Care Act 2022 also introduce the Provider Selection Regime (PSR) as a means of procuring health care services.

3.3.2 The PSR governs the procurement of health care services in England by bodies including NHS England, ICBs, NHS Trusts and local authorities. The Integrated Treatment Recovery Wellbeing and Substance Misuse Service is therefore in scope. The PSR removes the requirement to competitively tender and provides an alternative framework to allow collaboration.

3.3.3 The Council Constitution allows for the procurement of contracts using the PSR if advice is sought from the Director of Law and the Head of Procurement. Advice has been sought, and both the Director of Law and the Head of Procurement have confirmed that procurement of the Contract under the PSR is appropriate.

3.4 Options

3.4.1 Officers in Public Health have been in discussion with colleagues in Procurement and Legal and it is considered that there are two main options under the PSR for the procurement of the Integrated Treatment Recovery Wellbeing and Substance Misuse Service, namely:

- Option 1: Open Procurement. Competitive procurement remains an option for health services under the PSR.
- Option 2: To award the contract to the current provider under the PSR. The current provider, Via, is an integral part of the local health and care system priorities and embedded in local partnerships.

3.4.2 Having considered the options; Officer recommend Option 2. Officers therefore recommend a direct award of the Contract for a term from 31st March 2026 to 31st March 2029 to Via under the new PSR Direct Award Route C.

3.4.3 A direct award on a 3-year basis will reflect the funding allocation for drug and alcohol services through the forthcoming Public Health Grant allocations. Because of the uncertainty of funding beyond 28/29 the proposal to direct award on a 3-year will allow Public Health to redesign the service with key stakeholders, service users and those in recovery residents should there a reduction in funding.

3.5 Pre procurement Considerations

3.5.1 The pre-tender considerations relevant to the Contract are as follows.

Ref.	Requirement	Response
(i)	Description of the relevant health care services to which the contract relates, including the most relevant CPV (Common Procurement Vocabulary) code(s) – PSR Schedule 1	As set out above. 85312500-4 Rehabilitation services, but only as far as such services are provided to individuals to tackle substance misuse or for the rehabilitation of the mental or physical health of individuals
(ii)	Are you also procuring other goods or services along with the relevant health services as described above (mixed procurement)?	No
(iii)	The value	£12,641,731
(iv)	The Contract term	3 Years
(v)	Are you required to use the direct	No

Ref.	Requirement	Response	
	award processes: A (one capable supplier) or B (patient choice) under the PSR?		
(vi)	Did you consider the Most Suitable Provider or Competitive Processes? Why neither of those processes have been recommended for this procurement?	No - Council officers are of the view the existing contractor is satisfying the existing contract and will satisfy the proposed contract to a sufficient standard.	
(vii)	Are the proposed contract arrangements changing considerably from the existing contract?	No, the increased investment reflects increased prescribing costs to include buvidal prescribing and smoking cessation.	
(viii)	Is the existing provider satisfying the existing contract to a sufficient standard and is likely to be able to satisfy the new contract to a sufficient standard?	<p>Officers are satisfied that the existing provider is meeting the current contractual arrangement.</p> <p>Officers believes the existing provider will continue to meet the requirements of the new contract and therefore did not seek a competitive process.</p>	
(Ix)	The procurement timetable.	Stage in Procurement	Indicative dates
		Publication of notice of intention to make an award to existing provider	08/12/2025
		Standstill period of at least 8 working days	09/-12/2025 - 18/12/2025
		Publish confirmation of decision notice	19/12/2025
		Contract start date	01/04/2026
(x)	The evaluation criteria and process.	<p>Key criteria as follows:</p> <p>Quality and innovation 15%</p> <ul style="list-style-type: none"> The provider will be able to satisfy the new contract to a sufficient standard. The provider exceeded the targets for Numbers in Structured Treatment and Opiate completions Targets set out in the 23/24 as set out in the Borough Plan. The service continues to record no waiting times for the service and retention rates are well above the 	

