

Report for: Cabinet Member for Health, Social Care and Wellbeing

Item number: 6

Title: To approve the award of twenty (20) Framework Agreements for the provision of Substance Misuse Residential Rehabilitation Services.

Report authorised by: Dr Will Maimaris – Director of Public Health

Lead Officer: Sarah Hart, Senior Public Health Commissioner

Ward(s) affected: All

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

1. Describe the issue under consideration

- 1.1. This report details the outcome of a procurement process conducted in accordance with Contract Standing Orders (CSO) 12.03 and Regulation 11 (Competitive Process) of the Health Care Services (Provider Selection Regime) Regulations 2023.
- 1.2. The Council seeks approval to award contracts for the provision of Substance Misuse Residential Rehabilitation through a framework of suitable providers. This framework will allow residents to access appropriate rehabilitation centres based on assessed need and availability.

2. Cabinet Member Introduction

- 2.1. N/A

3. Recommendations

- 3.1. For the Cabinet Member for Health, Social Care and Wellbeing to approve the award of twenty (20) Framework Agreements to the ten (10) successful tenderers (listed in Appendix 1 – Part B (exempt information) of this report) for the provision of substance misuse residential rehabilitation services. The Framework Agreement shall run for a period of four years, commencing from 1st April 2026 to 31st March 2030.
- 3.2. For the Cabinet Member for Health, Social Care and Wellbeing to note that the maximum potential value across the Framework Agreements is £800,000. The actual value of each contract will depend on the number of placements made to each rehabilitation centre by the care manager and the number of bed nights used.

4. Reasons for decision

- 4.1. The Council has a statutory responsibility to commission substance misuse services, for which it receives the ring-fenced substance misuse element of the Public Health Grant. Residential Rehabilitation is one form of evidence-based treatment. Effectively tackling addiction and helping residents recover is aligned with the Borough Plan, contributing to improved health, reduced crime, and strengthened community resilience.
- 4.2. The proposed awards are recommended to the providers who achieved the highest overall scores in the tender evaluation, having met all the Councils requirements.

5. Alternative options considered

- 5.1. **Do nothing** - The option of taking no action was rejected. Residential rehabilitation is an essential component of the borough's statutory substance misuse treatment offer, and the Council receives a ring-fenced public health grant specifically to support this provision. As part of the terms of the grant award, annually the council must agree with the funder a target number of people accessing residential rehabilitation. Failure to reach the target can lead to loss of income. Given the ongoing and significant need for intensive treatment among a proportion of residents, doing nothing would compromise treatment outcomes, limit access to evidence-based support, and fail to meet our statutory and grant-funded responsibilities.

6. Background information

- 6.1. Haringey currently has record numbers of residents in drug and alcohol treatment, with approximately 2,000 individuals supported this year. Treatment outcomes for residents remain strong, and the Council continues to seek further improvement. Most residents receive community-based treatment, living at home and attending services throughout the week, however around 2 per cent require a more intensive residential intervention to achieve abstinence. This usually consists of an eight-to-twelve-week placement, followed by ongoing recovery support, often provided at no additional cost to the Council through residential rehabilitation recovery houses
- 6.2. Residential rehabilitation centres are primarily operated by voluntary and charitable organisations, many of which are led by people with lived experience. These centres are commonly located outside major urban areas, reflecting residents' preference for quieter environments away from potential relapse triggers. Centres vary significantly in their therapeutic models and areas of specialism, including twelve step approaches, single sex environments, trauma informed care, LGBTQ+ expertise, homelessness, criminal justice involvement, and co-occurring mental health and substance misuse. Levels of disabled access also differ. All services must be registered with the Care Quality Commission, and the Council will not place residents in any centre rated below "Good".
- 6.3. Residents assessed as needing this level of intensive support are assessed by a specialist within the local drug or alcohol service, who remains involved

throughout the individual's treatment journey. A personalised placement recommendation is agreed, taking account of protected characteristics and specific needs. Residents are offered choice, and where appropriate may visit potential centres before admission. Once placed, their progress is monitored by their Haringey substance misuse worker, and a mid-placement review is undertaken to assess progress and confirm aftercare arrangements.

