



Cabinet
12 November 2024

**Report from the Corporate Director,
Care Health and Well Being.**

**Lead Member - Cabinet for
Community Health and Wellbeing
(Councillor Neil Nerva)**

**Authority to Award the contract for the provision of
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
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. The report outlines the current position with regard to 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)

That Cabinet

2.1 Notes that the Integrated Treatment Recovery Wellbeing and Substance Misuse Service is currently provided to the Council by VIA Community Ltd.

2.2 Approves the direct award under the Provider Selection Regime of a replacement Integrated Treatment Recovery Wellbeing and Substance Misuse Service to VIA Community Ltd for a period of 1 year 4 months.

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.
- 3.1.2 The Integrated Treatment Recovery Wellbeing and Substance Misuse Service is provided by Via Care (formerly WDP - Westminster Drugs Project) the services delivers 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 reduce 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 a clinical assessment and an individual care plan 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 in structured treatment is a central tenet of the *Building a World Class Treatment System* chapter of the National Drug Strategy: *From Harm to Hope* and performance directly influences the level of funding received by Brent via the Supplementary Substance Misuse Treatment and Recovery Grant.
- 3.1.6 Via have continued to provide services outlined in the original contract and submissions to National Drug Treatment Monitoring System (NDTMS) through 24/25. 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.
- 3.1.7 The Provider Selection Regime (PSR) provides flexibility for relevant authority such as Brent Council to be able to take local decisions to arrange public health

services in a way that best suit the needs of local residents and service users. In the case it allows for continuity of a well performing service.

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 1 April 2018 on a 4 + 1 +1 basis.

3.2.2 The Contract is funded through a number of funding streams as set out in paragraph 5.1. of the Financial Considerations. Since the start of the Contract, there has been growth in investment from two funding streams from Central Government which have been used to add significant capacity to existing provision, namely:

- The Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG) which has focused on addressing rough sleeping where drugs and alcohol as a major barrier to accessing secure accommodation. The allocation for Brent in 24/25 is £434,000.
- The Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is funding to enable Local Authorities to improve local treatment and recovery systems. The allocation for Brent in 24/25 is £985,826.

3.2.3 The RSDATG and SSMTRG Grants are both prescriptive on what the funding can be utilised for and required a fully allocated spend and activity plan to be agreed and signed off by the Office for Health Improvement and Disparity (OHID). The future of both the grants for 2025/26 is uncertain although clarity is expected in later in 2024 following the Autumn Budget on 30th October.

3.2.4 The Contract with Via is managed directly by Public Health supported by B3 (the service user council whose members 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 are reviewed at monthly contract meetings.

3.2.5 Via have continued to provide services outlined in the original contract and submissions to NDTMS through 24/25. 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.

3.2.6 Current performance on National Drug Treatment Monitoring Service (NDTMS) highlights that there are 1288 local residents engaged in structured treatment programmes. This represents 97% performance against the 24/25 Borough Plan of 1325 and 91% performance against the national target of 1410 residents engaged in structured treatment services at the end of Quarter 1 24/25. It is anticipated that both these targets will be met before the end of 24/25.

- 3.2.7 There are currently no waiting times for residents needing access to the service and retention rates remain above national averages for opiate and crack users, alcohol and non-opiate users. In March this year Via reported the 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.
- 3.2.8 The Contract formally expired on 31 March 2024 although contractual arrangements with the Council have continued with Via on the same basis since 1 April 2024 whilst Officers considered the most appropriate approach to re-procurement.
- 3.2.9 Via employ a number of local residents in a variety of roles across the service, this includes ex service users who have completed their treatment and recovery programme with New Beginnings. The service has continued to deliver services beyond the scope of the contract such as the development of the Elev8 Young People's Mental Wellbeing Service and an extensive outreach programme which involves significant resident engagement and work to support street homeless/rough sleepers who have entrenched drug and alcohol misuse.

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 introduces 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 in accordance with the Public Contracts Regulations 2015 (PCR 2015) and provides an alternative framework to allow collaboration.
- 3.3.3 There have been significant delays in the introduction of the PSR and it was only introduced on 1st January 2024, with the necessary changes made to the Council Constitution to allow for the procurement of contracts using the PSR provided that advice is sought from the Corporate Director, Law & Governance and the Head of Procurement. Advice has been sought and both the Corporate Director, Law & Governance 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 2 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. However, within the new collaborative arrangements many NHS providers have chosen not to compete against each other in competitive procurements. Whilst there has been some interest from other third sector providers in health services market, it is considered unlikely that the Integrated Treatment Recovery Wellbeing and Substance Misuse Service in Brent would be attractive to providers at this time, particularly given the short duration of the contract. It should also be mentioned that the service in Brent is quite unique in that the Via effectively subcontract their clinical provision in partnership with CNWL NHS Foundation Trust. Across London the main instruments of delivery for substance misuse services are through Third Sector providers
- 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 a direct award of the Contract for a term from 1st December 2024 to 31st March 2026 to Via under the new PSR.

3.4.3 A direct award for one year and four months is to reflect the availability of current grants. Public Health anticipates that the Government will develop a new national drug strategy as a result of the comprehensive review to be undertaken. A new national policy direction may require public health commissioning to consider a new service model. While this is being co-produced with services users and partners, existing grants will be maintained for a further 12 months from 1 April 2025.

3.5 Pre procurement Considerations

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

Ref	Requirement	Response	
(i)	The nature of the services / supplies / works	As detailed above	
(ii)	The Value	£4,857,964 per annum	
(iii)	The contract term	1 year 4 months	
	The tender procedure to be adopted	Direct award using PSR	
(v)	The procurement timetable	Stage in Procurement	Indicative dates
		Contract start date.	1 Dec 24

(vi)	The evaluation criteria and process	Direct award using PSR
(vii)	Any business risks associated with entering the contract	Uncertainty of the future of the additional grant funding
(viii)	The Council Best Value duties	For the reasons set out in Section 3, it is considered that Direct Award will result in the Council achieving Best Value
(ix)	Consideration of Public (Social Value) Act 201	Officers have had regard to the Public Services (Social Value) Contract 2012
(x)	Any staffing implications include TUPE and pensions	There are no implications for Council staff arising from the procurement
(xi)	The relevant financial legal and other considerations	Financial – See Financial Implications in Section 5
		Legal - see Legal Implications at Section 6
		Other - N/A
(xii)	Sustainability	Given the nature and value of the Contract, it is not possible to include specific sustainability requirements.
(xiii)	Key Performance Indicators / Outcomes	Appropriate Key Performance Indicators / Outcomes will be included in the contract as outline in the National Drug Treatment Monitoring Service (NDTMS)
(xiv)	London Living Wage	The contract will require the payment of the London Living Wage
(xv)	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 Given the intention to directly award to the incumbent provider under the PSR, it has not been considered necessary to consult with stakeholders or ward members.

5.0 Financial Considerations

5.1 The annual cost of the Service is £4,857,964 This will be funded by a combination of the Public Health Grant - £3,806,000, The Rough Drug and Alcohol Treatment Grant (RSDATG) - £356,100 and the Supplementary Substance misuse Treatment and Recovery Grant (SSMTRG)- £693,864.

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 Public Contracts Regulations 2015. Whilst the PSR allows for competitive procurement, for the reasons detailed in Section 3.4, Officers recommend direct award as is permitted under the PSR.

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 Corporate Director Governance and the Head of Procurement. Both the Corporate Director Governance and the Head of Procurement have confirmed that a direct award under the PSR to Via is permissible.

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 as a result 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 Community Health &
Wellbeing