

UNRESTRICTED MINUTES OF A MEETING OF THE CABINET PROCUREMENT COMMITTEE

MONDAY, 9TH SEPTEMBER, 2019

Chair	Councillor Rebecca Rennison in the Chair
Councillors Present:	Councillors Cllr Jon Burke and Cllr Caroline Selman
Apologies:	Deputy Mayor Anntoinette Bramble
Officers in Attendance	Mr Rotimi Ajilore – Head of Procurement Ms Zainab Jalal – Category Lead Social Care Ms Susan Carran - Category Lead (Corporate Services), Finance & Corporate Resources Ms Karen Tait-Lane - Category Lead (Construction & Environment) Mr Patrick Rodger – Senior Lawyer – Procurement Mr Matt Clack – Public Health Strategist – Children, Adults & Community Health (CA&CH) Ms Amy Harmsworth - Public Health Strategist – (CA&CH) Mr Mark Mulvenna – Contracts & Commissioning Officer (CA&CH) Ms Jade Mercieca – Contracts & Commissioning Officer (CA&CH) Mr Norman Harding Ms Anisah Hilali – Paralegal – CE Services Ms Mary Aladegbola - Energy Manager, Finance and Resources Mr Sam Parry - Corporate Fleet Manager Mr Clifford Hart – Governance Services Officer

1 Apologies for Absence

At 19.00hrs, in the absence of the Chair (Councillor Rennison) the Clerk to the proceedings sought a nomination for the Chair of the meeting for either the duration of the proceedings or until the Chair arrived.

Councillor Burke nominated Councillor Selman.

There being no other nominations Councillor Selman took the Chair nemine contradicente..

NOTED

COUNCILLOR SELMAN IN THE CHAIR

Monday, 9th September, 2019

An apology for absence was received on behalf of Deputy Mayor Bramble, and for lateness from Councillor Rennison.

NOTED

2 Urgent Business

There were no items of urgent business.

NOTED

3 Declarations of Interest - Members to declare as appropriate

There were no declarations of interests.

NOTED

4 Notice of Intention to Conduct Business in Private any Representation Received and the Response to any such Representations

There were no representations received.

NOTED

5 Deputations/Petitions/Questions

There were no deputations, petitions, or questions.

NOTED

6 Unrestricted Minutes of the Previous Meeting of Cabinet Procurement Committee held on 8 July 2019

RESOLVED

That the unrestricted minutes of the Cabinet Procurement Committee held on 8 July 2019 be confirmed as an accurate record of the proceedings.

At this point in the proceedings the Chair advised that the order of business on the agenda would be varied to next consider Item 9, and this agreed nemine contradicente.

7 Information Report- Renewal of Gas & Electricity Supply Contracts - Renewal of Gas & Electricity Supply

RESOLVED

that the outcome of the purchasing arrangements for the renewal of Gas & Electricity Supply Contracts which placed Supply contracts with the Energy companies be noted as detailed in i, ii, and iii below, and that it be further noted that the indicative aggregate cost impact for Hackney, including Housing and Schools, from the tender awards would be a 15% increase year on year, but that the actual impact would be monitored via OFP:

- i. The Half Hourly and Unmetered Electricity Supply contract awarded to Supplier A as detailed in exempt Appendix 1 of the report, estimated contract values of £2,146k and £ 830k respectively;**

Monday, 9th September, 2019

- ii. **The Non-Half Hourly Electricity Supply contract awarded to Supplier B as detailed in exempt Appendix 1, at an estimated contract value of £ 4,119k.**
- iii. **The Gas Supply contract is awarded to Supplier C as detailed in exempt Appendix 1, at an estimated contract value of £ 2,610k.**

RELATED DECISIONS

Cabinet Procurement Committee approved the Business Case report in its meeting of the 15th March 2016. The report recommended the appointment of the Crown Commercial Service as the energy purchasing agent for the Council and also for the Group Director of Finance and Corporate Resources to engage the service provider for future years' purchases

REASONS FOR DECISION/OPTIONS APPRAISAL

This report provides Cabinet Procurement Committee with the results of the "risk managed flexible purchasing" exercise carried out on behalf of the Council by Crown Commercial Service (CCS) between Oct 2018 and March 2019 for all gas and large electricity supplies (Half Hourly including public street lighting) to secure a twelve month contract.

