ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE

Agenda Item 42

Brighton & Hove City Council

Subject: Residential Rehabilitation Services

Date of Meeting: 11 January 2022

Report of: Executive Director, Health & Adult Social Care

Contact Officer: Name: Stephen Nicholson Tel: 01273 296554

Email: Stephen.nicholson@brighton-hove.gov.uk

Ward(s) affected: All

1. PURPOSE OF THE REPORT AND POLICY CONTEXT

1.1 The purpose of this report is to describe the residential rehabilitation provision for drugs and alcohol in Brighton and Hove and to seek approval from the Adult Social Care and Public Health Sub-Committee to undertake a procurement process for the ongoing provision of residential rehabilitation services at the end of the current contracts.

2. RECOMMENDATIONS

- 2.1 That the Sub-Committee agrees to advertise the provision of residential rehabilitation services via a Prior Information Notice (PIN) as a call for competition for contract periods of three years with the possibility of two-year extensions.
- 2.2 In the event that multiple expressions of interest are received, and an open competition is required, that the Sub-Committee grants delegated authority to the Executive Director of Health & Adult Social Care to extend the current contracts for as short a period as possible to facilitate a competitive process.
- 2.3 That the Sub-Committee grants delegated authority to the Executive Director of Health and Adult Social Care to undertake a procurement process and award the subsequent contracts.

3. CONTEXT AND BACKGROUND INFORMATION

- 3.1 Brighton and Hove has the 8th highest rate of deaths related to substance misuse and the 12th highest rate of alcohol specific related mortality in the Country.
- 3.2 Brighton and Hove has a large population with substance misuse issues and a large population with multiple complex needs; in particular, a significant proportion of people in treatment have substance misuse, mental health needs and other support needs.
- 3.3 There is a strong evidence base for the effectiveness of residential rehabilitation, especially for those with additional needs. An evidence review undertaken by the Helena Kennedy Centre for International Justice in 2017 concluded that "an effective and recovery-oriented treatment system must include ready access to

residential treatment for alcohol and drug users both to manage the needs of more complex populations and for those who are committed to an abstinence - based recovery journey".

- 3.4 Residential rehabilitation programmes provide intensive psychosocial support and a structured programme of daily activities which residents are required to engage with to support them to support them to attain a drug and alcohol-free lifestyle and be reintegrated into society.
- 3.5 Adult (18+) residential rehabilitation services are commissioned by the Council to support drugs and alcohol recovery in the City. The services are primarily targeted at those who are homeless or insecurely housed with the most complex needs and offer longer-term accommodation-based interventions. The services include detoxification support and preparation, a recovery programme and finally a move-on re-settlement programme to support positive reintegration with society.
- 3.6 The services are currently provided by Brighton Housing Trust (BHT) and Change, Grow, Live (CGL). The key difference between the two services is that one offers a predominantly fellowship-based 12-step model of recovery and the other operates a cognitive behavioural therapy (CBT) model. It is recognised that no one model will meet the needs of all clients and the offer of two models maximises the utility of the services.
- 3.7 The existing services provide good value for money compared to like services and demonstrate positive outcomes. Approximately 70% of clients successfully complete the residential rehabilitation programme and move on in a planned way. Approximately 70% of clients who leave the programme in a planned way maintain their abstinence and do not re-present to services within 12 months
- 3.9 Officers are requesting Sub-Committee approval to advertise a PIN as a call for competition for two new rehabilitation service contracts lots for a contract period of three years with the possibility of a two year extension and are asking for permission to undertake a procurement process and award the subsequent contracts. The total cost of these services would be up to £2,684,750. The timeline available now means that if multiple expressions of interest are received there will not be sufficient time to run a competitive tender process within the duration of the current contracts so officers are requesting permission to extend the current contracts for as short as period as possible to facilitate this process taking place.

4. ANALYSIS AND CONSIDERATION OF ALTERNATIVE OPTIONS

- 4.1 Local authorities have a statutory duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.
- 4.2 There is a condition under the Public Health ringfenced grant for local authorities to have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment and recovery system.

- 4.3 A treatment and recovery system with a full range of interventions would include rehabilitation services.
- 4.4 The possibility of providing these services in-house is considered unlikely because provision of therapeutic residential rehab services is reliant on the availability of significant longer-term accommodation resource in excess of 60 units. The accommodation needs to be segregated by treatment phase of the integrated care pathway. Residential rehabilitation is not a substitute for supported accommodation and access to the service is prioritised to clients who are motivated to change, are high risk, and have complex needs.
- 4.5 The services require significant specialist infrastructure, expertise and staffing establishment that is unlikely to be available within the Council existing direct service provision.
- 4.6 The services fall within the ambit of the 'light touch regime' of the Public Contracts Regulations 2015. The total contract value is in excess of the relevant threshold of £633,540. Given this, the services must be advertised to the market. Direct award to the existing providers is not recommended as it carries a high risk of challenge.
- 4.7 It is understood that the market for the services is relatively limited and as such, if services are advertised via an open procedure the only responses may be from the incumbent providers. Advertising the services via a Prior Information Notice as a call for competition may, in the event that offers are only received from the incumbent providers, negate the requirement for a full competition, and will instead allow the Council to negotiate directly.
- 4.8 A Prior Information Notice as a call for competition is significantly less resource intensive for the Council and providers and, given the limited benefits of running an open procedure, is the recommended route to market.
- 4.9 If multiple offers are received, the Council will be required to extend the existing contracts to enable such a competition to take place