- 6.4. The procurement process for the new residential rehabilitation framework has been designed to ensure that successful providers can meet the full range of residents' needs. A co-produced service specification supports delivery of the Haringey Deal and ensures value for money. Strong key performance indicators promote high quality treatment, and the Council's duties under the Equality Act are fully reflected. Providers were assessed through detailed method statement questions covering quality, value, equity and choice. The selected services include providers with facilities adapted for residents with visible and hidden disabilities, single sex provision, specialist therapists, and organisations with significant LGBTQ+ expertise, including services with knowledge relating to chemsex.
- 6.5. All residential rehabilitation centres report performance data to the National Drug Treatment Monitoring System. Commissioners review this information monthly and hold quarterly performance meetings with providers to ensure robust oversight of access, outcomes and equity.
- 6.6. Haringey pays only for the bed nights used, with funding drawn from the ring-fenced substance misuse element of the Public Health Grant. Managing a framework of this size requires strong financial oversight. The public health finance team and treatment providers have a long track record of maintaining spend within the allocated budget, with no overspends reported in recent years. Providers submit monthly placement data to the public health finance lead, and quarterly commissioner meetings ensure that demand and expenditure are effectively monitored.
- 6.7. Care has been taken within the procurement of new residential rehabilitation contracts to ensure that successful bidders can meet all of our resident's needs. A co-produced specification will ensure the delivery of the council's Haringey Deal with residents and commitment to value for money. Strong KPIs have been set to ensure delivery of world class treatment. The duties under the equality act made clear. Comprehensive method statement questions were set to ensure quality, value, equity and choice. Within the method statement was a specific question to assess equity and only those able to demonstrate how the needs of those with protective characteristics will be met have been selected. For example, it is expected that all facilities have a diverse workforce, that faith, culture and age are respected and celebrated. Within range of providers selected we have been able to contract expert providers including those with facilities whose building and program is adapted for those with visible and hidden disabilities. Single sex provision, with specialist therapists. One service has a high ratio of LGBTQ staff, expertise in chemsex and a rainbow peer led recovery community.
- 6.8. All residential rehabilitation centres report on performance to a national substance misuse data base and so the commissioner will be able to monitor

performance on a monthly basis. Data on all protective characteristics is gathered. Quarterly the commissioner meets with local treatment providers to discuss performance.

6.9. **Procurement Process**

- 6.9.1. Strategic Procurement led the competitive procurement exercise. The process was carried out in accordance with Regulation 11 (Competitive Process) of the Health Care Services (Provider Selection Regime) Regulations 2023 and in compliance with Contract Standing Order (CSO) 12.03.
- 6.9.2. Prior to commencing the tender exercise, the Council undertook market engagement with potential providers to inform the development of the commissioning approach. The purpose of this engagement was to:
 - understand how providers interpreted the Council's intended outcomes and high-level requirements;
 - assess the feasibility of establishing a framework as a compliant and effective sourcing route; and
 - explore current best practice and innovative, efficient delivery models that could add value and support improved outcomes.
- 6.9.3. Feedback gathered from market engagement has helped refine the requirements, ensured the proposed approach is both proportionate and achievable, and provided assurance that the market has the capacity, capability, and interest to deliver the Council's requirements.
- 6.9.4. Subsequently, the procurement exercise was formally initiated on 25th November 2025 through the publication of a Tender Notice on the Central Digital Platform (Find a Tender).
- 6.9.5. The 'Invitation to Tender' (ITT) and supporting documents were uploaded on to the Haringey Procurement and Contract System (HPCS) e-sourcing portal, where following a registration process, the potential tenderers could access the tender documents and submit their tenders electronically.
- 6.9.6. By the tender submission deadline of 12th January 2026, 17 organisations had expressed an interest. Of these, 12 organisations submitted a total of 22 tenders (NB: 4 organisations submitted bids for multiple locations, with each location treated as a separate tender and assessed accordingly). Tenderers who submitted tender(s) are listed in Appendix 1 - Part B (Exempt Information) of this report.
- 6.9.7. All tenders were checked for completeness and compliance with the basic conditions for participation, as well as for any grounds for exclusion, potential exclusion, or presence on the Debarment List, before proceeding to the evaluation of the Key Criteria and Price.
- 6.9.8. Following these compliance checks, one tender was disqualified as incomplete. The Tenderer did not provide a response to Key Criteria question

3, resulting in a score of 0. In line with Section 1.5 of the ITT Instructions, incomplete submissions must be rejected; therefore, this tender did not proceed to further evaluation.

- 6.9.9. The remaining twenty-one (21) compliant tenders were taken forward for evaluation against the Key Criteria and Price. These were assessed in accordance with the published evaluation methodology, which applied a weighting of 65% to the Key Criteria and 35% to Price. The evaluation criteria and their respective weightings were clearly outlined within the tender documentation and were further clarified during the tendering process.
- 6.9.10. To ensure that all bids met an acceptable quality standard, Tenderers were required to achieve a minimum score of 35% out of the available 65% for the Key Criteria assessment. One Tenderer failed to meet this minimum quality threshold and was therefore excluded from progressing to the Price Evaluation stage
- 6.9.11. The remaining twenty (20) tenders were fully evaluated and are recommended for award to the Framework Agreement.
- 6.9.12. Details of the evaluation outcomes, including the breakdown of scores achieved by each Tenderer, are provided in Appendix 1 – Part B (Exempt Information) of this report.

7. Contribution to strategic outcomes

7.1. Improving Health and Wellbeing

- Provides treatment and recovery support, reducing harm from substance misuse.
- Enhances physical and mental health outcomes, addressing health inequalities.

7.2. Creating a Safer Borough

- Reduces drug-related crime and anti-social behaviour through effective treatment.
- Disrupts active drug markets in partnership with enforcement and community safety teams.
- Builds community confidence by tackling visible drug-related issues.