The report also provides the outcome of the purchase carried out by CCS who were also appointed to purchase the Council's small electricity supplies (NHH supplies) based on the delegated authority provided by Cabinet Procurement Committee to the Group Director of Finance and Corporate Resources in March 2013.

The current contract prices for all supplies include those large (HH) Half Hourly electricity supplies including Unmetered (UMS) public street lighting, all gas and small (NHH) Non-Half Hourly electricity supplies for the year commencing 1st April 2019 to 31st March 2020 were presented to the Council during April and May 2020.

This year's contracted prices (pence per unit) for the NHH electricity supplies are estimated at 19% higher than last year's prices. Increases in energy prices are due to a number of reasons. The increase in this cost is quoted by the suppliers as due to factors including an increase to 3rd party costs, commodity rates, renewable levies as well as transmission and distribution costs.

Contracted gas prices (pence per unit) are estimated at 28% higher than last year's prices. Gas prices has been impacted by concerns about nuclear availability, gas storage, and declining European gas production. Since the start of the winter, prices have fallen on the back of mild weather and a significant increase in deliveries of liquefied gas into Europe.

Large electricity supply prices have increased by an estimated 2% for both the Half Hourly (HH) and Unmetered (UMS) supplies. As with the NHH supplies, this is due to Non Electricity Costs which the government levies on supplies to help incentivise the low-carbon economy, as well as the cost of delivering the electricity.

For this year's supplies, the electricity contract was procured with 50% of its volume from primary "standard" electricity generation and an average 50% of electricity from renewable sources. The total premium on the renewable electricity is £7,680 at £0.30/MWh

The contracts for all supplies is for a twelve month period commencing from April 2019 to March 2020.

The Council will continue working with the CCS framework for the 2020/21 Energy Procurement exercise. We will also seek to secure a higher proportion of renewable energy within our contracts. The Council will be able to secure 100% REGO certificated electricity supply through the CCS arrangement. The additional premium for BG supplies is quoted at

Monday, 9th September, 2019

0.11p/kWh and 0.03p/kWh for the EDF supplies. The estimated total cost is circa £39,000 based on the 2017/18 electricity consumption at 49,295MWh. The Council will also explore the Energy Market to appraise how it can procure 100% Renewable Electricity through PPA agreements.

ALTERNATIVE OPTIONS (CONSIDERED AND REJECTED)

Previous Business Case reports and in particular the one considered and approved by Cabinet Procurement Committee in March 2016 detailed the options available to the Council for procuring its energy supplies contracts. The risk managed flexible purchasing of energy in advance of contract start date was and is still preferred to other types of purchasing arrangements.

At this point in the proceedings the Chair varied the order of business to next consider Exempt Item 17 and this was agreed nemine contradicente.

NOTED

- 8 Exclusion of the Public and Press

RESOLVED

That the press and public be excluded from the proceedings of the Cabinet Procurement Committee during consideration of Exempt item 17 on the agenda on the grounds that it is likely, in the view of the nature of the business to be transacted, that were members of the public to be present, there would be disclosure of exempt information as defined in para 3 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended.

SUMMARY OF EXEMPT/CONFIDENTIAL PROCEEDINGS

- 9 Delegated authority notification - Provision of Vehicle Maintenance Services

AGREED to note the delegated authority notification in respect of the provision of Vehicle Maintenance Services.

- 10 REINCLUSION OF THE PUBLIC AND PRESS

The Chair moved and it was agreed nemine contradicente that the public and public be readmitted into the proceedings.

NOTED

- 11 General Exception - Contract Award Report for Clissold House Cafe

At this point in the proceedings Councillor Selman relinquished and Councillor Rennison took the Chair, having arrived at 18.15hrs during discussion of the previous item.

