Report for: Cabinet - 15 September 2026

Item number: 14

Title: Substance misuse peer led service

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

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Ward(s) affected: All

Report for Key/ Non Key Decision: Key Decision

1. Describe the issue under consideration

1.1. The Council currently commissions two separate substance misuse services: the Substance Misuse Peer-Led Service, delivered through a grant agreement, and the Substance Misuse Harm Reduction and Day and Night Outreach Service, delivered through a commercial contract. Both arrangements are due to expire on 30th of September 2026. To ensure continuity of service provision, new arrangements are required from 1st of October 2026.

1.2. Approval is therefore sought to undertake a procurement exercise for a single consolidated service and to award a new contract for an integrated Substance Misuse Peer-Led, Harm Reduction and Outreach Service commencing on 1 October 2026.

1.3. It is proposed that the aforementioned contract is awarded to Bringing Unity Back Into the Community (BUBIC) for 3 years, commencing from 1st October 2026 to 30th September 2029 with an optional period of up to 12 months. The total aggregated value of the contract would be £1,967,228, if fully extended.

2. Cabinet Member Introduction

2.1. Substance misuse affects individuals, families and neighbourhoods across Haringey. It can contribute to poor health, homelessness, exploitation, crime and insecurity. But people facing addiction are not a problem to be moved on; they are residents who need support, dignity and a realistic route back into stability.

2.2. This decision is about what kind of administration we want to be: do we wait for those in need to find the front door of our services, or do we commission a service that goes into communities and reaches people where they are?

2.3. That is why this peer-led service matters. Bringing Unity Back Into The Community (BUBIC) is trusted by people who are unlikely to engage with traditional services. BUBIC is a Black-led organisation, bringing culturally grounded leadership and community insight to a public health issue that affects residents across all communities. Its staff bring lived experience, local knowledge and credibility, and they work day and night in the places where help is most needed.

2.4. Cllr Ward and I visited BUBIC on 12 August, and we were struck by the quality of the service and the strength of the team led by Lanre. The workforce is trusted, empathic, challenging, supportive and unfazed, and it was an honour to be out with them until nearly midnight. The commitment and professionalism they showed were genuinely inspiring.

2.5. This is also about tackling inequality. The service reaches communities that are under-represented in the mainstream treatment system, including residents who may face cultural, social or practical barriers to accessing support. The recommendation will integrate peer support, harm reduction and outreach into one service, avoiding a gap in provision when the existing arrangements end. It will protect continuity, reduce duplication and give the Council a clearer basis for monitoring performance and outcomes.

2.6. We are not proposing this because it is the easiest option. We are proposing it because the evidence shows that the service is working, the provider is meeting its obligations, and there is no realistic alternative that can match its combination of local reach, lived experience and community trust.

2.7. The service takes a harm reduction approach, recognising that many service users are not yet ready to abstain from drugs on an ongoing basis. We would like to go further than national frameworks currently allow us on harm reduction interventions in order to safeguard some of our most vulnerable residents. We will, therefore, be advocating for the local provision of safe inhalation pipes for crack users as a first step in this.

2.8. The contract will be funded from the Public Health Grant, with a maximum value of £1.967 million over four years. This is an investment in prevention, safer communities and better outcomes for residents and it can also reduce pressure on more expensive services across health, housing, social care, policing and community safety.

2.9. Cabinet should therefore support this recommendation: to keep reaching people who are too often missed, to protect residents from avoidable harm, and to ensure that recovery support remains local, trusted and available when people need it.

3. Recommendations

3.1. It is recommended that Cabinet approves:

3.1.1. In accordance with Contract Standing Orders (CSO) 2.01 (b), the Council commencing a procurement exercise for an integrated Substance Misuse Peer-Led, Harm Reduction and Outreach Service with the aim of appointing a suitable service provider; and

3.1.2. Pursuant to CSO 2.01 (c), the award of the contract to Bringing Unity Back Into the Community (BUBIC) for the delivery of the above service for an initial period of three (3) years, from 1st of October 2026 to 30th of September 2029, at a total cost of £1,475,421 with an option to extend for further period(s) of up to 12 months. The total aggregated contract value will be £1,967,228, if fully extended. The procurement process has been conducted in compliance with the Health Care Services (Provider Selection Regime) Regulations 2023, using Direct Award Process A and as permitted under CSO 10.1.

