



## Mayor and Cabinet

### **Report title: Permitted Contract Extension of the Change, Grow, Live Contract (Adult Substance Misuse Service)**

**Date:** January 2025

**Key decision:** Yes

**Class:** Part 1

**Ward(s) affected:** All Wards

**Contributors:** Assistant Director of Integrated Commissioning & Commissioning Manager – Addictions, Finance Business Partner, and Legal Services.

### **Timeline of engagement and decision-making**

9 June 2021 – Mayor & Cabinet approval to procure suitable provider to deliver substance misuse services (based on lower budget)

10 June 2021 – Director of Corporate Resources approval to procure substance misuse services.

3 November 2021 – Award of Contract

1 April 2022 – Contract Commenced

### **Outline and recommendations.**

The purpose of this report is to seek approval from Mayor and Cabinet to extend the contract for the Change, Grow, Live (Adult Substance Misuse Service) for a period of two years from 1<sup>st</sup> April 2025 until 31<sup>st</sup> March 2027 as provided for by the option in the original contract award.

The total value of the extension will be £3,890,072 with an annual value of £1,945,036.

This extension can be fully funded through the 2025/26 grant from Office for Health Improvement and Disparities (OHID).

## 1 Summary

- 1.1 The purpose of this report is to seek approval from Mayor and Cabinet to extend the contract for the Change, Grow, Live (CGL) for a period of two years from April 2025 until March 2027.
- 1.2 Following extensive consultation on the drug and alcohol treatment service, Mayor and Cabinet gave approval to re-commissioning drug and alcohol treatment services for adults in Lewisham on 3 November 2021.
- 1.4 Following an open procurement process, which resulted in a number of expressions of interest, tenders were submitted. After evaluation of the bids, the tenders were shortlisted. On completion of the evaluation process the contract was awarded to the successful provider Change, Grow, Live by Mayor and Cabinet on the 3<sup>rd</sup> of November 2021 for a three-year contract starting on the 1<sup>st</sup> of April 2022 with an option to extend for a further 1+1 years.
- 1.5 For reasons set out in this report the recommendation is to exercise the option to extend the contract for two years which will align the young persons and Adult Substance Service contracts with an end date of 31<sup>st</sup> March 2027. During this time there will be a comprehensive review of the service model. The extension of contract will also ensure continuity of the service for vulnerable service users and allow (CGL) over the next 2 years to build on the significant improvements in performance to date.

## 2. Recommendations

- 2.1 It is recommended that the Mayor & Cabinet approves:
- An extension of 2 years to the contract for an Adult Substance Misuse Service with Change, Grow, Live from 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2027, for an overall value of £3,890,072.

## 3. Policy Context

- 3.1 The recommendations within this report relate to the following priorities in the Council's new Corporate Strategy 2022-2026, namely:
- **Children and Young People;** the renewal of the contract will provide treatment and support to families where substance misuse has been identified as a concern regarding child protection and safeguarding.
  - **Safer Communities:** the renewal of this contract will support the work within the partnership to combat anti-social behaviour that is linked to alcohol and drug misuse.
  - **Health and Wellbeing;** the services within the contract will provide physical and mental health assessments on all service users and where appropriate refer to primary and secondary NHS services. There will be a strong emphasis on education, training, and leisure activities to support the service users' self-improvement and assist with re- integration into the community.

## 4. Background

- 4.1 The Prevention, Inclusion & Public Health Commissioning Team commissions a range of services to meet the needs of those with a drug and/or alcohol problem and to reduce harm to society as a whole.

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- 4.2 The majority of the treatment services provided in Lewisham are funded through the Public Health (PH) grant which contributes £3,412,000 to the overall treatment budget of £5,925,096 for 2024/25 which is made up from two additional grants: £632,942 (Rough Sleepers Drug and Alcohol Grant and £1,880,154 from the Supplementary Substance Misuse and Treatment Grant. However, there is no confirmation of the grants past 2024-25.
- 4.2.1 The grant allocations for the CGL contract are:
- £917,634 - Supplementary Substance Misuse Treatment & Recovery Funding (part of overall grant)
  - £534,145 - Rough Sleeping Drug and Alcohol Treatment Grant via Public Health England (part of overall grant)
- 4.3 This system provides medical treatment and rehabilitation programmes as well as intensive support services that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment, training, or volunteering.
- 4.4 The current Change, Grow, Live Service was commissioned in April 2022 for 3 years and is due to expire at the end of March 2025. It is therefore necessary to extend the contract to meet both the needs of Lewisham residents and the requirements of central and regional government funding bodies.
- 4.5 A key impact will be to contribute to the community treatment outcomes in the 10-year national drug strategy “From Harm to Hope” which aims to build a world class treatment and recovery system. These include:
- An increase in the number of people receiving high quality treatment.
  - Improved treatment for people rough sleeping or at risk of rough sleeping
  - Lives saved through a reduction in drug related deaths.
  - An increase in the continuity of care for people moving from prison into treatment.
  - Contributing to reduction in crime through effective treatment for offenders
  - An increase in the number of people in long term recovery
  - An increase in the number of people in recovery who are in sustained employment.
  - An increase in the number of people in recovery who are in safe and stable accommodation.
- 4.6 The Core Contract also meets the Council’s responsibilities to the Mayor’s Office for Policing and Crime (MOPAC) which delivers the Mayor’s role as the Police and Crime Commissioner for London. MOPAC are committed to delivering their Police and Crime Plan and have provided funding to local authorities to deliver specific local delivery projects of which the IOM service is one. The Council have committed to delivering this service, or similar, until the end of March 2025 with the expectation that funding will continue beyond this point.
- 4.7 London Borough of Lewisham has a statutory responsibility under the Crime and Disorder Act 1998 to collaborate with partners to reduce crime, disorder, and substance misuse.

