NOTICE OF MEETING

CABINET MEMBER SIGNING

Friday, 4th April, 2025, 11.00 am - Alexandra House, Station Rd N22 7TY (watch the recording here)

Councillors: Lucia Das Neves

Co-optees/Non Voting Members:

Quorum: 3

1. FILMING AT MEETINGS

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2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. 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).

4. 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

5. DEPUTATIONS / PETITIONS / QUESTIONS

To consider any requests received in accordance with Standing Orders

6. REQUEST FOR APPROVAL TO ACCEPT THE DRUG AND ALCOHOL TREATMENT AND RECOVERY IMPROVEMENT GRANT (DATRIG). IN ADDITION, DELEGATE AUTHORITY TO THE DIRECTOR OF PUBLIC HEALTH TO AWARD CONTRACTS PERTINENT TO THIS GRANT (PAGES 1 - 12)

7. REQUEST TO ACCEPT ADDITIONAL FUNDING FOR STOP SMOKING SERVICE FROM DEPARTMENT OF HEALTH AND SOCIAL CARE (DHSC) AND VARY THE EXISTING CONTRACT FOR INTEGRATED LIFESTYLE CHANGE PROGRAMME TO ENHANCE THE LEVEL OF HARINGEY SMOKING CESSATION SERVICES FOR 2025/26. (PAGES 13 - 22)

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Thursday 27 March 2025

Agenda Item 6

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

Item number: Not Applicable

Title: Request for approval to accept the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). In addition, delegate authority to the Director of Public Health to award contracts pertinent to this grant.

Report authorised by: Will Maimaris – Director of Public Health

Lead Officer: Sarah Hart - Public Health Senior Commissioner – Substance Misuse, Sexual Health, Health Improvement
E-mail: sarah.hart@haringey.gov.uk

Ward(s) affected: All

Report for Key/ Non-Key Decision: Key Decision

1. Describe the issue under consideration.

1.1. This report sets out an update on the new Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) and requests approval to accept the grant funding in accordance with Contract Standing Orders (CSO) 17.1.

1.2. The DATRIG consolidates the following previous grants:
- Substance Misuse Supplemental Treatment and Recovery Grant (SSMTRG)
- Rough Sleeping Drug and Alcohol Treatment Grant (RSDAG) and
- Inpatient Detoxification Grant (IDG).

1.3. The grant funding for 2025/26 financial year is expected to be £3,241,594.

1.4. The new DATRIG funding includes an enhanced focus on the quality in treatment and recovery systems of care with the aim of reducing attrition rates, improving the number and proportion of people making progress in treatment, supporting more individuals to initiate and sustain recovery and reduce the number of people dying.

1.5. Additionally, this report requests an approval to delegate authority to the Director of Public Health to award contracts pertinent to this grant where the value of the individual contract is above £500,000 but below £2,000,000. This will enable the Council to mitigate the risk of service gaps and ensure compliance with the grant funding requirements.

2. Cabinet Member Introduction

2.1. Not applicable

3. Recommendations

3.1. For the Cabinet Member for Health, Social Care and Wellbeing to approve:

3.1.1. in accordance with Contract Standing Orders (CSO) 16.02, and 17.1 to approve the receipt Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The total indicative allocation for the 2025/26 financial year will be £3,241,594; and

3.1.2. Where contracts valued at £500,000 or more that require approval by Cabinet as per Contract Standing Order (CSO) 9.07.1(d), delegate authority to the Director of Public Health, in consultation with yourself or the Cabinet Member holding the relevant portfolio responsibilities (if there is a change), to award contracts to the successful providers following the procurement process. The value of an individual contract will not exceed £2,000,000.

4. Reasons for decision

4.1. Ensuring more residents have access to effective drug and alcohol treatment remains a priority for the council, as this significantly reduces the impact of drug and alcohol misuse on adults, young people, families and the community. This is the 4th year of drug and alcohol treatment funding which has been used to significantly increase the number of residents accessing treatment and help to prevent fatalities. The Council therefore welcomes continued grant funding for 2025/26.