7.3. Supporting Economic and Social Resilience

- Recovery pathways enable individuals to access employment and training.
- Reduces economic inactivity and reliance on benefits.
- Strengthens family stability and breaks intergenerational cycles of disadvantage.

7.4. Protecting Children and Young People

- Supports parents in recovery, reducing neglect and improving outcomes for children.
- Prevents the impact of substance misuse on family life.

- 7.5. Strategic Impact - Adult drug and alcohol services act as a cross-cutting enabler for the Corporate Delivery Plan by:
- Improving health outcomes.
 - Reducing crime and anti-social behavior.
 - Enhancing community safety and trust.
 - Supporting economic resilience and family wellbeing.

8. Statutory Officers comments

8.1. Finance

8.1.1 The proposal is to award contracts for the provision of Substance Misuse Residential Rehabilitation through a framework of suitable providers. This Framework Agreement shall run for a period of four years, commencing from 1st April 2026 to 31st March 2030. The maximum annual cost of the contracts awarded via this framework is £200,000. The maximum cost of all contracts awarded over the 4-year lifetime of the framework agreement is £800,000.

8.1.2 Funds from the Substance Misuse element of the Public Health Grant have been earmarked over the 4 years to 31 March 2030 to fund the contracts awarded

8.2. Strategic Procurement

8.2.1 The provision of substance misuse treatment and rehabilitation falls within the scope of the Health Care Services Regulation 2023 (Provider Selection Regime). Accordingly, a fully compliant competitive procurement process was undertaken in line with Regulation 11, with a tender notice issued and all submissions evaluated against the permitted, basic and key criteria.

8.2.2 Furthermore, the procurement approach was aligned with Contract Standing Order (CSO) 12.03. The recommended framework awards are based on those bidders who most effectively demonstrated their capability to meet the Council's quality, value and service requirements.

8.2.3 All appointed providers will be subject to ongoing performance monitoring, as outlined in section 6.8 of the report, to ensure continuous delivery of expected outcomes.

8.2.4 In accordance with CSO 0.08 (Cabinet Member decision) and CSO 2.01(c) (award of contracts valued at £500k and above), the recommendations at paragraph 3 may be approved.

8.3 Legal

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

8.3.2 Pursuant to the provisions of the Council's CSO 2.01(c) Cabinet has authority to approve the award of a contract where the value of the contract is £500,000 or

more and as such Cabinet has power to approve the recommendation in paragraph 3.1 of the report.

- 8.3.3 Further to paragraph 8.3.2 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 recommendations in paragraph 3 of the report seeking approval from Cabinet Member for Health, Social Care and Wellbeing to approve the award of twenty (20) Framework Agreements to the ten (10) successful tenderers (listed in Appendix 1 – Part B (exempt information) of the report) is in line with the Council's CSO so long as the Lead Member is taking the decisions with the agreement of the Leader.
- 8.3.4 The Director of Legal and Governance (Monitoring Officer) see no legal reasons preventing the approval of the recommendations in the report.

8.4. Equalities

8.4.1 The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- advance equality of opportunity between people who share those protected characteristics and people who do not
- foster good relations between people who share those characteristics and people who do not

8.4.2 The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

8.4.3 Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

8.4.4 This decision concerns the award of contracts for the provision of Substance Misuse Residential Rehabilitation services. The commissioning and procurement approach has been designed in full alignment with the Council's Public Sector Equality Duty. Substance misuse is a highly stigmatised issue, and adults with protected characteristics can face additional barriers to accessing effective treatment, particularly in residential settings. The proposed framework model directly addresses this by maximising choice and specialist expertise across a diverse range of providers.

8.4.5 All selected framework providers have demonstrated robust approaches to promoting equity, dignity and safety for all residents. This includes clear commitments to meeting diverse cultural, faith and accessibility needs. Several providers offer facilities and programmes specifically designed to support people with visible and hidden disabilities, LGBTQ+ residents, individuals requiring single-sex provision, and pregnant women. Providers have also outlined the diversity of their workforce with protected characteristics and how they use peer

volunteers and community networks to deliver culturally competent and specialist support. This information will enable Haringey case workers to match each resident to the service best suited to their individual needs.

8.4.6 All services are required to collect and report data on all protected characteristics through the National Drug Treatment Monitoring Service (NDTMS). Commissioners review this data monthly and during quarterly performance meetings with providers. This enables continuous monitoring of access, outcomes and equity, and supports ongoing improvement through needs assessments, equity audits and service redesign.

8.4.7 It is therefore anticipated that this decision will have an overall positive impact on equalities in Haringey and will advance the Public Sector Equality Duty by ensuring equitable, person-centred support that responds to a wide range of needs.

9. Use of Appendices

9.4. Appendix 1 – Part B of the report – Exempt Information

10. Background papers

10.4. Local Government (Access to Information) Act 1985

1.1.1. This report contains exempt and non-exempt information. Exempt information is contained in the exempt report and is not for publication. The exempt information is under the following category: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)) information in relation to financial or the business affairs of any particular person (including the authority holding that information).