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## 5. Procurement of Services

- 5.1 The London Borough of Lewisham commissions a range of services to create a system to meet the treatment needs of those with drug and alcohol problems.
- 5.2 The treatment system provides medical treatment and rehabilitation programmes as well as intensive support services that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment, training, or volunteering. The system also delivers support through arrangements known as 'shared care' with GPs in the borough and work with community pharmacies on harm minimisation projects.
- 5.3 The system consists of four main contracted services:
- Core contract
  - Community based / shared care service for people with drug and alcohol problems
  - Drug and alcohol treatment service for young people under twenty-five
  - Detox and rehabilitation services
- 5.4 The core service delivers interventions for adults aged 18 years and over with complex needs including poly-drug use and co-occurring Mental Health conditions. It provides support, treatment and rehabilitation programmes that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training. The service provides prescriptions for opioid substitute medications such as Methadone as well as managing the interface with health services including hospitals and pharmacies.
- 5.5 The current provider of this service is Change, Grow, Live (CGL), formerly known as CRI, who also delivers the Integrated Offender Management (IOM) service providing the interface with the Criminal Justice System.
- 5.6 The treatment system was reconfigured in 2015 and 2017, although the core contract remains in place since 2010.
- 5.7 The current core contract is due to expire on 31 March 2025.
- 5.8 This service has significantly grown with funding from the Supplemental Substance Misuse Treatment and Recover Grant (SSMTRG) and Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG) (laid out at 4.2). This has funded significant additional staffing in treatment services including CGL. There has been no confirmation of the continuation of these grants as yet. Officers are working with incumbent providers on contingency planning; however, this would make establishing the scale and scope of a procurement not possible in the short term.
- 5.9 A two-year extension of the CGL contract will align both Adult Substance Services, and the commissioned young people's service with an end date of March 2027. This will allow Officers to conduct a comprehensive review of the treatment services and system within Lewisham and conduct an options appraisal with recommendations on the future commissioning for 2027 onwards.

## 6. Performance

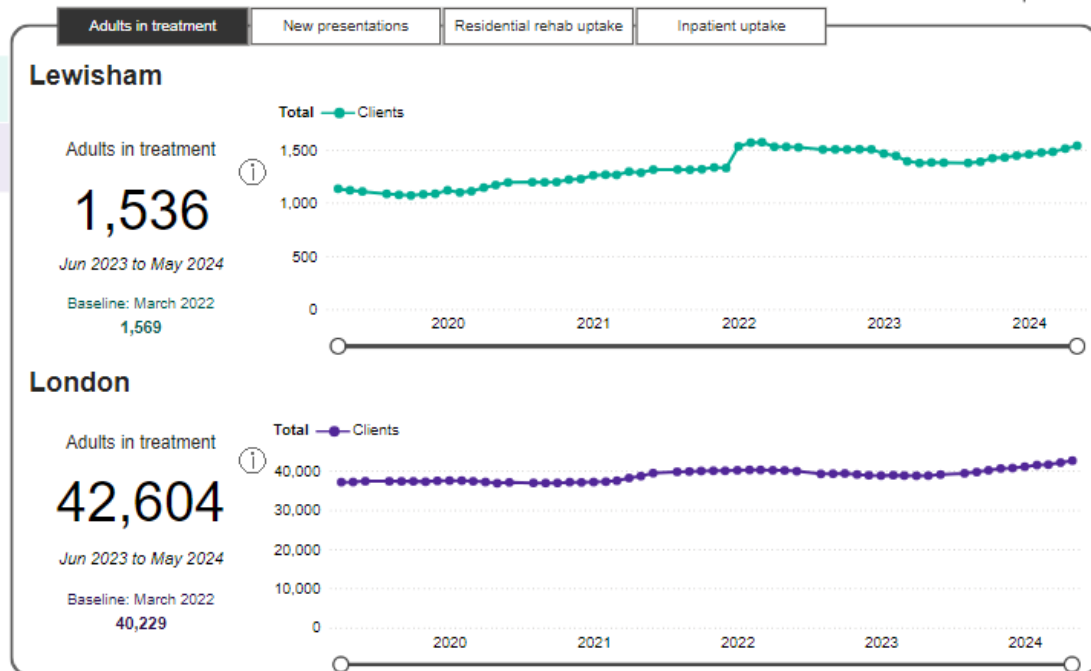
- 6.1 Numbers in Treatment trend:

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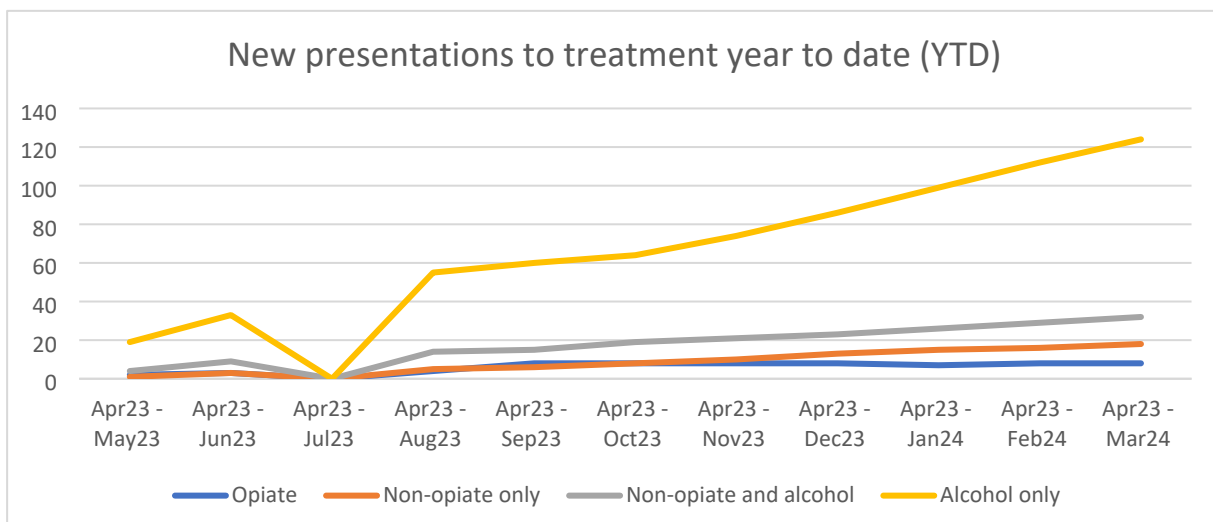
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The numbers in treatment in Lewisham and even London, overall, for adults, is trending up from a total of 1373 in the 12-month rolling period to Apr 2023 to 1536 in the 12-month period to May 2024. The trend appears to increase at a slightly higher rate than its regional comparator, London. This is the data submitted, by all drug treatment services combined in Lewisham, to NDTMS (National Drugs Treatment and Monitoring System). New presentations to treatment year to date (YTD)



6.2 Overall the trend shows increasing engagement with treatment services in Lewisham especially in the Non-opiate and Alcohol only cohorts.



6.3 The Opiate cohort remains relatively stable after an initial slight increase. It has been recognised across all regions that there are challenges in increasing the number of opiate users in treatment. Progress has been made in increasing non-opiate and alcohol users into treatment, but this progress has not been mirrored amongst opiate use. The reasons for this are not fully understood, but it is inferred that the criminality element and stigma attached to this group of substances may inhibit people from seeking help due to the fear of the consequences within the justice system.

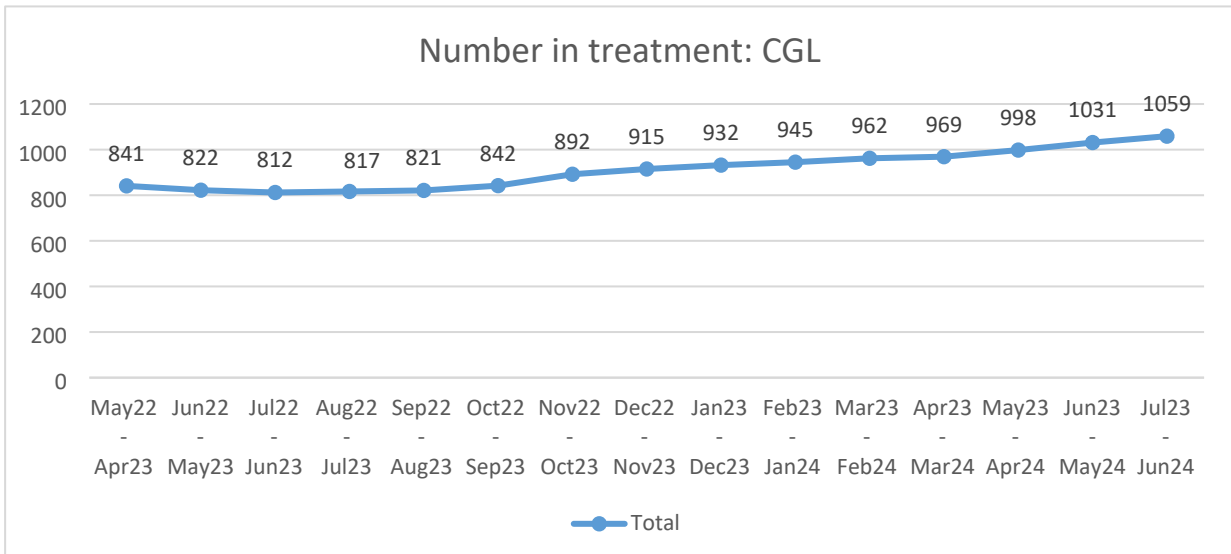
6.4 When looking at just the numbers in treatment (NiT) in CGL Lewisham (below), it shows a consistent trend upwards from a low of 812 (over the 12 months from Jul 2022