COUNCILLOR RENNISON IN THE CHAIR

The Chair asked for an introduction to the report. The Chair also advised that this report was being considered under General Exception procedures in accordance with the rules set out in the Council's constitution.

Monday, 9th September, 2019

The Parks Development Manager – Mr Sam Parry advised the Committee that Hackney Council was currently seeking a new cafe operator for Clissold House and Park. Clissold House and Park were renovated in 2011 as part of an £8.9 million Heritage Lottery Fund restoration project. Clissold House is a Grade II* listed building in the middle of Clissold Park that hosts community bookings, weddings, meetings and parties. The renovated café re-opened in 2012, and occupied part of the ground and first floor of Clissold House. It benefitted from outdoor seating and a pleasant landscape setting, with the children's playground, animal enclosure and tennis courts in close proximity.

Mr Parry further commented that as well as being a popular destination for park users, the cafe contributed income to the Parks and Green Spaces Service, helping to pay for the maintenance of Clissold Park and other green spaces across Hackney. The new café concession contract would contribute £50,000 a year to the Libraries, Leisure and Green Spaces Service's budget, from a base rent charged to the cafe operator. There would also be a profit sharing element within the new contract, based on a percentage of annual turnover over £500,000, which would contribute further to the Service's budgets.

Mr Parry further commented that the contract with the current service provider ended in October 2019, and a new operator was required to run the cafe from November 2019 for a period of five years. An Invitation to Tender was advertised in May 2019, with 4 operators expressing an interest in the opportunity. Following a competitive procurement exercise, it was recommended that the contract is awarded to Provider C (as detailed in the exempt appendix to the report) for five years.

The Chair thanked Mr Parry for his informative introduction and asked if there were any questions from Members.

Councillor Burke referred to the recently declared climate emergency and asked if these related carbon reductions could be included in the next contract. Councillor Burke also asked how would officers work with the successful company on further sustainability measures.

In response Mr Parry advised that in respect of the related carbon reductions issue these would be included within the next contract. In respect of working with the successful company on further sustainability measures Mr Parry advised that sustainability answers outlined by the successful tenderer should be seen as initial proposals. The successful bidder had committed to working with the Council on further sustainability matters going forward, and a review of such initiatives such as the use of compostable products and elimination of single use plastics, was planned.

The Chair expressed disappointment that the CPC had not had a chance to review the business case for the procurement exercise and that it was potentially a missed opportunity for bringing the service in house.

The Chair asked if it was possible for the successful bidder's business plan to be shared. Mr Parry advised that officers would be happy to share this subject to clarification that this would be permissible.

Councillor Selman sought clarification as regards any measure being taken by officers to promote local employment, e.g. by working with 'Hackney Works'?

Mr Parry responded that Hackney Council worked with the current provider on employment initiatives. As a result of introducing the current operator to the 'Ways into Work' team, they employed a local female cook, who was still working in the cafe to this day. There would be similar introductions made to the new operator, and they would be encouraged to work closely with 'Hackney Works' team on any future employment opportunities.

The Chair sought clarification as to how Hackney would ensure that the new operator would achieve its predicted success.

In response Mr Parry advised that officers met with the cafe operator at regular contract monitoring meetings. At these meetings there was a review of the success of the cafe, reviewing profit, loss and customer feedback. Officers would also suggest changes to the operations based on the feedback that had receive from the Park User Group.

In response to a further point of clarification from Cllr Burke as to how it would be ensured that the cafe was affordable for local people, Mr Parry advised that a key function of the cafe was to generate income to help pay for the maintenance of Hackney's parks, and the operator should be supported to do so. Affordability was also a key factor, however, and was a question asked of operators during the tender process. The previous operator offered a number of 'standard items' on their menu at an affordable price (e.g. a mug of tea and a bacon sandwich). The new operator had offered to do the same, as well as offering cheaper versions of some menu items.

In response to a further clarification from the Chair, as to if officers could confirm that the new operator would pay Hackney Council a percentage of profit rather than turnover, Mr Parry confirmed that this would indeed be profit.

