

NOTICE OF MEETING

CABINET MEMBER SIGNING

Thursday, 2nd April, 2026, 12.00 pm - Alexandra House, Station Road, N22 7TY (watch the live meeting [here](#), watch the recording [here](#))

Councillors: Lucia das Neves

1. **FILMING AT MEETINGS**

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. **APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

3. **DECLARATIONS OF INTEREST**

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a

pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

4. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items of Urgent Business will be considered under the agenda item where they appear).

5. DEPUTATIONS / PETITIONS / QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's Constitution.

6. APPROVAL OF THE PROCUREMENT OF INTEGRATED DRUG AND ALCOHOL TREATMENT AND RECOVERY SERVICES FOR HARINGEY (PAGES 1 - 6)

7. EXCLUSION OF THE PRESS AND PUBLIC

Item 8 is likely to be subject to a motion to exclude the press and public from the meeting as *it* contains exempt information as defined in Section 100a of the Local Government Act 1972 (as amended by Section 12A of the Local Government Act 1985); paras 3 and 5, namely information relating to the financial or business affairs of any particular person (including the authority holding that information) and information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

8. EXEMPT APPROVAL OF THE PROCUREMENT OF INTEGRATED DRUG AND ALCOHOL TREATMENT AND RECOVERY SERVICES FOR HARINGEY (PAGES 7 - 8)

Richard Plummer Committees Manager
Tel – 020 8489 4319
Email: richard.plummer@haringey.gov.uk

Fiona Alderman
Director of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 25 March 2026

Report for: Cabinet Member for Health Social Care & Wellbeing

Item number:

Title: Approval of the Procurement of Integrated Drug and Alcohol Treatment and Recovery Services for Haringey

Report authorised by : Sara Sutton, Corporate Director for Adults, Housing and Health

Lead Officer: Dr Will Maimaris, Director of Public Health

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1. This report seeks authority to approve, as required under Contract Standing Order 2.01(b), the commencement of a procurement process for the selection of a provider of substance misuse and treatment services for Haringey residents from 1st March 2027.

2. Recommendations

The Cabinet Member for Health, Social Care and Wellbeing is asked to:

- 2.1. Approve the initiation of a procurement process for the provision of integrated drug and alcohol treatment and recovery services for Haringey residents, with the purpose of appointing operator(s) to officially operate these services in the borough from 1st March 2027 as permitted under Contract Standing Order 2.01(b).
- 2.2. Note that following the completion of the procurement process to appoint service providers in the borough, the contract award decision will be returned to cabinet for approval.
- 2.3. It is anticipated that the contracts awarded will not exceed the value outlined in Appendix 1 which contains exempt information.

3. Reasons for decision

- 3.1. The Council's Contract Standing Order item 2.01
- 3.2. (b) requires Cabinet approval to commence a procurement exercise for proposed contracts valued £500,000 or above.
- 3.3. Local authorities have a statutory responsibility, under the Health and Social Care Act 2012, to commission drug and alcohol treatment and recovery

services as part of their public health duties. The Council receives ring-fenced funding for this purpose from the Department of Health and Social Care, which must be used solely for commissioning and providing drug and alcohol prevention, treatment and recovery services. Existing contracts for these services in Haringey end in February 2027.

- 3.4. Ensuring effective treatment and supporting recovery for residents is aligned with the Corporate Delivery Plan, by improving health outcomes for adults and children, and making Haringey safer by reducing crime and strengthening community resilience.

4. Alternative options considered

- 4.1. The option not to procure new services was considered but rejected, as the Council is required to commission drug and alcohol treatment and recovery services and receives specific ring-fenced funding for this purpose. As part of the terms of the public health grant award, the council must annually agree to provide services for a target number of residents and must demonstrate that this treatment is effective. Failure to reach the target can lead to loss of income for the Council. Not commissioning services would risk higher drug- and alcohol-related deaths, worsening health outcomes, greater harm to children affected by parental substance misuse, and increased drug-related crime and antisocial behaviour.