4.2. The council has received very late notification of the grant funding (intention letter received on 18th December 2024) for the financial year 2025/26. The grant is already committed to contracts due to finish in March 2025. We wish to secure swift acceptance of the indicative budget for 2025/26 and then to undergo a procurement process to award contracts for 1st April 2025. To affect rapid contract awards, we wish to use the delegated authority of the Director of Public Health.

5. Alternative options considered.

5.1. **Do nothing:** The Cabinet Member could refuse to receive the grant. However, as there is a clear need for these services and strong support to continue to tackle the impact of substance misuse on the community, this option has not been considered.

5.2. The Cabinet Member could not delegate authority to the Director of Public Health to award contracts. As the Council only had provisional notice of the grant allocation in December 2024, for services to be procured to commence on 1st April, the time frame would not allow a return for a cabinet member or Cabinet decision.

6. Background information

6.1. In line with government policy, for 2025/26 the Office of Health Improvement and Disparities (OHID) is amalgamating current local authority substance misuse treatment grants into a single Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The grants that will be consolidated are the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant, the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG), and the Inpatient Detoxification (IPD) grant.

6.2. As with previous years, the funding provided through the DATRIG will be dependent on maintaining or building on existing investment in drug and alcohol treatment and recovery from the Public Health Grant and remaining part of an inpatient detoxification regional or sub-regional consortia.

6.3. Financial year 2025/26 will be the fourth year of this additional grant funding. This new investment in local treatment services has resulted in an overall rise in numbers in treatment in Haringey by 20% in 2024/25, a reversal of many years of declining numbers. (Dame Carol Black review 2019). The aim of the grant for 2025/26, is to continue increasing the number of residents entering drug and alcohol treatment, thereby reducing levels of unmet need, with an enhanced focus on the quality of treatment and recovery services**.** The focus on quality will reduce attrition rates, improve the number and proportion of residents making progress in treatment, support more residents to initiate and sustain and *reduce* the number of people dying**.** In turn, continued improvement in the range and quality of support being provided will make services more attractive, accessible, and effective.

6.4. **Evidence of need** - Haringey has an ongoing need for substance misuse treatment services, the latest estimates from the Office of Health Improvement and Disparities (OHID) 2019/20 suggest Haringey has 3,869 residents who use opiates and or crack cocaine of whom 77.9% have an unmet treatment need (worse than the region 71.5%) and 3,147 with dependent alcohol consumption of whom 75% have an unmet treatment need (better than the region 78%). As numbers in treatment have improved significantly in 2024/25, we anticipate a drop in unmet need to the regional average, however this will still leave significant unmet need.

6.5. Currently there are no indications of an epidemic of non-medical use of synthetic opioids in Europe – however they remain a potential threat of overdose amongst opioid users, particularly because of shortages of main opioids linked to 95% decrease in opium cultivation in Afghanistan in 2023.

6.6. Cannabis is the most used drug worldwide and usage is increasing. Usage in England and London remain higher than global estimates. Cannabis is becoming more potent globally. In England and Wales, use is more prevalent among those with an annual household income of less than £10,000. While

cannabis use has declined over time, there has been an increase in use during the last 6 years, driven mainly by the 25-29 age group[1].

6.7. High demand and more efficient supply chains to Europe have resulted in a greater supply of cocaine. Cocaine consumption (2.9% of the population) in London was estimated to be more than twice that of any other European city, more than Europe's next three biggest cocaine-consuming cities combined (Barcelona, Amsterdam and Berlin). The research found sustained usage across the week with only a slight rise at weekends, in contrast to other cities. In England and Wales, powder cocaine use is more prevalent among those on annual household incomes above £50,000 than other drugs. Cocaine use is also associated with the night-time economy (e.g. pub and club goers). There has been an increase in powder cocaine use in England and Wales in the last decade, mainly driven by those under 30.