There being no further points of clarification, on a MOTION by the Chair it was:

RESOLVED

That approval be given to the award of the Concession Contract for Clissold House and Park Cafe to Provider C, as detailed in Table 1 of Exempt Appendix One to the report, for a period of five years commencing in November 2019.

RELATED DECISIONS

A Low Risk Business Case requesting approval to carry out the procurement process was signed by the Group Director for Neighbourhoods and Housing on 18 April 2019.

REASONS FOR DECISION/OPTIONS APPRAISAL.

One of Hackney's best loved parks, Clissold Park, was opened in 1889 and has held a Green Flag award since 2006. Green Flags are awarded annually to the best green spaces in the country. Clissold Park and House were renovated in 2011 as part of an £8.9 million Heritage Lottery Fund restoration project. Clissold House is a Grade II* listed building in the middle of Clissold Park that hosts community bookings, weddings, meetings and parties.

The café in Clissold House is currently operated by a service provider. It is open to the public seven days a week (except Christmas Eve and Christmas Day) from 8.30 a.m. – 4 p.m. As well as being a popular destination for park users, the cafe contributes income to the Parks and Green Spaces Service, helping pay for maintenance of Clissold Park and other green spaces across Hackney.

The contract with the current service provider ends in October 2019, and a new operator is required to run the cafe from November 2019 for a period of five years.

ALTERNATIVE OPTIONS (CONSIDERED AND REJECTED)

As part of the Business Case approved prior to the procurement process, the following options were considered:

In-sourcing

The catering provision was deemed to be unfeasible for this service. An In-sourcing report has been appended to this report in Exempt Appendix 2.

Do Nothing

The current contract cannot be extended further. If a new contract is not awarded before the existing contract expires then the current operator would be delivering without contract, or the provision would cease without an alternative solution in place.

External Framework

No external procurement frameworks were identified that would be suitable to this contract.

12 Procurement of the Adult Integrated Drug and Alcohol Service - Key Decision No. CACH P89

The Chair asked for an introduction of the report.

Ms Amy Harmsworth - Public Health Strategist, Children, Adults and Community Health, advised the Committee that Hackney and the City of London had been working in collaboration to review and draw up proposals regarding the recommissioning of the separate specialist drug and alcohol services currently in place across the borough and the corporation.

The current drug and alcohol services in the London Borough of Hackney (LBH) and the City of London Corporation (CoL) were separately commissioned in 2015. Both tenders were won by the same provider (Westminster Drugs Project), and City residents had benefited from having access to a wider service offer in Hackney (e.g. access to prescribing services, group work etc.). Both of the contracts were due to end in October 2020.

Ms Harmsworth informed the Committee that over the last 10 months significant targeted consultation with key stakeholders had been completed, including service users, staff, potential providers and partners. A design Steering group was established with senior members across the Council and City of London Corporation, representatives from the integrated workstreams, GPs and the CCG to aid with the focus and design of the new service. The needs and available data concerning substance misuse within the City and Hackney were also researched and analysed in the new joint strategic needs assessment chapter on substance misuse.

Ms Harmsworth advised that the Committee were being asked to approve the recommissioning of the City and Hackney services together as one integrated service. This would continue to provide economies of scale for the CoL, as well as provide value for money across the local authorities that would share the costs of management fees and overhead charges from an external provider(s).

In terms of making a case for change of the provision Ms Harmsworth advised that it was a fact that individuals who had engaged or required engagement with specialist drug and alcohol services had changed over recent years. This included, but was not limited to an ageing treatment population whose complex and/or multiple health and social needs require additional and wrap-around support, an increase of individuals with co-occurring substance misuse and mental health needs, and a reduction of alcohol only service users engaging with the treatment service, despite estimated need remaining unchanged. This was illustrated locally within a recently completed Joint Strategic Needs Assessment (JSNA) Substance

Monday, 9th September, 2019

Misuse Chapter which analysed and reviewed the current needs of drug and alcohol users across Hackney and the City.