5. Background information

- 5.1. This decision ensures the Council continues to meet its statutory duty to commission effective drug and alcohol treatment and recovery services. Current contracts end in February 2027, and beginning procurement now is essential to maintain uninterrupted, safe and high-quality provision for residents.
- 5.2. National and local evidence shows that drug- and alcohol-related harms remain significant and continue to place pressure on health, social care and community safety systems. Drug misuse is a major cause of preventable, early deaths in the UK. Analysis of the Global Burden of Disease Survey 2019 showed that drug use conditions were the third ranked cause of death in the 15 to 49 age group in England. Deaths from drug misuse have dramatically increased in England since 2012, with a near doubling of deaths in that decade. In 2024 there were 5,565 registered deaths related to drug poisoning in England and Wales. In Haringey, an estimated 51 drug-misuse deaths occurred between 2022 and 2024.
- 5.3. Alcohol misuse is also a major contributor to ill-health and premature mortality. Nationally, there were 7,673 alcohol-specific deaths, and in Haringey there were 33 such deaths in 2024. Alcohol consumption is a causal factor in more than 60 medical conditions and the Global Burden of Disease 2019 showed that among the 15 to 49 age group in England alcohol misuse is the second biggest risk factor for death and years lived with disability.

- 5.4. Addiction to drugs and or alcohol has personal, family and societal impacts. [Public Health England](#) estimated the annual social cost of alcohol related harm at £21.5bn and illicit drug use at £10.7bn. Locally, alcohol harm costs Haringey an estimated £143.3m annually or £542 per person.
- 5.5. Providing well-funded drug and alcohol services is good value for money because it cuts crime, improves health, and can support individuals and families on the road to recovery. For every £1 spent on alcohol treatment, it is estimated that the societal return on investment is £3, increasing to £21 over 10 years. For every £1 spent on drug treatment, there is an estimated £4 return on investment, increasing to £26 over 10 years.
- 5.6. Integrated drug and alcohol treatment and recovery services provide structured support to adults with addiction or harmful substance use. A stable, clinically safe, and integrated service model is essential to protect vulnerable residents, reduce drug and alcohol related deaths, and ensure compliance with conditions attached to the public health grant.
- 5.7. Haringey currently has record numbers of residents in drug and alcohol treatment, with approximately 2,000 individuals supported during 2025/26 – with strong treatment outcomes and robust quarterly performance monitoring arrangements. Service outcomes are also monitored through the National Drug Treatment Monitoring Service (NDTMS). Spend and outcomes for the services are benchmarked using these national returns.
- 5.8. Substance misuse is a key contributor to health inequalities in the borough. Ensuring equitable access and culturally competent support is central to the new commissioning approach. This includes meeting the needs of residents with protected characteristics and addressing persistent gaps for groups who are under-represented in treatment. Current service users and those with lived experience are actively shaping the process through their participatory Co-Production group, contributing to service design, scoring criteria and bid assessment.
- 5.9. In considering this decision, key risks include potential service disruption due to the potential change of service provider and ongoing workforce pressures. These risks will be mitigated through early market engagement, clear transition planning, close collaboration with existing providers, and continuous monitoring to support strong oversight of quality, performance, equity and resident experience. This procurement follows previous decisions to commission specialist drug and alcohol treatment and recovery services using the ring-fenced element of the public health grant and maintains the Council's commitment to improving health outcomes, reducing drug- and alcohol-related harms, and supporting residents on their recovery journey.

6. Contribution to the Corporate Delivery Plan 2024-2026 High level Strategic Outcomes

- 6.1. The recommendations support the delivery of several key themes within the Corporate Delivery Plan (CDP) 2024-2026.
- 6.2. Children and young people: The provision of these public health services directly contributes to this key theme. Services directly support children with their own substance use issues and children affected by parental drug or alcohol misuse, supporting the children and young people of Haringey to have the best start in life, happy childhoods and to be equipped to achieve their full potential.
- 6.3. Adults, health and welfare: The provision of these public health services directly contributes to this key theme. Ensuring the residents are connected with the right support at the right time in their neighbourhoods is an essential part of the substance misuse and recovery services. The provision of stable, clinically safe, and integrated service model is essential to protect vulnerable populations, reduce drug-related and alcohol-related deaths. By ensuring that these services are tailored to the needs of our communities these services will improve health outcomes and help to address the gap in life expectancy between the East and West of the borough.
- 6.4. Safer Haringey: the provision of stable, clinically safe, and integrated services will also contribute to creating secure and supported communities, recognising the link between substance use and violence.

