

	Officer Key Decision
	Report to the Director of Public Health
Contract extension for the Integrated Treatment, Recovery, Wellbeing and 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
No. of Appendices:	None
Background Papers¹:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Andy Brown Head of Substance Misuse Andy.brown@brent.gov.uk 0208 937 6342

1.0 Purpose of the Report

- 1.1 This decision seeks approval to grant a one year extension to the above contract currently held by Westminster Drugs Project and to grant an exemption from the requirement to re-procure the **Integrated Treatment, Recovery, Wellbeing and Substance Misuse Service** contract
- 1.2 The contract extension initially on +1 basis would allow Public Health commissioning leads to prepare for the local implementation of the 2021 National Drug Strategy from Harm to Hope. This is needed in relation to the issue of the commissioning intentions needed for the proposed new investment into drug treatment services for the duration of the next spending period 2022/23 to 24/25.

2.0 Recommendation(s)

That the Director of Public Health:

- 2.1 notes that the Cabinet member for Public Health, Culture & Leisure has been consulted on the exemption being sought to the Contract Standing Order requirement to extend the current contract for a further 12 months from 1.04.22 to 31.03.23 with the option to extend for another year.

2.2 Following (a) above approves the extension of the contract for **Integrated Treatment, Recovery, Wellbeing and Substance Misuse Services** for a further 12 months from 1.04.22 to 31.03.23 with the option to extend for another year during the period detailed in (1) above by reducing both the support to be provided under the contract and contract price as detailed in paragraphs 3.2 - 3.5.

3.0 Detail

3.1 Westminster Drugs Project (WDP) were awarded the contract for to provide Integrated Treatment, Recovery, Wellbeing and substance misuse service, this is called the **WDP New Beginnings Service** and this contract was scheduled to run for four years from 1.04.2018 to 31.03.21 with the option to extend annually for a further two years.

3.2 The contract value is £3.8m annually and the projected total estimated value over 6 years from 1.04.18 to 31.3.2 is £22m funded through the Public Health Grant.

3.3 Authority is sought to extend the contract for a further 12 months from 1.04.22 to 31.03.23 at a total cost of 3.4 m

3.4 The 2021 National Drug Strategy *From Harm to Hope* brings in new funding for investment into the drug treatment system locally although at the time of writing the exact levels of funding have yet to be confirmed.

3.5 Over the last 3 years extra funding has been drawn down via the Alcohol Capital Grant (£140,000), Rough Sleepers Drug and Alcohol Treatment Grant (£380,000) and the Universal Grant (£388,000) to fund a range of extra services such as specialist outreach, club drugs, Blood Borne Virus and extra capacity which may be confirmed for another 12 months. Officers do not consider that there are alternative options should the Council wish to re-procure services at this stage.

3.6 Specialist drug and alcohol treatment and recovery services offer a wide range of interventions to support people to recover from drug and alcohol dependence. These include referral to inpatient detoxification and residential rehabilitation (where appropriate); opiate substitute prescribing (often referred to as secondary prescribing); Employment, Training and Education (ETE) support; peer mentoring and peer led support; and access to Mutual Aid/ Fellowship groups such as Alcoholics Anonymous, Cocaine Anonymous and Narcotic Anonymous.

3.7 The responsibility for commissioning substance misuse services transferred from the NHS to local authorities on 1st April 2013 because of the Health and Social Care Act (2012). Services are commissioned

by Public Health and funded by the Council's public health grant. Inpatient detoxification and residential rehabilitation are agreed on a case-by-case basis by the Head of Service working with New Beginnings. These services are funded through the grant but are not provided locally; clients are referred to a range of external providers such as Brook Drive, Passmore House and Streetscene. Mutual Aid Groups (Alcohol Anonymous etc.) meet regularly in Brent and form a key part of the local recovery system but are not commissioned by Public Health.

- 3.8 The New Beginnings Service covers two sites: Cobbold Road, which is the community hub and Willesden Centre for Health and Care, where the majority of clinical services are provided, (although there is a specialist clinical satellite service at Cobbold Road). The service is open 10am to 7pm Mondays to Fridays with staff in the Wembley custody suite 7 days a week and outreach work in the early morning and late evenings. The service is also supported by a 24/7 helpline (**0800 107 1754**) which is available to any Brent resident directly or indirectly affected by substance misuse.
- 3.9 The service includes a shared care scheme where clients receive the majority of their care from primary care with clinical support and advice from New Beginnings. Clients on this scheme will usually be on stable substitute prescribing and often have other chronic conditions which are suited to primary care management. It is anticipated that more clients will be supported across primary care in future through the development of outreach, pop up clinics and satellite provision over the next year which will support an aging cohort of substance misusers.
- 3.10 The objectives for the Integrated Treatment, Recovery, Wellbeing and Substance Misuse Service are specified as:
- To provide high quality evidence-based community based addiction treatment for adults with drug and alcohol dependence (and other co-morbidity issues),
 - To reduce substance misuse related harm and enable clients to tackle their dependence on drugs and alcohol and promote pathways to abstinence and recovery
 - To promote health, well-being and recovery amongst clients and their families
 - To enable heroin and crack users to become drug free from these substances.
- 3.11 The service model includes an extensive "health and wellbeing" offer which includes clinical prescribing but also includes smoking cessation, opt out HIV testing and screening for / vaccination against blood born viruses alongside a treatment and recovery model aimed at supporting people from addiction through to abstinence based recovery pathways.