With regard to the new Service Proposal Ms Harmsworth advised that the main changes from the previous service was as follows:

- **Integrated City and Hackney Service** - This would be one integrated City and Hackney Service managed as a unified system
 - **Increased Outreach** - The current model was traditional in nature, whereby drug and alcohol users were expected to attend a treatment hub to receive treatment. Whilst there was still a requirement for a treatment hub in this service, the service would now be asked to become more assertive in their approach to working with local drug and alcohol users by providing a team of outreach keyworkers to find and support individuals who may find traditional treatment challenging to engage with.

Ms Harmsworth concluded her introduction by advising that the service specification had been reviewed and signed off by the design steering group for this recommissioning. In addition, Hackney Public Health sourced a Clinical Expert in Substance Misuse to review the service specification. The clinical expert fed-back that the specification had been written to a good standard, without any significant omissions or oversights, and which demonstrated a clear and comprehensive understanding of clinical and NICE guidelines, evidence base and the local priorities for the City and Hackney. Also for the Committee's information there had been an update on the City of London contribution which differed slightly from that reported in the business case. The total contribution (which included the City of London Police Contribution) was £311,500.00.

The Chair thanked Ms Harmsworth for her introduction and asked if there were any questions from Members.

Councillor Selman sought assurances in respect of LB Hackney being confident that the market was able to provide a high quality service.

Ms Harmsworth in response advised that there was a very good market for drug and alcohol provision, including approximately 5 large reputable charities, and a number of NHS trusts that had also voiced an interest in this contract. Officers would be ensuring high quality bids throughout the tender process, including a 70% weighting on quality of the bids, and a minimum scoring criteria that will disqualify any poor quality bids.

The Chair sought clarification as to whether officer had completed a networking bid, including smaller charities, so they could meet and partner with the bigger providers, The Chair also sought confirmation as to why the young person service can be delivered in house but this proposed contract was not able to be.

In response Mr Harmsworth advised that officers had held a consultation day where a number of potential bidders were invited, and attended. This included smaller charities such as Build on Belief and Foundation for Change.

In respect of why this service could not be delivered in house whereas the the young person service can be delivered in house, Ms Harmsworth advised that this was because young hackney substance misuse service was not a clinical service, unlike the adult service which needed to be delivered by a highly skilled and clinically able team. If there were any under 18 year olds, or 18-24 year olds engaging with Young Hackney who required a clinical intervention, this would be provided by the new adult service. This was outlined in the service specification alongside a emphasis of the importance for a strong working relationship between these 2 services.

There being no further questions on a MOTION by the Chair it was:

RESOLVED

- i. That approval be given to the procurement strategy for an adult integrated drug and alcohol treatment system contract for the City of London Corporation and the London Borough of Hackney up to an annual maximum value of £4,930,850 for a period a five years commencing on 1 October 2020 with an option to extend for a further 2 years (plus 2 years) to a maximum contract value of £44,377,650; and
- ii. That it be noted that Young Hackney would continue to deliver the drug and alcohol service for young people (up to the age of 25 years) as in-house provision, subject to full service monitoring and review (as detailed in section 9 of the report).

RELATED DECISIONS

In February 2018 CPC agreed an STA for the existing contract until 30 September 2020 to allow for service review and redesign http://mginternet.hackney.gov.uk/documents/s59121/CDM-18849790-v3A-ISMS_CPC_Report_February_2018.pdf

OPTIONS APPRAISAL AND BUSINESS CASE (REASONS FOR DECISION)

Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring there are public health services aimed at reducing drug and alcohol misuse. The 2015/16 public health grant included a new condition (that has remained in the most recent grant) that requires: A local authority must, in using the grant, “...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services...”¹

The current contracts in the London Borough of Hackney (LBH) and the City of London (CoL) have been in place since October 2015. These contracts are due to end in October 2020 and the procurement outlined in this report will seek a joined up service across the two authorities into one integrated service managed as a unified system. LBH will lead on the overall contract management of this new service, with CoL having continued oversight and involvement.