6.8. Within the unmet need data for substance misuse services, we are unable to identify who are homeless. According to the report published by the Advisory Council on the Misuse of Drugs (ACMD), a significant percentage of people experiencing homelessness also struggle with substance misuse. The report highlights that **32% of all deaths among homeless people in England in 2017 were due to drug poisoning**, compared to just 1% in the general population. This underscores the critical need for integrated services that address both housing and substance misuse issues simultaneously.

6.9. **Why invest** - Continued investment in drug treatment is an important factor in making Haringey a safe place to live. The Dame Carol Black Independent Review on Drugs 2019 drew a parallel between Government disinvestment in tackling drugs over the years and a very noticeable increase in drug supply and purity. This has fuelled drug related crime, particularly violent crime, and the use of vulnerable children in drug trafficking. It is estimated that drug addiction is related to approximately half of all acquisitive crimes such as theft, burglary & robbery. Crimes linked to drug-supply -such as county lines & associated violence disproportionately impact young, black, male & vulnerable Londoners. The disinvestment in drug treatment means that long-term drug users are cycling in and out of our prisons, at great expense but very rarely achieving recovery or finding meaningful work. The review stated that the total cost to society of illegal drugs is around £20 billion per year.

6.10. **How have we used the previous Supplemental Substance Misuse Treatment and Recovery grant**- – Nationally, 2018 recorded the highest levels of drug-related deaths. The synthetic opioid crisis in the UK is a growing public health concern, primarily driven by the rise of potent synthetic opioids like nitazenes. These drugs are significantly stronger than traditional opioids such as heroin and fentanyl, leading to a sharp increase in overdoses and deaths. Haringey has seen a rise in death rates from 6 in 2020 to 21 in 2023. However, for the number of deaths in treatment, Haringey is doing better than the national average as treatment remains highly protective. Haringey has a synthetic opioid plan, and harm reduction is an area where Haringey has

[1] London data is sourced from A Problem Profile of Drugs in London Mayor Office for Policing and Crime 2024

effectively invested its SSMTRG and is doing well across all the indicators (see table 1).

6.11. Haringey has used SSMTRG to increase the numbers entering treatment by 26% in 2024/25 (see table 1). SSMTRG has been used to create outreach and satellite services to reach those causing antisocial behaviour using opiates and crack cocaine. For example, the grant funds peers to attend Haringey Community Safety Weeks of Action, targeting drug related ASB and to provide weekly peer night outreach services. In 2025/26 we will open additional clinical clinics in high prevalence areas.

Table 1 –Haringey ambitions and outcomes

Capacity	Baseline	End of Y3 2024/25 Target	Provisional October 024 Data
All Adults in Structured Treatment	1535	1803	1935 (26%)
Opiates	716	787	**800 (11%)**
****Non-Opiates**	451	541	**638 (41%)**
Alcohol	365	475	497 (36%)
Young People in Treatment	123	150	91

6.12. Non-opiates - Traditionally drug services funded from the Public Health Grant have been seen as services primarily for heroin and crack users. However, residents do become addicted to drugs associated with recreational use, like cannabis, ketamine, cocaine and drugs associated with chem sex. These drugs can cause physical and mental health harm, and overdose risks are rising as they become adulterated with synthetic opioids. Haringey has used SSMTRG to create a new non opiate service, delivered in an alternative setting, with its own name and digital offer. Co-production days help us design the service which saw a 41% increase in numbers entering treatment. Offering harm reduction advise and treatment services to these residents helps to prevent harm and disrupts demand and thus the drugs market in Haringey. This work will be ongoing in 2025/26 supported by more marketing to younger adults in Haringey.

6.13. Alcohol - Numbers in alcohol treatment have increased by 36%, returning to pre covid levels. Alcohol harms Haringey's community in a different way to illegal drug use, particularly in terms of healthy life expectancy. High levels of alcohol consumption are linked to long term health conditions. This has a cost implication on social care. There is strong evidence that having alcohol workers based in hospitals is cost effective and is part of National institute for Health and Care excellence (NICE) guidance. In 2024 SSMTRG was used to create an alcohol team tasked with conducting in-reach to the local acute hospitals. SSMTRG was also used to market the service to residents and GPs.