Ref.	Requirement	Response
		<p>national average for opiates, alcohol and non-opiates and alcohol and local performance is highlighted through the National Drug Treatment Drug Monitoring service (NDTMS).</p> <ul style="list-style-type: none"> • The provider is collaborating with the commissioner on a range of projects that aims to make improvements to the treatment and recovery pathway and key areas of partnership working. • The Provider has been highly responsive on outreach provision and directing their resources to collaborate with police and community safety colleagues to respond to local community-based issues and resident concerns. <p>Value 25%</p> <ul style="list-style-type: none"> • The provider will be able to satisfy the new contract to a sufficient standard. • The provider has signed up a range of additional requirements that contribute and add to the local delivery of the National Drug Strategy. This has included attracting additional funding for Fibroscan machine that detect liver damage and enables service users to be steered into treatment at earlier opportunity. <p>Integration, collaboration, and service sustainability 25%</p> <ul style="list-style-type: none"> • The provider will be able to satisfy the new contract to a sufficient standard. • The provider supports good collaborative working which has resulted in supporting the work with B3 service users' group and developing effective working with the Police, Probation, and the Prison service. This has resulted in new partnerships being developed across the borough such as Kilburn Stonebridge and Harlesden as well as Wembley. <p>Improving access, reducing health inequalities, and facilitating choice 15%</p> <ul style="list-style-type: none"> • The provider will be able to satisfy the new contract to a sufficient standard. • The provider outlines new ways for the service to deliver support including online, and in group settings. • The provider has been happy to re-align services for young people and women. <p>Social value 20%</p> <ul style="list-style-type: none"> • The provider will be able to satisfy the new contract to a sufficient standard. • Provider agreed to reprofile rough sleeper funding utilising money saved due to staff vacancies to provide more practical help for rough sleepers during

Ref.	Requirement	Response
		the Severe Weather Engagement Protocol to include access to warm clothing and hot drinks.
(xi)	Information as to how any conflicts or potential conflicts of interest have been managed	No conflicts of interest were declared.
(xii)	Procurement Principles - briefly explain how this procurement has been made with a view to: ◦secure the needs of the people who use the services ◦improve the quality of the services, and ◦improve efficiency in the provision of the services And carried out transparently, fairly, and proportionately	<p>The service specification continues to develop new ways for the service to deliver support to identified groups who may face barriers to accessing the existing offer, for example, outreach with rough sleepers, those engaged in the criminal justice system and mental health services. There have been no objections to working in this way, and the provider has been happy to re-engineer services where possible within existing budgets.</p> <p>The Council have undertaken a thorough assessment of the provider's capabilities against the key criteria and have determined a competitive procurement exercise was not required because the provider is likely to satisfy the original contract and will satisfy the proposed contract to a sufficient standard.</p>
(xiii)	Any business risks associated with entering the contract.	No specific business risks are associated with entering the Contract.
(xiv)	The Council's Best Value duties.	It is considered that by adopting the procedure detailed in Section (iv) above, award will result in the Council achieving best value.
(xv)	Consideration of Public Services (Social Value) Act 2012	The outcome of the Contract is designed to benefit those living in Brent.
(xvi)	Any staffing implications, including TUPE and pensions.	There are no implications for Council staff arising from the procurement.
(xvii)	The relevant financial, legal, and other considerations.	Financial – See Financial Implications section below.
		Legal – See Legal Implications section below.
		Other – N/A
(xviii)	Sustainability	Given the nature and value of the Contract, it is not possible to include specific sustainability requirements.
(xix)	Key Performance Indicators / Outcomes	Appropriate Key Performance Indicators / Outcomes will be included in the Contract.