Case for change: Individuals who engage or require engagement with specialist drug and alcohol services have changed over recent years. This includes, but is not limited to, the following:

- An ageing treatment population whose complex and/or multiple health and social needs require additional and wrap-around support
- individuals with co-occurring substance misuse and mental health needs
- A reduction of alcohol only service users engaging with the treatment service

The needs of LBH and CoL in regards to specialist drug and alcohol treatment has been reviewed extensively including the publication of a Joint Strategic Needs Assessment (JSNA) Substance Misuse Chapter (<http://www.hackneyjsna.gov.uk>), and a significant consultation exercise which sought the views of service users (including current and potential), professional drug and alcohol practitioners, direct partners (such as local GPs, police custody suite officers etc.) and a number of other stakeholders. This has directly informed the design of the new service specification.

The new contract will provide opportunities for innovation in the service delivery and design through a flexible drug and alcohol service framework designed to enable greater responsiveness to the changing needs of the treatment population.

¹ Public Health ring-fenced grant 2019/20 circular allocations and conditions, Grant Conditions, point 7

Monday, 9th September, 2019

As with many other elements of the Public Health portfolio, this procurement will be carried out by Hackney on behalf of LBH and the CoL. Currently, the local authorities have standalone services. CoL's current specialist drug and alcohol treatment system supports a small number of residents that live or stay within the City, and there are existing partnership arrangements between the local authorities to support these individuals within the current Hackney Recovery Service (HRS) if required (e.g. opiate substitute prescribing and group work interventions). Following a number of consultation and review events, it has been decided to create one integrated system.

A minimum contract length of five years is being proposed following the work undertaken as part of this review and the publication by the [Advisory Council for Drug Misuse \(ACMD\) Recovery Committee Report](#) in September 2017. This report highlights a number of risks associated with frequent reprocurement of substance misuse services including poorer recovery outcomes and recommends commissioning cycles for substance misuse to take place every five to 10 years to minimise the use of vital resources, and disruption to service delivery. Furthermore issues have been identified by the Faculty of Addictions Psychiatry of the Royal College of Psychiatrists that as a consequence of frequent re-tendering there are risks around increased drug overdoses, increase in use of accident and emergency and acute hospitals, and increases in crime. These risks are particularly concerning at a time when drug related deaths are increasing.

Service redesign - The service to be procured as outlined in this report will provide specialist and community based drug and alcohol treatment for adults (over 18 years) that reside or stay (with a local connection) in the LBH or the CoL. The service will be provided by one provider or by a small number of providers that work together/in consortia with a lead organisation accountable to LBH for the delivery of the overall contract.

The service model will be:

- Recovery focussed
- Outcome based
- Inclusive
- Shaped by the needs, views and voices of service users, carers, families and communities in the boroughs
- Accessible and offer focussed support that will be available at any point during a service user's recovery journey
- Evidence based

The following key outcomes will be monitored for those actively engaged in the service as a minimum to assure an effective treatment service:

- Freedom from dependence on drugs and/or alcohol
- A reduction in crime and offending
- Prevention of drug related deaths and blood borne viruses
- Sustained employment, training and/or education
- Ability to access suitable accommodation
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent and the safeguarding and support of vulnerable children

The treatment service will deliver on the following key areas in both LBH and CoL:

- Treatment and support for individuals using a variety of substances, including traditional drugs (such as opiates, cocaine etc.) as well as alcohol, novel psychoactive substances, and club drugs. The service will work with GPs on the misuse of prescription medications.
- A treatment service that provides a level of support and treatment at least 6 days a week across LBH and CoL, considering evening and weekend provision. The accessibility of the service is to be widened, maximising