6.14. Nationally there has been a decrease in young people accessing drug and alcohol treatment, Haringey reflects this trend. SSMTRG is being used for new posts for schools and targeted youth services. Although the numbers in treatment are lower than our ambitions the team has seen more young people for advice and information this year. They have also seen a lot of young people for help with vaping, which is not included in the treatment data.

6.15. The table below gives a flavour of the activities and success of the SSMTRG.

Table 2 SSMTRG activities

Area of activity for the contract	**Services**	**Achievements in 2024**
Harm reduction	From the grant, the public health team has an officer leading on harm reduction and there is a services lead. We have a harm reduction plan and steering group. Two key aims reducing drug related deaths through the distribution of naloxone and preventing the spread of blood borne virus via distribution of needles.	• 399 professionals have received naloxone-related training in Haringey. • 108 police officers received harm reduction training. • Over 1000 naloxone kits given out, all hostels provide now distribute. • For pharmacy needle exchange we has 831 registered users.
Criminal reduction	5 new criminal justice workers to increase access into treatment from all areas of the criminal justice system – police custody, court, prison and probation	• 505 referrals which is an 18% increase on 2023 and a 39% increase from 2022. • 15% increase in the pickup of those leaving prison with a treatment need • Completed 89 comprehensive assessments for people leaving prison and starting structured treatment

Area of activity for the contract	Services	Achievements in 2024
		• Completed 85 court-based treatment assessments for community orders • Booked in 210 initial assessments for arrest referrals and successfully completed a full assessment on 63 of those individuals.
Outreach	Peer led night outreach and session at Mulberry Junction. Most services are 9-5pm. The peer led service operates weekly late at night. It's outreach targets hot spots and visits vulnerable clients at home.	• In Q3 BUBIC provided 21-night outreach sessions, it had 383 outreach engagements and 321 attendances at the night service and 181 attending night peer support. 29 people were new to the service.

6.16. **Monitoring** – the work done in the SSMTRG contract is steered by Public Health team, service managers and service users. This reports to the Combating Drugs Partnership (CDP). Data is collected via a national data system and results are available to commissioners monthly.

6.17. **How have we used the previous Rough Sleeping Drug and Alcohol Treatment Grant** (**RSDAG)** elements. In 2020 Haringey became a phase one area for the new RSDAG to improve access to substance misuse treatment for those with a history of rough sleeping and substance misuse. Seen as a success, this has been extended each year, and the council has now been offered funding for 2025 – 26.

6.18. The RSDAG has been used to create a dedicated rough sleeping substance misuse treatment team. The design of the team delivery model was agreed through participatory exercises with service users, substance misuse staff, homeless workers, and peers, coming together to decide how we would create a substance misuse homeless team whose culture and way of working blended the trauma informed practice of homeless workers with the clinical knowledge and skills of substance misuse workers. The consensus was for a team who were outward facing, delivering treatment where homeless people felt most comfortable. Participation continues to be core to delivery. There is a multi-agency quarterly steering group, which is always well attended. There are also smaller, less formal projects which homeless people are involved in i.e. designing training for workers, a harm reduction conference, and delivering an International Women's Day event.

6.19. **Current team model** – The RSDAG is used to commission a multi-agency drug and alcohol rough sleeping team. This is provided by Bringing Unity Back into the Community (BUBIC) providing peer support, North London Foundation Trust providing all drug clinical elements, and Humankind/Waythrough providing alcohol services.

6.20. The team's method of delivery is based on the theory of change developed through participation. It is trauma informed and co locates where people who are homeless are most comfortable to engage, including the street, hostels, and Mulberry Junction.

6.21. **Monitoring and outcomes-** The service is overseen by an operational group which reports quarterly to a multi partnership Substance Misuse Rough Sleepers Steering group, which includes people with lived experience. Public health report quarterly to the Office of Health Improvements and Disparities.