4. Reasons for decision

4.1. The proposed request for procurement and contract award is essential to ensure the uninterrupted continuation of peer support and outreach services for individuals affected by substance misuse in Haringey. The current substance misuse peer support service and the provision for substance misuse support, harm reduction, and day and night outreach are all due to end on 30th of September 2026. Approving the recommendation will maintain service stability while enabling the continuity of the service till 2029 (2030, if fully extended).

4.2. Peer-led interventions remain a key requirement of the national Substance Misuse Treatment and Recovery Framework, monitored nationally by Office for Health Improvement and Disparities (OHID). These interventions are proven contributors to improved engagement, increased treatment retention and enhanced recovery outcomes. Awarding this contract ensures the Council continues to meet its statutory responsibilities under the national drug strategy. The service will be entirely funded through the Public Health Grant, ensuring no additional financial burden on the Council.

4.3. Existing provider is meeting requirements (service provider is delivering the service well, meeting performance expectations and fulfilling contractual obligations). The service is achieving its objectives without issues.

4.4. BUBIC's model delivered by trained recovery peers operating a dedicated day-and-night outreach team has demonstrated clear and immediate impact. The outreach van/team attends known drug hotspots across the borough, actively supporting people who are either not engaged with treatment or are at heightened risk of harm. The team's presence both day and night has identified significant previously unmet need, reaching residents who are not visible to treatment services or who feel most vulnerable outside standard service hours. Feedback from the community, including a community poll, highlighted the value of this provision and directly informed the expansion into night-time sessions.

4.5. BUBIC has consistently delivered a high-performing and fully compliant service, meeting all objectives set out in the current grant agreement. Their deep community links, trusted peer workforce, and specialised expertise make them uniquely positioned to continue providing this service without disruption. Awarding the contract therefore represents the option that maximises service quality, operational continuity, and value for money, while supporting statutory duties and local strategic priorities.

5. Alternative options considered

5.1. **Do Nothing –** The Council could choose not to recommission the services. This option is not recommended. The current services provides significant added value to the core clinical treatment pathway commissioned by the Council and plays a vital role in building recovery capital for residents seeking to overcome substance misuse. Evidence from service outcomes demonstrates its effectiveness in motivating change, supporting sustained recovery, and enabling people to reintegrate into their communities.

5.2. **Undertake a Competitive Tender Process -** The option to go to market for this service was considered but rejected. Previous attempts to competitively procure this provision have been unsuccessful. The service delivered by BUBIC is unique: it is entirely peer-led by former service users and local residents, is culturally aligned with Haringey's communities, and is deliberately positioned outside the traditional drug treatment system. These characteristics are central to the service's credibility and effectiveness.

The existing provider is performing strongly, meeting all contractual obligations, achieving service objectives, and contributing to the Council's statutory responsibilities under the national Substance Misuse Treatment and Recovery Framework.

Running a competitive tender would not yield a better outcome for residents or taxpayers. It would introduce unnecessary disruption, risk destabilising a high-performing service, and is unlikely to attract organisations with the specialist expertise required.

6. Background information

6.1. Haringey Council commissions harm reduction, treatment and recovery services to support residents affected by substance misuse and to meet its public health responsibilities. While clinical treatment services provide assessment, prescribing and structured interventions, not all residents are ready or willing to engage with traditional treatment. The Council therefore also commissions a peer-led service, which is delivered by residents with lived experience of substance misuse and recovery. Through community outreach, harm reduction advice and peer support, the service engages residents in places and settings where they feel comfortable, builds trust, reduces immediate risks and helps residents access treatment when they are ready.

