

CABINET

DATE	11 th February 2026
REPORT OF	Councillor Stan Shreeve, Portfolio Holder for Health, Wellbeing, and Adult Social Care
RESPONSIBLE OFFICER	Diane Lee – Director of Public Health
SUBJECT	Procurement: Recovery Community Services
STATUS	Open
FORWARD PLAN REF NO.	CB 02/26/06

CONTRIBUTION TO OUR AIMS

In line with Marmot Place principles, recovery services directly address the link between exclusion for social, economic and substance-related harm. By ensuring appropriate, personalised access, recovery services help reduce health inequalities, enhance safety, and support positive outcomes for individuals, families, and the wider community.

This service directly supports the Council’s strategic aims as outlined in the Council Plan; Our Vision and Aims by contributing to:

- Stronger Communities: Supporting vulnerable residents to live healthier, safer, and more connected lives.
- Wellbeing and Prevention: Tackling inequalities and improving access to early intervention and support.
- Partnership and Collaboration: Working across sectors to deliver joined-up services that meet complex needs.

By addressing the joint challenges of substance use and marginalisation, the service will help build a more inclusive and resilient community in North East Lincolnshire.

EXECUTIVE SUMMARY

The Authority seeks to procure a range of recovery community services as described in this report. It is anticipated that the successful providers will take lead roles in Recovery Town Grimsby ensuring that recovery is visible, celebrated, and embedded within NEL reducing stigma and supporting the development of visible pathways. The services will deliver tailored interventions that address housing, employment, substance use, and social inclusion, ensuring people have consistent guidance and practical support. The services will provide trauma-informed, person-centred interventions aimed at improving mental health, emotional wellbeing, and access to wider support networks.

RECOMMENDATIONS

It is recommended that Cabinet:

1. Approves the commencement of a procurement exercise for Community Recovery Services, using the Provider Selection Regime Most Suitable Provider process.
2. Delegates authority to the Director of Health, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to finalise and award such contracts for Community Recovery Services
3. Delegates responsibility to the Director of Public Health, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to oversee all ancillary matters reasonably arising, including service implementation, mobilisation, and ongoing monitoring.
4. Authorises the Assistant Director Law and Governance (Monitoring Officer) to complete all requisite legal documentation in relation to the direct award and associated contractual arrangements.

REASONS FOR DECISION

The procurement of Community Recovery Services in North East Lincolnshire is recommended to ensure timely access to peer-led support within the recovery community. The successful providers will have expertise in delivering lived-experience-led groups, workshops, and community initiatives that inspire hope, build resilience, and make recovery visible and celebrated across the area.

It is anticipated that the procurement will follow a three lot model targeting wider communities and then narrowing focus onto the areas most vulnerable with targeted support.

Awards are anticipated to commence in April 2026 for a likely three-year period, with contractual options to extend subject to monitoring, evaluation and performance.

Overall, the procurement exercise aims to support and preserve a proven, community-embedded model, strengthen visible recovery pathways, and support sustainable wellbeing outcomes by ensuring recovery remains an integral, ongoing part of people's lives.

1. BACKGROUND AND ISSUES

- 1.1. Lived Experience Recovery Organisations (LEROs) are recognised across UK government as a cornerstone of effective drug and alcohol recovery systems. National strategies, frameworks and guidance such as *From Harm*

to Hope: A Ten-Year Drugs Plan, *NHS Capability Framework* and *Office of Health Inequalities and Disparities (OHID) Guidance on Recovery-Oriented Systems of Care* consistently highlight the value of peer-led, lived experience initiatives.

- 1.2. Commissioning LEROs is a commitment to embedding recovery communities at the heart of local systems. Evidence from Dame Carol Black's Independent Review of Drugs and subsequent NIHR research underscores that LEROs reduce stigma, strengthen engagement with treatment, and sustain long-term recovery outcomes. They provide safe spaces where achievements are celebrated, people are empowered, and social connections are strengthened.
- 1.3. North East Lincolnshire faces significant challenges around drug and alcohol use, with impacts felt across health services, families, and communities. While statutory treatment services provide essential clinical care, recovery is most sustainable when it is rooted in community and lived experience. Recovery is not an end point but a continuing process of growth, connection, and resilience. It is, therefore, crucial that LEROs are commissioned to continue to grow the thriving and innovative recovery community that has been established in North East Lincolnshire
- 1.4. Some marginalised groups of substance users encounter barriers to housing, healthcare, and financial stability, with entry into the industry often shaped by poverty, trauma, debt, or limited employment opportunities. Stigma and criminalisation deepen this isolation, discouraging people from seeking support or reporting abuse, while intersecting factors such as gender, race, and disability can intensify disadvantage.
- 1.5. These outcomes are not inevitable. Dedicated, non-judgemental support services are therefore vital to promote dignity, wellbeing, and equal opportunity. In North East Lincolnshire, such services have already demonstrated significant success in engaging with individuals and supporting their ongoing growth and development. They now stand as a crucial part of the wider community response, strengthening resilience and empowering people to make positive and long-term changes.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

2.1. Equalities

- 2.1.1. The proposed procurement exercise has been subject to an evolving equality impact assessment.
- 2.1.2. The services are expected to have positive impacts by reducing barriers to engagement, promoting visible and inclusive recovery pathways, and advancing equality of opportunity for people affected by substance use and related inequalities.
- 2.1.3. It supports the Council's Public Sector Equality Duty by fostering inclusion, reducing stigma, and ensuring that individuals with lived experience are empowered to participate fully in community life.