Ref.	Requirement	Response
(xx)	Policy requirements including the National Procurement Policy Statement; prompt payment; London Living Wage; modern slavery; and carbon reduction	The potential supplier will be required to provide Services in accordance with all relevant policy requirements, to include those detailed in the National Procurement Policy Statement, to comply with a 30 day payment requirement, to provide evidence of wage compliance, evidence due diligence in supply chain (including modern slavery) and provide report on carbon emission and sustainability initiatives during contract delivery. The Contract will require the payment of the London Living Wage.
(xxi)	Steps undertaken to remove or reduce barriers for SME participation in the procurement	Officers have considered whether any steps can be taken to remove or reduce barriers for SME participation in the procurement. It is considered that the procurement process recommended is appropriate for the Services required and upholds the principles of equal treatment, transparency, and non-discrimination.
(xxii)	Contract Management	A contract manager will be appointed, and appropriate contract management provisions will be included in the Contract.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 Although we have not done a formal consultation with Members, given the intention to directly award to the incumbent provider under the PSR, however, we regularly engage with Members dealing with ward issues relating to drug and alcohol related concerns and enquiries, engagement with multi-agency walkabouts in hot spot areas and members also engage in a range of events that are jointly organised by Via and B3 such as Recovery in the Park, Black History Month and Recovery Champions.
- 4.2 B3 Service User Council have been consulted about the intention to issues a new contract on a three-year basis and for the service to continue to operate from Willesden Centre for Health and Care and Cobbold Road and they remain extremely supportive of the current service and delivery model.

5.0 Financial Considerations

- 5.1 The current baseline cost of the service for 2025/26 is £3,894,000, fully funded through the Public Health Grant. There is no impact on the Council's General Fund.
- 5.2 The new contract will commence on 1 April 2026. Financial projections for the three-year term (2026/27 to 2028/29) assume a 4% annual uplift to reflect health-sector inflation. This covers factors such as Agenda for Change pay growth, prescribing cost pressures, and wider NHS cost drivers, ensuring the contract remains aligned with the cost profile of substance misuse services.

- 5.3 Applying this uplift to the 2025/26 baseline results in an estimated total contract value of £12,641,731 over the three-year term. These costs are expected to remain within projected Public Health Grant allocations, and the uplift is not anticipated to create additional financial pressures.

Table 1: Estimated baseline contract values for the duration of the contract from 2026 to 2029.

Year	Contract Value (£)
2026/2027	£4,049,760
2027/2028	£4,211,750
2028/2029	£4,380,220
Contract Total	£12,641,731

- 5.4 The inflation assumption will be reviewed annually in line with confirmed Public Health Grant allocations, national NHS planning guidance and actual prescribing costs, and any material changes will be managed through existing Public Health governance.

6.0 Legal Considerations

- 6.1 As indicated in the body report, the Health and Care Act 2022 introduced a new procurement regime for health contracts from 1 January 2024, namely the PSR. Officers are therefore bound to procure health service under the PSR rather than under the Procurement Act 2023. Whilst the PSR allows for competitive procurement, for the reasons detailed in Section 3.4, Officers recommend direct award to the existing provider without competition as is permitted under the PSR by following direct award process C.
- 6.2 The Council's Contract Standing Order 86(f)(iv) states that subject to complying with the relevant parts of Procurement Legislation, tenders need not be invited for contracts for healthcare services procured in compliance with the PSR provided that advice is sought from the Director of Law and the Head of Procurement. Officers confirmed that they sought and obtained advice of both the Director of Law and the Head of Procurement at the commencement of this procurement process.
- 6.3 The award is subject to the Council's Contract Standing Orders ('CSO') and Financial Regulations in respect of High Value Contracts given that the procurement is valued at more than £5 million. Part 3 of the Council's Constitution state that contracts for services exceeding £5 million shall be referred to the Cabinet for approval of the award of the contract.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1 The public sector equality duty set out in Section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a protected characteristic and

those who do not share that protected characteristic. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

- 7.2 The proposals in this report have been subject to a screening equality impact assessment and officers believe that there are no adverse equality implications. The contract covers a range of programmes and services that are undertaken by Via to improve the health and wellbeing of residents who need to engage in treatment and recovery programmes because of problematic drugs and alcohol misuse.

8.0 Climate Change and Environmental Considerations

- 8.1 The proposals in this report have been subject to screening and officers believe that there are no adverse impacts on the Council's environmental objectives and climate emergency strategy.

9.0 Human Resources/Property Considerations (if appropriate)

- 9.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from the direct award to the incumbent provider.

10.0 Communication Considerations

- 10.1 Given that the recommended award of the Contract is to the incumbent provider, it is not considered that the award of the contract has any direct communication considerations.

Report sign off:

Rachel Crossley

Corporate Director Service Reform & Strategy