6.2. BUBIC complements the Council's clinical treatment service by providing support from residents with lived experience of recovery. As a Black-led organisation with over 25 years' experience supporting residents affected by crack cocaine use in Haringey, BUBIC has developed trusted relationships within communities that can be harder for statutory services to reach. This enables the service to engage residents in harm reduction and treatment who may otherwise remain disconnected from support and helps them access treatment, sustain recovery and improve their wellbeing.

6.3. BUBIC is uniquely placed to deliver this service because it is an established Lived Experience Recovery Organisation (LERO), meeting the nationally recognised principles for peer-led recovery organisations supported by the Office of Health Improvement and Disparities (OHID). National research identified only around 33 LEROs operating across England, making this a relatively small and specialist sector. BUBIC is one of the longest-established organisations of its kind, having set up in Haringey since 2000. BUBIC's strength lies not only in its lived experience leadership but also in its deep local knowledge of Haringey's neighbourhoods, communities and drug-related harms. As a Black-led organisation with longstanding relationships across the borough, it can safely access residents and locations that statutory and mainstream providers often cannot reach, including residents involved in crack cocaine use and those gathering in high-risk settings. Through trusted relationships built over many years, outreach workers are able to engage residents who are disconnected from services, provide harm reduction advice in environments where other organisations would not be welcomed, and support residents into treatment and recovery. This local credibility, community trust and specialist expertise cannot be readily replicated by providers operating outside Haringey.

6.4. **National and Local Context**

6.4.1. Peer support delivered by people with lived experience of substance misuse is nationally recognised as an effective component of the drug treatment system. The National Institute for Health and Care Excellence (NICE) highlights peer-led interventions as valuable in promoting engagement, increasing motivation for change, and helping people sustain long-term recovery. National drug strategy expectations, monitored by the Office for Health Improvement and Disparities (OHID), emphasise the importance of early intervention, community outreach, and the expansion of recovery-focused services to improve outcomes and reduce drug-related harm.

6.4.2. Locally, Haringey continues to experience significant levels of substance misuse, disproportionately affecting residents in more deprived wards and those from Black and Minority Ethnic communities. The borough’s corporate priorities, particularly around reducing inequalities, strengthening communities, and improving health and wellbeing require a recovery system that is accessible, trusted, and responsive to residents’ needs.

6.5. **History and Role of BUBIC**

6.5.1. BUBIC has been delivering peer support in Haringey since 2000, this means they have 26 years of delivery experience. The organisation was founded by a group of Black African male residents who had years of chaotic crack use behind them. They had successfully completed treatment for crack cocaine in Haringey but could see a gap for community-led response. Their aim was **to give back to the borough** and to support others experiencing similar challenges.

6.5.2. BUBIC works exclusively in Haringey and has built strong local credibility. This locally rooted model enables the service to access communities and locations that statutory services often cannot reach, including drug-dealing hotspots, where they carry out preventative engagement and harm reduction work. The organisation is not part of the wider treatment market and therefore does not compete with clinical providers.

6.5.3. The service model offers the full public health approach to tackling substance misuse. Level 1 is universal prevention information for the community, in the form of both stalls and social media. Level 2 outreach to drug using hotspots, crack houses to give naloxone and harm reduction advice and walking people into treatment. Level 3 support alongside treatment including peer support groups, and accredited peer mentoring training. BUBIC is not a '9am-5pm' service, its residents caring for residents 'walking the walk' with residents wherever they are on their journey to recovery, this makes them unique. Continuity of delivery is particularly important given the vulnerable client group, the reliance on trusted relationships and the risks associated with disengagement from support pathways. Based on service performance, and established delivery infrastructure, there is currently no alternative provider operating that can demonstrate equivalent reach, lived experience leadership, community credibility and integration across these multiple functions.