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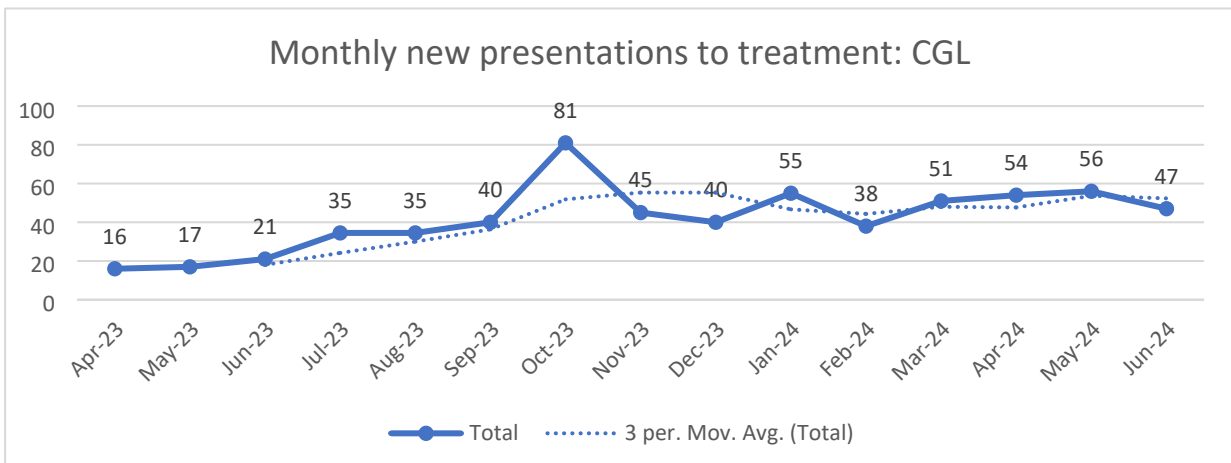
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to Jun 2023) to the latest outturn of 1059 (over the 12 months from Jul 2023 to Jun 2024).



6.5 When looking specifically at the CGL contract Lewisham monthly new presentations (new starts) to treatment, there is a clear trend upwards with 16 new starts in April 2023 to 47 new starts in Jun 2024. This trend is made clearer when considering the 3-month moving average. A 3-month moving average helps to show a trend by smoothing out short-term fluctuations in data, making it easier to identify the overall direction or pattern.