3.12 The current service model also rebalances the split between the more expensive clinical services and non-clinical elements (for example outreach, criminal justice services and recovery support) and increasingly outreach and engagement programmes to work with those deemed at the end of care and those communities who do not traditionally engage with drug and alcohol treatment services.

3.13 The 2021 National Drug Strategy **From Harm to Hope** was published in late December 2021 and outlines the phased expansion nationally of treatment capacity to create 54,000 new high quality treatment spaces including;

- 21,000 for opiate and crack users
- A treatment place for every offender who needs treatment in the community

This will be under pinned by;

- A requirement for a strong partnership that brings together all the local strategic stakeholders.
- Commissioning quality standard, national, and local outcomes. Transparency and accountability are the two key themes to support all the objectives of the national strategy.

3.14 The Government Spending Review for the next three years highlights that Brent will continue to receive 2020/21 funding allocations but enhanced funding will be phased over the next 3 years, any additional funding will be conditional on;

- Maintaining the current Public Health Grant funding investment to ensure extra funding.
- Investing in a range of interventions expanded in the 21/22 menu outlined in the national strategy.
- Locally set ambitions against the key metrics from the drug strategy.
- Evidence of a local planning partnership owning drug strategy outcomes (SBP/HWB).
- For in-patient detox – collaborative commissioning arrangements with the host authority for pan area arrangements.

3.15 The 2021 National Drug Strategy *from Harm to Hope* outlines the importance of national and local government working together closely to build up service provision and expand the evidence base on the most effective interventions, which will allow Brent to make a strong case for future investment building on the New Beginnings Service.

4.0 Financial Implications

- 4.1 It is anticipated that the annual cost of this contract will be funded from the existing Ring-fenced Public Health Grant.
- 4.2 Value for money has been considered and reviewed as part of the proposed extension of the contract and has achieved a small saving, whilst providing time to carry out the review of any future arrangements.
- 4.3 To ensure that Brent residents receive the best value in these services, the Council follows a competitive tendering process and conducts open and transparent procurement exercises. Awarding contracts by the process of seeking competing bids from more than one firm helps to ensure a more efficient process and that procurement is carried out in a fair and transparent way whilst also ensuring value for money is gained for public services.

5.0 Legal Implications

- 5.1 Officers recommend the extension of the contract for the **Integrated Treatment, Recovery, Wellbeing and Substance Misuse Service** contract provided by Westminster Drugs Project.
- 5.2 The value of the original contract is such that it is subject to full application of the Public Contract Regulation 2015 (PCR 2015).
- 5.3 The contract contains express provision allowing for the extension as set out in Recommendation 2.1 and as such extension is permitted in accordance with the PCR 2015.
- 5.4 Recommendation 2.2 seeks authority to vary the contract by reducing the level of service and consequent cost for the reasons detailed in Section 3. This variation is permitted in accordance with Regulation 72(1)(e) of the PCR 2015.
- 5.5 The Operational Director is authorised pursuant to Paragraphs 9.5 and 9.7 of Part 3 of the Constitution to extend and vary contracts subject to the conditions set out in paragraph 3.6 above. As set out in paragraph 3.7 above and subject to the relevant cabinet member not requesting the decision to vary be referred to them, none of these conditions preclude the Operational Director agreeing the recommended extension.

6.0 Equality Implications

- 6.1 The Council must, in the exercise of its functions, have due regard to the need to:
 - (a) eliminate discrimination, harassment and victimisation

- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it,

pursuant to s149 Equality Act 2010. This is known as the Public Sector Equality Duty.

- 6.2 Under the Public Sector Equality Duty, having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.
- 6.3 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 6.4 The proposals in this report have been subject to screening and Officers believe that there are no adverse equality implications.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 The Cabinet member for Public Health has been consulted.

8.0 Human Resources/Property Implications (if appropriate)

- 8.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from extending the contract.

Report sign off:

Melanie Smith
Director of Public Health