7. Carbon and Climate Change

- 7.1. The procurement process will be mindful of climate change and the Council's commitments to reduce carbon emissions and reduce energy usage. In particular, the service specification will include requirements to detail how services will reduce carbon emissions and this will form part of the scoring element of the procurement process.

8. Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance, Equalities).

9. Finance

- 9.1. Finance approves the commencement of the procurement process for the selection of a provider of substance misuse and treatment services for Haringey residents to commence 1 March 2027. Existing contracts are due to expire February 2027.
- 9.2. As with the existing contracts, the new contracts will be funded from ringfenced funding secured from the Department of Health and Social Care.

9.3 Procurement

9.3.1 Substance misuse services fall within the scope of the Health Services (Provider Selection Regime) Regulations 2023 (PSR). The PSR provides several routes for awarding contracts, including a range of direct award processes as well as competitive procedures. Strategic Procurement will apply the most appropriate route in full accordance with the PSR requirements, ensuring a compliant and robust procurement process.

9.3.2 In accordance with the Council's Contract Standing Order 2.01(b) Cabinet may approve the commencement of a procurement process for contract values of £500,000 or above.

9.4 Legal

9.4.1 The Director of Legal and Governance (Monitoring Officer) was consulted in the preparation of the report.

9.4.2 Pursuant to the provisions of the Council's Contract Standing Order (CSO) 2.01(b), Cabinet may approve the commencement of procurement process where the value of the contract to be procured is £500,000 or more and as such the recommendation in paragraph 2.1 of the report is in line with the Council's CSO.

9.4.3 Further to paragraph 9.4.2 above and pursuant to the provisions of the Council's CSO 0.08, a decision reserved for Cabinet may be taken by a Cabinet Member with the agreement of the Leader and as such the recommendation seeking approval from the Cabinet Member for Health, Social Care and Wellbeing in paragraph 2 of the report is in line with the Council's CSO so long as the Cabinet Member is taking the decision with the agreement of the Leader.

9.4.4 The Director of Legal and Governance (Monitoring Officer) sees no legal reasons preventing the approval of the recommendations in the report.

10. Equality

10.1. The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to: eliminate discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

10.2. The duty applies to residents with protected characteristics including age, disability, gender reassignment, pregnancy and maternity, race, religion or faith, sex and sexual orientation. Marriage and civil partnership apply to the first limb of the duty only. The Council also recognises socioeconomic status as a local protected characteristic.

10.3. This decision relates to the procurement of contracts which will be designed and procured and monitored in line with the Council's equality duty.

Substance misuse is highly stigmatised and adults with protected characteristics may face additional barriers in accessing effective treatment.

- 10.4. The procurement process will commence with a full Equalities Impact Assessment and a gap analysis. These will shape the service specification. Within the process, suppliers will need to demonstrate clear approaches to ensuring equity, dignity and safety for all residents, including meeting diverse cultural, faith and access needs. Additionally, we will be looking for suppliers who can offer programmes that support residents with visible and hidden disabilities, LGBTQ+ individuals, those requiring single-sex provision, and pregnant women.
- 10.5. All providers will be required to collect and report data on all protected characteristics through the National Drug Treatment Monitoring Service (NDTMS). Commissioners will review this data monthly and quarterly during performance meetings with providers. This will enable continuous monitoring of access, outcomes and experience, and supports ongoing improvement through needs assessments, equity audits and service redesign.
- 10.6. The current Joint Strategic Needs Assessment (JSNA) outlines the contexts and drivers for drug and alcohol use in diverse communities and the reach of treatment services which contribute to differences in outcomes for different groups. The new specification will place particular emphasis on ensuring that representation is improved, particularly among groups who are currently under-represented in treatment. Current services demonstrate strong efforts to reach residents most at risk; however, important gaps still remain. Reducing stigma, increasing access through trusted community partners and building on community assets will be central to addressing these inequalities and will form part of ongoing monitoring.

By virtue of paragraph(s) 3, 5 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is exempt

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