5. COMMUNITY ENGAGEMENT AND CONSULTATION

5.1 The preferred option will provide the necessary timeframe to conduct stakeholder engagement and an Equality Impact Assessment of any proposed changes to the service model.

6. CONCLUSION

6.1 Brighton and Hove has very high need for an effective drug and alcohol treatment system. Residential rehabilitation is an integral, cost effective element of that system, especially for those with multiple needs. The current services demonstrate good outcomes and arrangements need to be made for provision of the services at the end of the current contracts. The response to a PIN will demonstrate the market for these services and inform the subsequent procurement process.

7. FINANCIAL IMPLICATIONS:

- 7.1 The existing residential rehabilitation contracts, currently provided by Brighton Housing Trust and Change, Grow, Live as part of the Substance Misuse Programme, sit within the ring-fenced Public Health grant (Health & Adult Social Care directorate).
- 7.2 The net budget is £0.537m in 2021/22 and has been assumed as ongoing. However, the Public Health grant allocation has not been confirmed beyond financial year 2021/22 which may impact on the availability of funding, though it is anticipated that financial resources will be available to enable the commissioning of the services detailed above up to March 2025.

Name of finance officer consulted: Sophie Warburton Date consulted: 15/12/2021

8. LEGAL IMPLICATIONS

- 8.1 The Council must comply with the Public Contracts Regulations 2015 in relation to the procurement and award of contracts above the relevant financial threshold. The services outlined in this report fall within Schedule 3 of the Public Contracts Regulations 2015 and exceed the relevant financial threshold for light touch regime services (£663,540). The procurement process for the light touch regime is not unduly prescribed but must accord with the fundamental principles of transparency and equal treatment of economic operators. A Prior Information Notice must set out the broad parameters of the services required and the process by which it is intended to award the contracts.
- 8.2 If an extension is necessary to facilitate a competitive process, an extension will be necessary. The risk of legal challenge to that extension is very low. Nevertheless, the extension should be for the shortest period possible.

Name of lawyer consulted: Sara Zadeh Date consulted: 17/12/21

9. EQUALITIES IMPLICATIONS

- 9.1 The service contracts will include specific requirement that the service provider must not discriminate between or against Service Users on the grounds of age, disability, gender reassignment, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non-medical characteristic.
- 9.2 The services will be provided with full regard to The Equality Act (2010) and the Public sector Equality Duty (2011) in ensuring services are appropriate and accessible to all. The provider will participate in equality impact assessments annually and as required.
- 9.3 The provider will collect, monitor and analyse data to inform and ensure equitable access to the service. Remedial action will be taken in a timely fashion to ensure equity of access where any challenges are identified.

10. SUSTAINABILITY IMPLICATIONS

10.1 Full consideration will be given to BHCC Sustainable Procurement Policy.

Bidders will be required to demonstrate consideration of the social, ethical, environmental, and economic impacts of their proposals. Bidders will also be required to evidence a commitment to ongoing improvements in these areas

11. OTHER IMPLICATIONS

Social Value and procurement implications

- 11.1 Social value will be a requirement of the specification for the contract and will be measured by key performance indicators.
- 11.2 Should multiple expressions of interested be received, and further competition be required, specific evaluation questions following the guidance of the Brighton and Hove Social Value Framework will be included
- 11.3 Specific areas will include support into long term accommodation and access to training and employment opportunities

Crime & disorder implications

- 11.4 The illicit drugs market in the UK is worth almost £10 billion a year, with 3 million users and a supply chain that has become increasingly violent and exploitative. Drug deaths are at an all-time high and drug addiction fuels many costly social problems, including homelessness and rising demands on children's social care. The drugs market is driving most of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to drugs. People with serious drug addiction occupy 1 in 3 prison places
- 11.5 Access to good quality residential rehabilitation services will help to reduce crime and disorder in the City.

Public health implications

11.6 Improving public health is directly addressed by the public health services to which this paper refers

12. SUPPORTING DOCUMENTATION

Appendices

1. Appendix 1: Additional information on residential rehabilitation in Brighton and Hove