3. OTHER OPTIONS CONSIDERED

- 3.1. In considering the procurement of this contract, members had several options available. Key considerations include the established infrastructure and community networks already developed by the current provider. The way the grant operates, the tight timescales between grant notification and the start of the financial year, make it extremely challenging to run a full market exercise within the required deadlines, and the risk of disruption to ongoing recovery activities, loss of continuity for individuals engaged in peer-led support, and potential non-compliance with funding conditions.
- 3.2. An option would have been to discontinue the service altogether. This was discounted, as it would remove essential lived-experience-based recovery support, weaken visible recovery pathways, and undermine efforts to reduce stigma and build community resilience. Discontinuation would negatively impact wellbeing outcomes and reduce opportunities for people in recovery to engage in meaningful, empowering activities.
- 3.3. The recommended option is therefore to proceed with a procurement using the Provider Selection Regime Most Suitable Provider process. This approach aligns with the requirements of the grant funding, builds on the strong foundations and capacity already in place, and ensures continuity of a proven, community-embedded recovery model. It provides assurance that the services can continue to deliver lived-experience-led groups, workshops, and community initiatives without interruption, while maintaining appropriate governance, oversight, and monitoring arrangements.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

- 4.1. There are potential positive and negative reputational implications for the Council arising from this decision. The positive implications include recognition that the Council is investing in a lived-experience-led recovery model, demonstrating leadership in reducing stigma, promoting visible recovery pathways, and supporting inclusive, community-based approaches that advance equality and wellbeing. This is also in line with National strategies, frameworks and guidance.
- 4.2. The negative implications relate to the potential for reputational challenge from stakeholders who may question the process or hold differing views about the role of lived-experience organisations within the wider recovery system. This is mostly mitigated by the ability of other organisations to make representations during the process.
- 4.3. An action plan will be agreed with the Council's communications service, covering the following areas:
 - 4.3.1. Statutory communications requirements: ensuring compliance with equality, public health, and transparency duties.
 - 4.3.2. Consultation requirements: providing clear messaging about stakeholder engagement and the rationale for direct commissioning.
 - 4.3.3. Information requirements: ensuring accurate, accessible information is

available about the service, its purpose, and the outcomes it aims to achieve.

- 4.3.4. Communication channels to be utilised: Council website, press releases, social media, stakeholder briefings, and internal communications to staff and Members.

5. FINANCIAL CONSIDERATIONS

- 5.1. The cost of this will be met in full, from the specific element of the local authority's public health grant allocation, which has been ringfenced specifically for substance use treatment and recovery services (previously the Supplemental Substance Misuse treatment and recovery grant). As a result, there will be no financial impact on the Council's core revenue or capital budgets, nor on its reserves.
- 5.2. The total value is £450,000 per year. If the contract is extended to its full term of six years, the total cost will be £2,700,000. Any requests for uplifts during the contract term will be considered by the Authority.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

Equitable access to these services not only benefit the individuals receiving support, but also contributes to the well-being of their families, children, and the wider community.

7. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

This will have no negative effect on climate change, nature recovery and the environment.

8. PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

- 8.1. There is a strong association between socioeconomic position, social exclusion and substance-related harm. Evidence shows that those from vulnerable and disadvantaged groups, such as people living in more deprived areas, with lower socioeconomic capital and individual resources are at greater risk of drug and alcohol related harm.
- 8.2. Offering recovery services is essential for enhancing safety, reducing health inequalities, and supporting individuals in achieving positive outcomes. Equitable access to these services not only benefits the individual's receiving support, but also contributes to the well-being of their families, children, and the wider community.

9. CONSULTATION WITH SCRUTINY

There has been no consultation with Scrutiny at this stage.

10. FINANCIAL IMPLICATIONS

As detailed within financial considerations above, the costs of delivery will be met from Public Health Grant and there are no direct impacts upon the Council's wider revenue and capital budget allocations.

11. LEGAL IMPLICATIONS

The proposed procurement concerns a Health Care Service and is therefore subject to the Health Care Services (Provider Selection Regime (PSR)) Regulations 2023 rather than the Procurement Act 2023. Officers must ensure that the selected PSR process is supported by a clear rationale, that all statutory requirements and documentation are completed, and that the procurement is conducted in accordance with the Council's Contract Procedure Rules and governance arrangements. Subject to these requirements being met, there are no legal or constitutional barriers to the recommendations.

12. HUMAN RESOURCES IMPLICATIONS

There are no direct HR implications arising from the contents of this report.

13. WARD IMPLICATIONS

All wards are likely to be affected.

14. BACKGROUND PAPERS

14.1. [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)

14.2. [Additional drug and alcohol treatment funding allocations: 2023 to 2024 and 2024 to 2025](#)

14.3. [From harm to hope: first annual report 2022 to 2023 \(accessible\) - GOV.UK](#)

15. CONTACT OFFICER(S)

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