6.6. **Funding Context -** The proposed contract will be funded through the Public Health Grant. The funding aligns with national expectations for investment in recovery support and contributes to the Council's wider efforts to strengthen Haringey's substance misuse system.

6.7. **Service Performance and Outcomes**

6.7.1. BUBIC has fulfilled all key requirements under the current grant. Recent performance demonstrates:

- Early intervention and community outreach to approximately 2,000 residents each year, including individuals using drugs and members of the wider community at risk of harm from non-opiate substances such as crack cocaine, cannabis, new psychoactive substances (NPS), and powder cocaine.
- More than 1,000 attendances at peer-led support groups annually, helping residents to build recovery capital, strengthen personal resilience, and reduce relapse risk.
- A 24/7 helpline, providing continuous access to support, information, and crisis advice.

- Over 6,000 community engagements, including outreach visits, awareness events, and harm reduction activities that improve community knowledge and resilience.

6.7.2. BUBIC is continuing to strengthen pathways into treatment, recovery and wider support services, making over 100 referrals and signposts on the quarterly basis to ensure individuals could access the help they needed. BUBIC is part of our program of work to end rough sleeping. They are the largest referrer into our substance misuse rough sleeping team with 83 referrals over the last 2 years 93% of whom have entered structured treatment.

6.7.3. A strong focus is also maintained on overdose prevention and harm reduction, including the distribution of naloxone kits to help reduce the risk of fatal overdoses. Alongside the provision of naloxone by the treatment provider, BUBIC distributes additional kits through its outreach and engagement activities, helping to ensure that naloxone reaches individuals who may be less likely to access traditional services. This collaborative approach has contributed to an average of ten reported lives being saved each quarter, highlighting the important role of community-based harm reduction interventions in preventing overdose-related deaths and improving engagement with wider support services.

6.7.4. Outreach workers complete an average of 35 structured home wellbeing checks each quarter, often for those that the main treatment services are concerned have disengaged from treatment. Enabling the early identification of risks, monitoring of health concerns, and regular contact with vulnerable individuals. Rapid outreach responses are provided to people experiencing homelessness, poor physical health and substance-related harm, helping to reduce immediate risks and improve access to support.

6.7.5. In addition, the Live & Direct group deliver targeted interventions for individuals in active addiction or at high risk of relapse, helping participants recognise distorted thinking, understand the impact of addiction, and make safer decisions in the present. The group recorded 83 engagements in the last quarter, demonstrating a strong level of participation and ongoing demand for this support.

6.7.6. Service users consistently report that the peer-led, non-clinical nature of the service makes it easier to engage compared with traditional treatment pathways. Feedback and service outcomes indicate that individuals experiencing multiple and complex needs, including substance misuse, homelessness, social isolation, and barriers to accessing support, are often more willing to engage when supported by peers with lived experience. Through sustained outreach, relationship-based engagement, and coordinated support, individuals are encouraged to access treatment, recovery services, accommodation support, and wider health and wellbeing

interventions. Evidence from service delivery suggests that this approach can improve engagement with treatment, increase stability, and support progress towards recovery, independence, and improved quality of life.

6.7.7. The service also delivers value for money through its contribution to preventing escalation into higher-cost interventions across housing, community safety, adult social care, policing and health services. During the current quarter, BUBIC received five referrals linked to suspected cuckooing and exploitation and undertook 21 outreach visits, alongside engagement with partners from the Cuckooing Team. Early intervention and sustained engagement can help reduce the need for more costly responses such as emergency accommodation, property repairs, closure orders, enforcement activity, safeguarding interventions, hospital admissions and substance misuse treatment escalation. Internal estimates indicate that a single complex cuckooing case can generate costs in excess of £80,000 across public services when accommodation costs, legal action, policing, social care involvement, healthcare interventions and property-related costs are considered. By identifying risks early, supporting vulnerable residents, facilitating access to treatment and coordinating multi-agency responses, the service helps reduce demand on other services while improving outcomes for residents. This preventative approach demonstrates wider social value beyond the direct activity delivered through the contract.