- opportunities for co-location with partnership agencies, satellite clinics and increasing the level of outreach provided by the service.
- Psychosocial Interventions to address addictive behaviours and/or support sustained recovery from drug and alcohol misuse. This will include comprehensive assessment of need, goal setting, structured interviews and group work sessions.
 - Delivery of pharmacological interventions within drug and alcohol treatment including prescribing opiate substitute treatment, supporting community and inpatient detoxification from drugs and/or alcohol, and other prescribing needs (such as withdrawal management medication). This will also include close working relationships with local GPs and hospitals.
 - A family and carer service that will support families, friends and carers of drug and/or alcohol users in group and/or individual settings, as well as supporting identified parental substance users (or adults with significant child contact), and ensuring all children are safeguarded.
 - Wrap around support to address multiple needs that potential service users might present with such as physical and mental health, family support, and criminal justice involvement. This will be underpinned by significant focus on joint partnership working protocols, information sharing agreements and networking events to ensure service users have equitable access to health and social care services and support in a timely and coordinated fashion.
 - Harm reduction interventions to reduce substance related harm and deaths including access to needle exchange provision and naloxone (a drug that reverses the effect of an opiate overdose), in addition to providing testing and treatment for service user's with Hepatitis C (and other blood borne viruses). As such, the new service will support the City and Hackney to eliminate hepatitis C, in line with the NHS England commitment²
 - Step down recovery support on completion of treatment which enhances long term and sustained recovery and increases a service user's sense of community.
 - An increased responsibility in the overall prevention of drug and alcohol misuse throughout the local authorities. This will be completed via the publication of national and local campaigns and providing training to universal services and front line staff who are likely to have direct contact with individuals at risk of developing problems with drugs and alcohol.

For strategic context regarding the re-procurement proposal, please refer to section 7

Consultation - Significant consultation has taken place within four key groups including the current provider, potential providers, service users/potential service users and stakeholders for the service. Views have been captured using a variety of methods such as online surveys, focus groups, 1:1 interviews and an all-day consultation event. For additional detail on how consultation was completed, please refer to section 12.

The targeted consultation informed us there are many areas of the current treatment model that work well, but also some gaps in provision which could be addressed. Shared themes from the consultation that we have considered as part of the service redesign include:

- The service must be able to support complex and multiple health and social care needs
- The service needs to be tailored and flexible to individual needs presented by service users. (i.e. 'not one size fits all' when it comes to specialist drug and alcohol treatment)

² NHS England sets out plans to be the first in the world to eliminate Hepatitis C – www.england.nhs.uk/2018/01/hepatitis-c-2

Monday, 9th September, 2019

- A whole person approach is to be adopted when supporting individuals in a specialist drug and alcohol service i.e. support them to improve their sense of community, their use of time and support for families and children
- Equity of access of the service must be reviewed and increased as not everyone can or wants to attend a drug and alcohol treatment office.
- Retaining quality staff must be seen as a priority as this directly impacts service user's experience of treatment, and overall outcomes.

ALTERNATIVE OPTIONS (CONSIDERED AND REJECTED)

Option 1, Allow current contract to come to an end, and not provide a specialist drug and alcohol service from October 2020. This is not recommended. Hackney Council has a duty to provide services to reduce health inequalities, increase the uptake of drug and alcohol treatment and provide effective outcomes for substance users and the wider community via the allocation of the Public Health grant. In addition, we know that the impact of drug and alcohol use continues to be significant throughout the borough - with 1,600 alcohol specific hospital admissions a year and drug related deaths increasing. Substance misuse is also linked with criminal activity, increased unemployment rates and homelessness. As such the health, social and financial impact of substance misuse remains significant. Research by PHE has demonstrated that investment in specialist drug and alcohol services in the UK are effective and contribute to improvements and wellbeing, as well as providing value for money (it is estimated there is a £4 social return on every £1 invested in drug treatment, and £3 social return on investment in alcohol treatment throughout the country.)

Option 2, The service model to remain as it is, and the current contract is extended. The current service model has been in operation since October 2015 on a three year contract, which was extended for 2 years in 2018. Since 2015, the demography for local Hackney residents and their needs as part of drug and alcohol treatment has changed, as previously mentioned. It is recommended that a new service is designed to meet the ever changing needs of the drug and alcohol using cohort, and to increase treatment engagement throughout the borough.