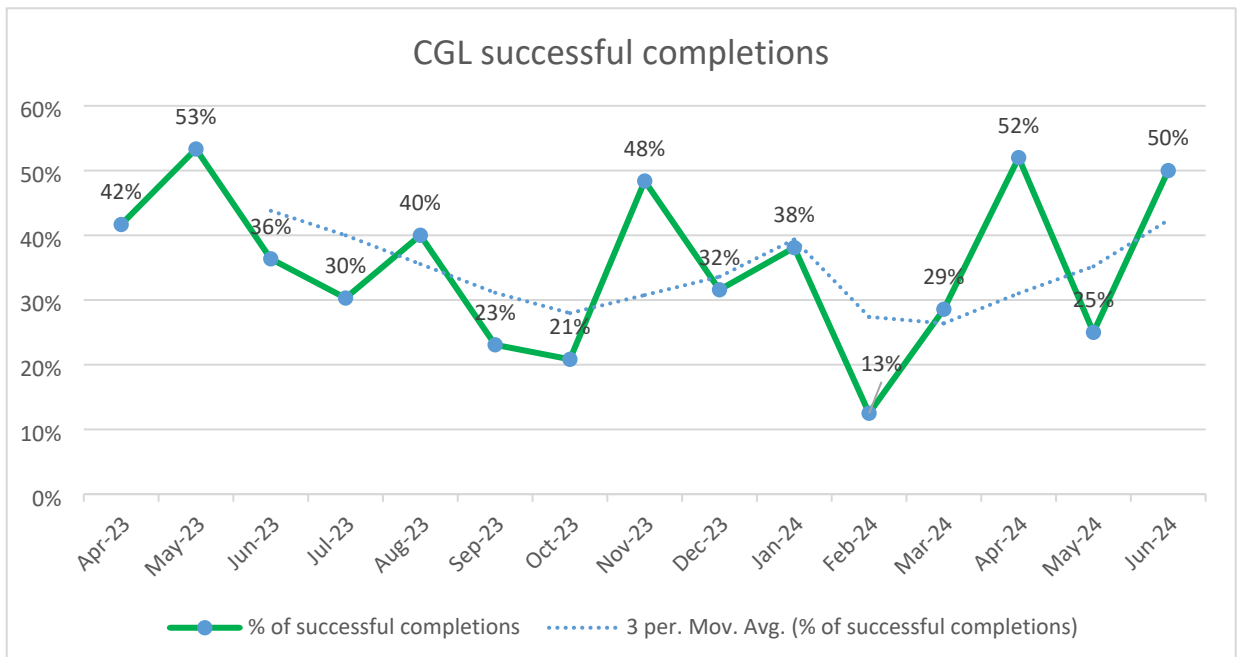


6.6 Examining the monthly proportion of successful completions from the discharges (total exits), shows a positive uptrend in the last few months for successful completions, starting from February 2024, while still fluctuating. Overall, the successful completions rate increased from 42% in Apr 2023 to 50% in Jun 2024, while still fluctuating. However, when considering the 3-month moving average, a turning point to a recent positive trend becomes visible from March 2024.

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6.8 However, given that the data is monthly and not 12-month rolling (as on NDTMS), there is the expectation of slight fluctuations of actual successful completion numbers caused by clients re-presenting to treatment within 6 months after successfully completing treatment. If a client re-presents to treatment within 6 months after successfully completing treatment, then they are considered as if they are continuing with their treatment, as if they did not actually successfully complete.

### 6.9 CGL re-presentations and Continuity of Care 2023-24

6.10 In the financial year April 2023 - March 2024, the rate of re-presenting to structured treatment was  $9/105 = 8.6\%$ , which is considered acceptably below the threshold of 10%. This implies that 91.4% completed the programme and achieved sustained recovery.

6.11 The Continuity of Care service, provided by CGL, has its performance measured by the percentage of prison leavers with a continued treatment need picked up in the community, within three weeks. As can be seen below, CGL has significantly improved performance with an upward trend from the baseline of 14% in March 2022. Moreover, the performance is improving at a rate faster than overall in London, although slightly dipped by 4% below London's outturn of 41%.

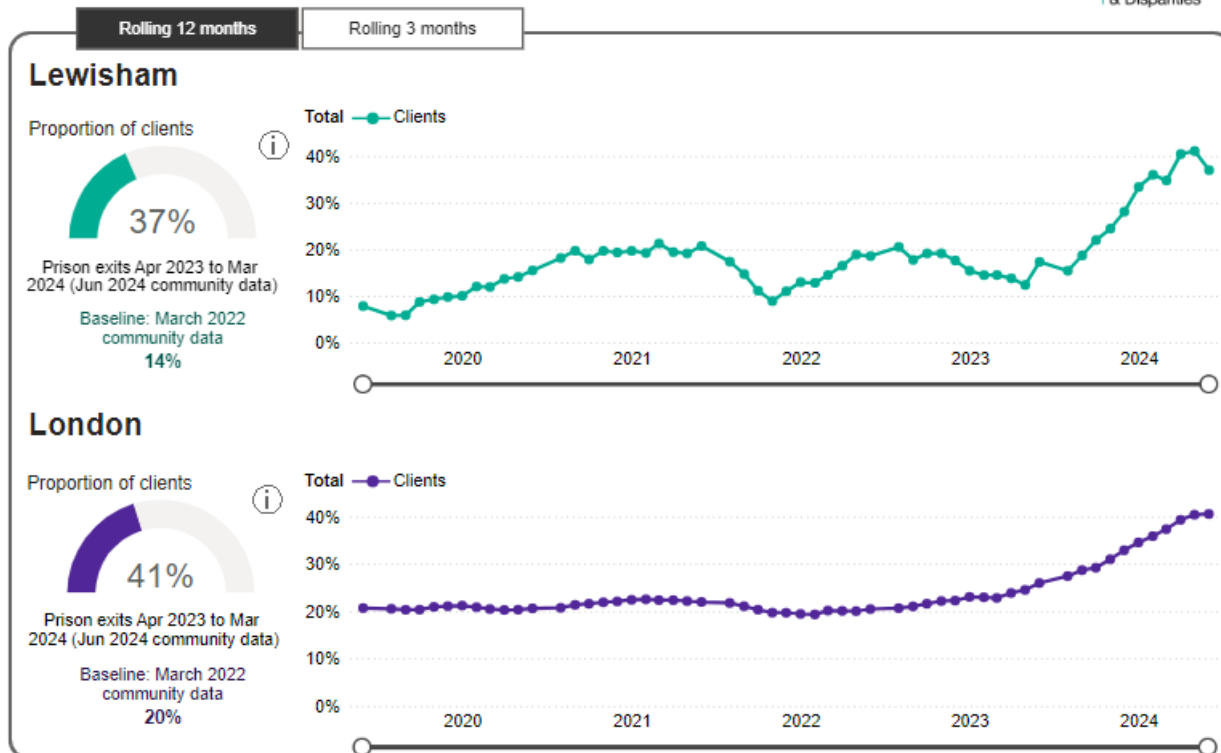
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# Continuity of Care