6.8. **Equalities and Resident Impact**

6.8.1. The service plays a significant role in reducing health inequalities. BUBIC supports communities disproportionately affected by substance misuse and who face barriers to clinical treatment. Approximately 38% of current service users are from Ethnic Minority backgrounds—more than double the proportion within the main drug treatment service (17%). This demonstrates BUBIC's ability to reach groups that statutory services struggle to engage.

6.8.2. The service also supports the Haringey Deal principles by working with communities in a collaborative, strengths-based way, fostering co-production, and promoting shared responsibility for building safer, healthier neighbourhoods.

6.8.3. **Stakeholder and Partner Views -** Local partners—including treatment providers, community safety teams, and outreach services—consistently highlight BUBIC as an essential component of the local recovery system. Residents and service users have been clear that the service provides a unique, trusted intervention that they want to see continued.

6.9. **Previous Decisions -** The Council has previously supported peer-led recovery support as part of its commissioned drug and alcohol system. The most recent decision was to extend the BUBIC grant to ensure continuity of service while wider system redesign work was undertaken.

6.10. **Risk Management -** The key risks identified relate to service continuity, engagement of vulnerable residents, and achievement of statutory public health outcomes. Discontinuing the service would increase the risk of relapse, reduce treatment engagement, and negatively impact community safety.

6.11. **Contract Management** - contract will be monitored through a combination of regular performance reviews, provider's meetings, and outcome reporting. The provider will be required to submit weekly and quarterly reports detailing activity levels, engagement figures, demographic data, referrals into treatment and support services, and evidence of reach into priority communities. Contract monitoring meetings will review delivery against agreed key indicators, service user feedback, case studies, and emerging trends or challenges.

7. Contribution to the Corporate Delivery Plan High Level Strategic outcomes

7.1. The proposal directly supports several high-level strategic outcomes within Haringey's Corporate Delivery Plan, particularly those relating to resident experience, wellbeing, and enabling success in our communities.

7.2. **Resident Experience:** The continuation of a trusted, peer-led substance misuse support service improves the experience of some of the borough's most vulnerable residents by ensuring access to responsive, culturally competent, and locally rooted support. BUBIC's approach reflects the broader ambition to provide services that are person-centred, preventive, and grounded in strong relationships with communities. The 24/7 helpline, targeted outreach, and peer-led groups all contribute to timely, accessible support that meets residents where they are.

7.3. **Enabling Success:** The proposal also aligns with the principles of the Haringey Deal, working collaboratively with local communities, valuing lived experience, and empowering residents to be part of the solution. BUBIC's model exemplifies co-production, community leadership, and partnership-based service delivery.

8. Carbon and Climate Change

8.1. This proposal supports the Council's wider commitment to responding to the climate emergency by contributing to a more resilient, sustainable, and community-based service model. While the primary purpose of the contract is to support residents affected by substance misuse, several operational practices within the service help reduce environmental impact.

8.2. Outreach activities are targeted within neighbourhoods, allowing staff to work in small geographical areas and utilise active travel where practical. The service also makes use of shared community venues, minimising energy usage associated with dedicated buildings.

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

9.1. Finance

9.1.1. Public Health has a funding allocation for substance misuse services. The annual peer support contract value of £175,532 over four years. And an annual DATRIG (Drug and Alcohol Treatment and Recovery Innovation grant) allocation for outreach of £316,275. The substance misuse, harm reduction and day and night outreach service will be integrated with DATRIG- funded element to form a single contract with a combined annual value of £491,807.

The new contractual arrangements are required from 1st of October 2026 – 30th of September 2030 at the value of £1,967228 and this will be met within the allocated substance misuse Public Health grant.

The forecast for substance misuse Public Health grant indicates it will continue to 2029/30 which is subject to change as Public Health grant is regularly being reviewed.