Option 3, To insource adult specialist drug and alcohol treatment via Hackney Council. Due to the clinical aspect of the service, the service requires an approved clinical body to deliver safe and efficient prescribing care needs (e.g. an NHS Trust). The clinical requirements of this service are significant, and it would be a challenge for the Council to take this on. For example, the Council would be required to recruit the specialist qualified staff who require clinical supervision, training and insurance in order to provide a safe and effective service. Further detail on how in-sourcing this service was considered is available in Appendix A.

Option 4, Jointly commission a specialist drug and alcohol service that supports all ages (including under 18 year olds). Specialist drug and alcohol treatment for young people up to their 25th birthday is currently provided by a substance misuse team in Young Hackney, and Public Health explored the possible benefits of including the young person provision within the scope of this procurement exercise. The current budget allocated to this service via the Public Health Grant is £386,000.00.

Guidance for the commissioning of young person drug and alcohol treatment recommends that interventions delivered must be age appropriate and tailored to the various needs and risk factors that may be presented by young people - e.g. interventions to develop resilience, provide social service support, able to respond to safeguarding needs etc. Unlike the service user profile seen in the adult service, young people are more likely to use substances such as cannabis and alcohol and less likely to present using Class A drugs. As such, the needs of young people can be significantly different to the adult drug treatment population.

Monday, 9th September, 2019

Stakeholders consulted on this proposal acknowledged that one provider could deliver the young person and adult drug and alcohol treatment in LBH. However, all stakeholders agreed that adults and young people need separate services in location, delivery and even service branding for effective treatment outcomes and risk management/safeguarding for the different age groups. Stakeholders also suggested links with other young person services could be lost if removed from the Young Hackney system, for example, wrap-around support such as youth services, children's social care, and links with the youth offending service. Although it was agreed continuity of care and partnerships between the adult and young person drug and alcohol services may be improved if delivered by one provider, it was felt this benefit alone was not enough to enhance the service, and can be easily addressed within the newly designed service specification.

As such, it is felt there is no obvious advantage to this proposal. It is therefore recommended that Young Hackney continue to deliver the drug and alcohol service as an in-house provision, subject to a full service review in the future to ensure this service is well designed and contracted to meet the needs of young people in Hackney.

13 Any other Unrestricted Business the Chair Considers to be Urgent

There were no items of unrestricted urgent business.

NOTED

14 Dates of Future Meetings

NOTED - Meetings will be held at 6.00pm on:

7 October 2019
4 November 2019
2 December 2019
13 January 2020
10 February 2020
11 March 2020
6 April 2020
11 May 2020 – new meeting

15 Exclusion of the Public and Press

The Chair advised that the following items 16-19 allow for the consideration of exempt information in relation to agenda items 6, 7, 11 and 12, respectively.

RESOLVED

That the press and public be excluded from the proceedings of the Cabinet Procurement Committee during consideration of Exempt items 16-19 on the agenda on the grounds that it is likely, in the view of the nature of the business to be transacted, that were members of the public to be present, there would be disclosure of exempt information as defined in para 3 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended.

SUMMARY OF EXEMPT/CONFIDENTIAL PROCEEDINGS

16 Exempt Minutes of the Previous Meeting of Cabinet Procurement Committee held on 8 July 2019

AGREED the exempt minutes of the Cabinet Procurement Committee held on 8 July 2019.

- 17 General Exception - Contract Award Report for Clissold House Cafe

AGREED AND NOTED the exempt Appendices 1 & 2 in relation to agenda item 7 in the unrestricted part of the agenda.

- 18 Procurement of the Adult Integrated Drug and Alcohol Service - Key Decision No. CACH P89

AGREED AND NOTED the exempt Appendix A in relation to agenda item 8 in the unrestricted part of the agenda.

- 19 Information Report - Renewal of Gas & Electricity Supply Contracts

AGREED AND NOTED the exempt Appendix 1 in relation to agenda item 9 in the unrestricted part of the agenda.

- 20 Any Other Exempt business the Chair Considers to be Urgent

There were no items of exempt urgent business.

NOTED

Duration of the meeting: 18:00 – 19:00

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