The percentage of prison leavers with a continued treatment need picked up in the community within three weeks



## 6.12 Performance and Value for Money

6.13 Performance frameworks and monitoring processes will be specified within the new service requirements, and the Addictions commissioning team will undertake robust contract management of the new contract to ensure value for money that includes:

- Close outcome monitoring against targets in quarterly contract monitoring, and focussed improvement plans and enhanced monitoring where needed, for example recent weekly monitoring of new treatment starts as part of the improvement plan for numbers in treatment in 23/24 that resulted in achieving annual target from a difficult position.
- Benchmarking contracts and proposals against other boroughs in SEL and London
- Funding on actual spend, quarterly workforce stocktake and open book accounting to support this in line with grant requirements.

6.14 Performance frameworks and monitoring processes will be specified within the new service requirements, and the Addictions commissioning team will undertake robust contract management of the new contract to ensure value for money, delivery of the intended outcomes and improved service quality. In addition, the council will provide OHID with the performance information to meet their requirements.

## 6.15 Benchmarking Review

6.16 A recent benchmarking review of funding across Lambeth, Southwark and Lewisham using an average per head cost of treatment based on numbers in treatment is below. Given uncertainty around additional grant funding, core Public Health grant and Mayor's Office for Policing and Crime Funding has been used for comparison. It is worth noting that all three boroughs have very different service configuration, hence the

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difference in unit costs seen across the three boroughs.

- 6.17 Due to significant differences in each boroughs service configuration, exact direct comparisons are difficult. Lambeth and Southwark contain more of their activity within their core contract with subcontracting.
- 6.18 CGL unit cost still appears significantly lower than contracts in comparator boroughs, with the caveat that this remains a not completely exact comparison.
- Southwark (unit cost) £2,333
  - Lambeth (unit cost) £2,050
  - Lewisham (unit cost) £1,836
- 6.19 When looking at the current investment in Lewisham compared to SEL boroughs. Lewisham ranks third on the total investment in Substance Misuse.

Bexley	£1,795,000
Bromley	£1,983,000
Greenwich	£2,700,000
Lewisham	£3,783,000
Southwark	£3,957,084
Lambeth	£3,900,000

## **6.20 The benefits of treating drug or alcohol dependence.**

- 6.21 Drug and alcohol treatment reduces the burden on local authority services. Dame Carol Black's independent review estimates the costs of drug use to social care at £630 million a year and noting that treatment for dependent drug users can reduce the cost of drug related social care by 31 per cent. It is worth noting that for every £1 invested in treatment, provides a social return of £4 which increases to £21 over a 10-year period.
- 6.22 The harms from drug misuse cost society £19.3 billion per year, 86 per cent of which is attributable to the health and crime-related costs of the heroin and crack cocaine markets.
- 6.23 OHID estimate that there are over 310,000 adults who are dependent on opiates (mainly heroin) and crack cocaine, and about 600,000 who are dependent on alcohol. Most are not being treated for their addiction – about half of opiate and crack users (OCUs) and only one in five dependent drinkers. Being in treatment reduces offending behaviour – up to half for alcohol users – reduces drug and alcohol related deaths, and the spread of blood borne diseases such as Hepatitis C.
- 6.24 Dame Carol Black's independent review estimates the costs of drug use to social care at £630 million a year and noting that treatment for dependent drug users can reduce the cost of drug related social care by 31 per cent.

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Source: [Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association](#)

## 7. Service User Feedback

### 7.1 Introduction

7.1.1 Change Grow Live (CGL) is part of Lewisham's Drug and Alcohol Treatment Service. The service provides treatment and interventions for our residents with the highest level of need. As part of the permission to extend the current contract, service users' feedback was included as part of the process and to inform the decision.

### 7.2 Methodology

7.2.1 Survey questions were developed by the Client Engagement and Involvement Officer. The responses to the questionnaire were collected onsite between the 15th and 24th of October 2024. (The data was collect using Microsoft Forms and can be found in **appendix 1**)

### 7.3 SURVEY RESULT

7.3.1 54% of the services users who took part in the survey were from a non-white ethnicity (not English, Welsh, Scottish, Northern Irish or any other white background), with the majority 35% from the Black ethnic category.

7.3.2 More than one quarter (27%) identified as gay with 35% identifying as women and 4% as non-binary.

7.3.3 88% of respondents experienced the service as welcoming, 74% as accessible and 88% as communicating effectively with them. 85% responded they had been fully involved in in their care plan, with 50% participating in its development within the last four weeks. 69% did not have a nurse assessment completed within the previous 12 months.