9.2. Strategic Procurement (BV/PH/ 26-059 -7.26)

9.2.1. The proposed Integrated Substance Misuse Peer-Led, Harm Reduction and Outreach Service falls within the scope of the Health Care Services (Provider Selection Regime) Regulations 2023 ("the PSR"), which governs the award of healthcare service contracts.

9.2.2. Regulation 6 of the PSR permits the use of Direct Award Process A where there is no realistic alternative provider capable of delivering the required services. Following consideration of the service requirements, market position, and the specialist nature of the provision, it is considered that Bringing Unity Back Into the Community (BUBIC) is uniquely placed to deliver this service. BUBIC is a locally established, peer-led organisation with a proven track record of effectively engaging communities disproportionately affected by substance misuse and those less likely to access traditional clinical services as further outlined at paragraph 6.

9.2.3. The incumbent provider has consistently delivered strong outcomes and has demonstrated its ability to meet the Council's service objectives. The organisation is a trusted and integral partner within Haringey's substance misuse treatment and recovery system, providing continuity of support to some of the borough's most vulnerable residents.

9.2.4. Robust contract management arrangements will be in place to monitor service delivery and performance throughout the contract term. This will include regular contract review meetings, performance monitoring against agreed key performance indicators, and ongoing assessment of service outcomes to ensure that the Council continues to receive value for money and that risks are appropriately managed.

9.2.5. In accordance with Contract Standing Orders 10.01 (Direct Awards) and 2.01(c), Cabinet may approve the award of contracts with a value of £500,000 or above

9.3. **Legal**

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

9.3.2. Pursuant to the provisions of the Council's Contract Standing Order (CSO) 2.01(b), Cabinet may approve the commencement of a procurement exercise where the value of the contract to the procured is £500,000 or more and as such the recommendation in paragraph 3.1.1 of the report is in line with the Council's CSO.

9.3.3. Pursuant to the provisions of the Council's CSOs 10.01 and 2.01(c), Cabinet has authority to approve the award of a contract by way of direct award where the value of the contract is £500,000 or more and as such the recommendation in paragraph 3.1.2 of the report is in line with the Council's CSO.

9.3.4. The content of the report also indicates that the award is compliant with Regulation 6 of the Health Care Services (Provider Selection Regime) Regulations 2023.

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

9.4. **Equality**

9.4.1. 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

9.4.2. 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.

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

9.4.4. Substance misuse is a highly stigmatised issue, and individuals with protected characteristics—including race, disability, age, and sex—often face

compounded barriers to accessing treatment and support. Locally, evidence demonstrates that substance misuse disproportionately affects residents in more deprived communities and those from ethnic minority backgrounds. Current service data shows that approximately 38% of BUBIC service users are from ethnic minority backgrounds, compared with 17% within the main treatment system. This indicates that the service is effectively reaching groups that are less likely to engage with traditional clinical provision.

9.4.5. The proposed commissioning approach actively advances equality of opportunity by continuing a trusted, peer-led model that is culturally competent, community-rooted, and accessible outside of traditional service settings. BUBIC's delivery model—based on lived experience, local credibility, and outreach into community settings and known hotspots—reduces structural and cultural barriers to engagement. The inclusion of day and night outreach further ensures that individuals who are most vulnerable, including those at higher risk of harm outside standard hours, are able to access support.

9.4.6. The service also contributes to fostering good relations by working collaboratively within communities, promoting understanding of substance misuse, and reducing stigma through education, engagement, and visible peer leadership. Its strengths-based and co-produced approach aligns with the Haringey Deal by empowering residents to support one another and participate in recovery-focused networks.

9.4.7. No negative equality impacts have been identified as part of this proposal. The continuation of the service is expected to have a positive impact across multiple protected characteristic groups, as well as on those experiencing socioeconomic disadvantage, which the Council recognises as a local priority. Ongoing contract management will ensure that equity of access and outcomes continues to be monitored, including analysis of service user demographics, engagement levels, and outcomes across different groups.

10. Use of Appendices

10.1. None

11. Background papers

11.1. Not applicable