

Committee Name and Date of Committee Meeting

Delegated Officer Decision – 04 October 2022

Report Title

Officer Decision Record for approval for a contract variation of £268,514.30 to CGL to deliver activities under the Supplemental Substance Misuse Treatment and Recovery Grant 22/23.

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

Ben Anderson, Director of Public Health

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Ward(s) Affected

Borough-Wide

Report Summary

This report outlines the decision to award £268,514.30 via a contract variation to CGL. This funding is a part of the Supplementary Substance Misuse Treatment & Recovery Grant (SSMTRG) which was agreed by Cabinet on 11th July 2022.

Recommendations

1. To agree the contract variation to CGL for additional activity relating to the SSMTRG.

List of Appendices Included

None

Background Papers

[Cabinet Report](#) – 11th July 2022

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Name of Committee – Click here to enter a date.

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Council Approval Required

No

Exempt from the Press and Public

No

Contract ref 17-022

1. Background

- 1.1 In 2021 Rotherham received additional funding of £411,000 via the PHE Drug Treatment, Crime and Harm Reduction Universal Grant. This was originally a one-year allocation. As the commissioned drug & alcohol treatment service, CGL provided various activities funded by this grant, including harm reduction, outreach and increased Naloxone provision; recruitment of additional Criminal Justice recovery co-ordinators, an enhanced recovery offer and recruitment of additional staff. A contract variation was issued to the value of £282,865.
- 1.2 As described in the [Cabinet paper](#) of 11th July, Rotherham were awarded a Supplemental Substance Misuse Treatment and Recovery Grant of £688,722 for 2022/23. Due to the ongoing tender process for the drug and alcohol service at the time, it was not possible to specify the service provider in the Cabinet paper, and as such Cabinet did not formally approve this variation to the provider contract. However, implicit reference was given to the investment in the treatment system and treatment service, which are already being delivered by the treatment provider.

2. Key Issues

- 2.1 The commissioned drug & alcohol treatment provider, CGL (up to the 31st March 2023, when the contract ends), continued to provide activities and staff posts which commenced under the previous PHE Universal Grant. The appended contract variation has been signed by CGL. Procurement confirmed that there remained enough flexibility in the contract terms to allow for this additional funding to be awarded to CGL for the specified period.
- 2.2 The officer decision confirms the intention to issue additional resource and funding capacity through the SSMTRG, as described in the contract variation, to the treatment provider, CGL.
- 2.3 The contract period is 1st July to 31st March 2023 allowing for 9 months activity. The grant from the previous year covered the period until 30th June 2022.

3. Options considered and recommended proposal

- 3.1 There were no options included other than, the recommendation to issue funding through the SSMTRG as per the Cabinet paper and using the appended contract variation funding to CGL. This is due to them being the commissioned specialist drug and alcohol treatment provider until the 31st March 2023.

4. Consultation on proposal

- 4.1 A strategic group was established to contribute ideas for the 10 areas of development outlined in the grant project plan with key internal and external stakeholders. The incumbent service provider (CGL) and other potential local providers were involved in the above exercise.
- 4.2 Partners were able to review the proposed grant plans and were informed of the projects that had been submitted to OHID, including the continued delivery of previous grant activities and new grant posts and activity by CGL.
- 4.3 The proposal to award the contract variation to CGL was also reviewed and approved at Public Health SMT on the 28th September 2022, and by Adult Care, Housing & Public Health Directorate Leadership Team on the 4th October 2022.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The contract commencement was the 1st July 2022 to align with the expiry of the initial year of funding.

6. Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)

- 6.1 The Council currently has a 5-year contract with CGL to deliver Drug and Alcohol services with a budget in 2022/23 of £3.2m, which will expire on 31 March 2023. A new 5-year contract (with the option to extend annually for up to 5 further years) was awarded to We Are With You who will be the new commissioned provider from 1st April 2023.
- 6.2 The contract variation runs over the final year of the existing contract.
- 6.3 The contract variation referred to within the body of this report has been completed in line with the Councils Financial and Procurement Procedure Rules and Public Contract Regulations (as amended).

7. Legal Advice and Implications (to be written by Legal Officer on behalf of Assistant Director Legal Services)

- 7.1 It appears from this decision report that the activity covered by the variation has already been completed. Any other operator aggrieved with the Council's decision to agree this variation would have 30 days from the date of becoming aware of it to challenge the Council's actions.

However, the Financial and Procurement Advice and Implications section of this decision report indicates that the proposed variation was compliant with the Council's Financial and Procurement Procedure Rules and Public Contract Regulations. Based on this, the risk of a challenge to the Council looks low.

8. Human Resources Advice and Implications

- 8.1 The activities detailed in the contract variation have created a number of additional posts to support service delivery. Details of the roles established are outlined within Appendix 1 of the Cabinet Paper.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 There are no implications for C&YP and Vulnerable Adults in relation to the contract as this element is adults only.

10. Equalities and Human Rights Advice and Implications

- 10.1 This is a universal grant for anyone who experiences substance misuse problems in Rotherham. It is known that poor physical and mental health is disproportionately experienced by some of the most vulnerable members of our local communities and the contract variation will aim to address inequality in health as a general principle, and to prioritise certain target groups through enhancement of engagement and outreach.

- 10.2 It will be key to ensure that any and all areas of development resulting from the additional funding ensure equal access and outcomes across all of Rotherham's communities whilst ensuring that no protected equalities group is being unintentionally disadvantaged or excluded.

11. Implications for CO2 Emissions and Climate Change

- 11.1 The Service is already in place, and no new premises are being sought. There will be no additional implications for CO2 Emissions and Climate Change, and the changes within this proposal do not highlight any further impact on CO2 emissions.

12. Implications for Partners

- 12.1 The implication on partners was expected to be minimal as the provider already has partnership and pathways established.
- 12.2 The drug & alcohol treatment service is an essential part of an existing substance misuse treatment system and has existing relationships/pathways. The contract variation/activities have not negatively impacted these and have improved service delivery.
- 12.3 GPs and pharmacies are key partners to this delivery and are subcontracted by CGL to deliver shared care, needle exchange and supervised consumption.

Appendices

13. Risks and Mitigation

- 13.1 Staffing/recruitment and retention- this has been closely monitored to ensure no gaps in provision and vacancies were appointed to as quickly as possible.
- 13.2 Risk of underspend- the risk of underspend in staffing due to delays in recruiting to vacancies has been managed via regular monitoring and this is minimal. However the funding is only claimed by the provider on actual spend.

14. Accountable Officers

Ben Anderson – Director of Public Health.