7.3.4 88% agreed they had enough time with their key worker, 92% agreeing that the service had improved their quality of life with 94% agreeing that their concern/complaints/suggestions had been adequately addressed.

7.3.5 65% disclosed having a disability or long-term condition, with mental health diagnosis

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the most common followed by physical health and neurodiversity. The majority had a combination of issues.

- 7.3.6 58% were unaware of changes that were made to the service with 23% unsure. 19% were aware of changes that were made. These changes can be categorised as relational or connecting. Changes noticed included “having food twice a week in the service user kitchen and The Thames reach lady”.
- 7.3.7 79% of service users overall were referred into other services and groups, with services users’ groups making up the majority of referrals at 41% follow by Education Training and Employment with 27% and almost one quarter (21%) not referred into any services or group.
- 7.3.8 77% did not access information about the service via the website, however for those who did, 83% found it extremely easy to use.
- 7.3.9 There was no dominant theme in relation the location of drugs services as most respondents preferred it to be closer to where they lived. Some respondents highlight Brockley as in their opinion a ‘drug hot spot’.
- 7.3.10 Most services users knew about the service via referrals from other services and professionals, including mental health, the police, prison, supported accommodation workers.
- 7.3.11 More than one third (38%) thought the service should be providing additional services and support. This included more counselling, meditation and breathwork sessions, better housing and mental health services, alternative therapies, and a beginning to end service in one location.

## 7.4 **Conclusion**

- 7.4.1 The service is experienced by service users as positive and meeting their needs. However, further work is needed to clarify and identify what were the services and groups individuals were referred into. This is to ensure the service user groups they are referred into are not the groups which is fundamental aspect of their treatment programmes.

## 7.5 **Recommendations**

- 7.5.1 Additional qualitative research (preferably focus groups) should be conducted to verify, support, and compliment the quantitative findings.
- 7.5.2 A Quality Assurance Audit should be conducted to ensure consistency across the service and maintain effective standard and practices.

## 7.6 **Summary**

- 7.6.1 Officers have assessed the existing provider against performance, service user feedback and assessed that the provider (Change, Grow, Live) is delivering the current contract to a sufficient standard to grant an additional 2-year permitted extension. The extension of this contract will enable the Council to continue to collaborate closely with CGL to ensure the best and most efficient use of the new grant funding and ensure the focus of this joint work is on delivering the key grant outcome, “a world class drug and alcohol service for Lewisham.” This approach aligns with the OHID vision and funding requirements.

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## 8. Financial implications

- 8.1 The proposed annual cost of the contract extension for the Change, Grow, Live. Adult Substance Misuse Service is £1,945,036 pa with a total cost over a two-year contract extension period of £3,890,072 . The contract will be fully funded by external grant With no contribution required from the Councils General Fund budget.
- 8.2 For the period 1st April 2025 to 31st March 2027, this contract value does not include grant funding for Supplemental Substance Misuse Treatment and Recovery Grant (SSMTR) which has been provided to the Council by the Office of Health Improvement and Disparities (OHID) for the last 3 years. The continuation of this grant funding is not yet confirmed beyond 31st March 2025. If funding is confirmed, this Contract will subsequently be varied accordingly.
- 8.3 Overall service delivery will continue to be maintained with the core Public Health Grant allocation of £3,412,000 for the Drug and Alcohol Service. If additional grant funding is allocated by OHID for the 25-26 financial year this will allow more flexibility in terms of the allocation of funding to Drug & Alcohol Services. The total allocated funding for 2025/26 is subject to annual agreement as part of the Council's budget setting process and contract commitments will be managed within this process.

## 9. Legal implications

- 9.1 The recommendation in the report is to extend the contract with Change, Grow, Live for the provision of an Adults Substance Misuse Service for 2 years at a value of £3,890,072 .
- 9.2 This report explains why the extension to the contract for 2 years is proposed.
- 9.3 The Health Care Services (Provider Selection Regime) Regulations 2023 ("PSR") came into force on 1<sup>st</sup> January 2024. From that date, for services to which the PSR applies, the Council must use the PSR even where the original contract was procured and awarded under the Public Contracts Regulations 2015. The services that are the subject of this report fall under the PSR.
- 9.3 Under the PSR a modification is permitted where it is clearly and unambiguously provided for in the original contract. The report sets out that the original contract was procured on the basis of 3 years with the option to extend for a further 2 years. Officers are requesting that the option to extend is approved. Where a modification exceeds £500k a transparency notice must be published within 30 days of the modification.
- 9.4 The extension of this contract is not a Key Decision under the Constitution because the approval to award the contract on the basis of the extension was approved at the point the contract was awarded. However, where the value of an extension to a services contract is more than £500,000, the decision on the extension is reserved to Mayor and Cabinet.

## 10 Equalities implications

The drug and alcohol contracts provide services for adults who are requiring drug and alcohol treatment both in the community and in residential settings. Each service is required to abide by equality legislation. The service specifications for the new services incorporate the findings of the most recent Equalities Impact Assessment and focus on reducing barriers to treatment for all residents in line with the Equality Act 2010 and

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have considered the potential impact on all of the nine protected characteristics.

- 10.2 The Council's Equalities objectives are addressed in the contract documentation and were part of the evaluation criteria.
- 10.3 A full Needs Assessments have been completed for the Adult Substance Misuse services.
- 10.4 These assessments have been completed using the methodology and approach set out in Lewisham Corporate Equalities policy in line with the Equalities Act 2010.
- 10.5 One of the key quality criteria measured during any "Addictions" commissioning process is "Processes for addressing equality and diversity". The criteria will continue to be measured for all future commissioning.
- 10.6 The services contained in this report will be specified to record and report demographic data to better monitor trends and gaps in supported housing service provision.
- 10.7 This service will support people with serious and enduring co-occurring mental health needs, who suffer from significant exclusion and unequal outcomes in a number of areas. The service users will be supported to progress in their lives holistically and to improve their situation in a number of areas.

## **11 Climate change and environmental implications**

- 11.1 The Council has made a commitment to making the borough carbon neutral by 2030.
- 11.2 The extension to the contracts listed in this report will not have any negative impact on the rate of energy consumption or increase of carbon admissions.
- 11.3 Recycling should be proactively promoted in services and will be monitored during scheme visits and will be discussed with residents.

## **12 Crime and disorder implications**

- 12.1 The Change, Grow, Live Contract relates to the provision of specialist drug and alcohol treatment to Lewisham residents , which is a critical component of Lewisham's substance misuse Adult Treatment Plan and therefore make an important contribution to the work of the Safer Lewisham Partnership and link in directly with the Safer,

## **13 Health and wellbeing implications**

- 13.1 The contract identified in this report, is required to ensure that continuity of care and support is in place for the service users accessing these services. If this contract is not extended, there is a risk of the Local Authority not fulfilling its statutory duties under the Care Act and could lead to a significant increase in the number of patients with complex needs attending A&E, Primary and Secondary health services, the risk of neglect through lack of support and a reputational risk to the Council.

## **14 Social Value**

- 14.1 The organisations listed are delivering support to vulnerable residents in the borough independently of local authority funding, promoting a range of social value in the borough.
- 14.2 The council is an officially accredited London Living Wage (LLW) Employer and is committed to ensuring that, where appropriate, contractors and subcontractors engaged by the council to provide works or services within Lewisham pay their staff at

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a minimum rate equivalent to the LLW rate. Successful contractors will be expected to meet LLW requirements and contract conditions requiring the payment of LLW will be included in the service specification and contract documents.

- 14.3 The incorporation of Social Value into Lewisham contracts will significantly help the Council to deliver on its strategic corporate and Mayoral priorities and deliver added value for the borough as a whole.
- 14.4 The services listed are delivering support to vulnerable residents in the borough independently of local authority funding, promoting a range of social value in the borough.
- 14.5 Social Value monitoring is already established within the current contract and once the extension has been awarded, officers will agree new social value aims and KPI's with these providers as a condition of the new extension of contract.

## 15. Risk Implications

15.1 Key risks are contained in the table below:

Risk	Mitigation
Delays to procurement timeline	This contract award is with an incumbent provider and will give sufficient time for implementation of the contract award with the provider.
Performance issues	Close outcome monitoring against targets in quarterly contract monitoring, and focussed improvement plans and enhanced monitoring where needed, for example recent weekly monitoring of new treatment starts as part of the improvement plan for numbers in treatment in 23/24 that resulted in achieving annual target from a difficult position.

## 15. Contract Management

15.1 In accordance with the Council's contract management framework this contract is a Tier 1 contract. Contract Management meetings will be held on a monthly basis and the key performance indicators (KPIs) on the contract management dashboard will be monitored and reported on accordingly.

## 16 Background papers

16.1 **Award Report**



Award of Contract  
Report for Mayor an

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## 16.2 Appendix 1 Service User Feedback



Service User  
Summary.pdf

## 17. Report author(s) and contact

- 17.1 Danny Waites, Commissioning Manager (Addictions) , Prevention, Inclusion, Public Health Commissioning Team. [Danny.waites@Lewisham.gov.uk](mailto:Danny.waites@Lewisham.gov.uk) Iain McDiarmid, Assistant Director Integrated Commissioning, Prevention, Inclusion, Public Health Commissioning Team. [iain.mcdiarmid@lewisham.gov.uk](mailto:iain.mcdiarmid@lewisham.gov.uk)
- 17.2 Comments for and on behalf of the Executive Director for Corporate Resources provided by Ramachandran Nair, Senior Accountant - [ramachandran.nair@lewisham.gov.uk](mailto:ramachandran.nair@lewisham.gov.uk)
- 17.3 Comments for and on behalf of the Director of Law and Corporate Governance  
Mia Agnew - Principal Lawyer - [mia.agnew@lewisham.gov.uk](mailto:mia.agnew@lewisham.gov.uk)

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