6.22. **Referrals and engagement** – The service's first full year was 2022 and it had 70 referrals, in 2023, this increased to 97, This year to date, this is already 121 which reflects the improved offer at Mulberry junction, improved offer to women and closer working with community safety partnership. 79% of people referred accessed treatment, engagement of women has significantly improved to 84%. White British and white other make of the majority of those engaged which reflects the visible homeless population, however the team has seen many Global Majority residents where the engagement level is higher than white British, this is likely related to having BUBIC as core providers of this service. Currently 196 people with a history of rough sleeping are in treatment, 96% are retained for 12 weeks which is higher than the treatment population. However, their progress in treatment is poorer than the general population. We are currently completing a client survey to help us further improve treatment.

6.23. **Successes and challenges** – the service is very different from the normal drug and alcohol treatment services, it is a person centered, placed-based way of working. Success is about engagement and harm reduction. The challenge is to empower those who are well engaged to move further into recovery. 2025-26 will see further systemic council support to enable this – secure homes, time credits, co production, work, peers. The public health team will complete a staff and service user review.

7. Contribution to strategic outcomes

7.1. These services contribute to the Council Corporate Delivery Plan 2024-26 Theme 4: Adults, Health and Welfare under Healthy and Fulfilling Lives. The delivery plan speaks of a Haringey 'where all adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities'.

8. Carbon and Climate Change

8.1. Mitigating carbon – The grant will go to local providers of substance misuse services. No new premises will be used for this service as the strategy for these services is co- location, maximising use of existing buildings. In the specification for the service, we will require providers to have carbon reduction

policies and to minimise energy consumption, encourage staff to walk or use public transport.

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

9.1. Finance

9.1.1. An indicative amount of £3,241,594, Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG), has been awarded to London Borough of Haringey for 2025-26. It is intended that the funds will support LBH programmes, and expenditure will not exceed the budgeted amount.

9.2. Strategic Procurement

9.2.1. Strategic Procurement notes the contents of this report and have been consulted in the preparation of this report.

9.2.2. The request to accept the grant funding is in accordance with the Contract Standing Orders 17.1.

9.2.3. The Public Health team is to ensure systems and processes are in place to enable the Council to fulfil its obligations set out in grant agreement and mitigate risk of having to repay grant funding, either in full or in pro-rata.

9.2.4. Due to the late notification that the grant funding will continue for a further year, there is insufficient time to complete the compliance procurement process, obtain Cabinet approval for awarding the contracts and then start service delivery. Delegating authority to the Director of Public Health to award the contracts will expedite the process and mitigate the risk of potential service disruption.

9.2.5. Strategic Procurement confirms there are no procurement related matters preventing Cabinet Member approving the Recommendations stated in paragraph 3 above.

9.3. Legal

9.3.1. The Assistance Director for Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.

9.3.2. Pursuant to the Council's Contract Standing Order (CSO) 17.1 Cabinet has authority to approve the receipt of a grant where the value of the grant is £500,000 or more and as such the recommendation in paragraph 3.1.1 is in line with the provisions of the Council's CSO.

9.3.3. Further to paragraph 9.3.2 above and the provisions of the Council's CSO 16.02, the Leader may allocate a decision reserved for Cabinet to the Cabinet Member having the relevant portfolio responsibilities and as such the recommendation in paragraph 3.1.1 of the report to seek approval from Cabinet Member for the receipt of the Drug and Alcohol Treatment and

Recovery Improvement Grant (DATRIG) of which the total indicative allocation for the 2025/26 financial year will be £3,241,594 is in line with the provisions of the Council's CSO provided that such a decision has been allocated to the Cabinet member by the Leader.

9.3.4. Pursuant to the Council's CSOs 9.07.1(d) Cabinet has power to approve the award of a contract where the value of the contract is £500,000 or more.

9.3.5. Further to paragraph 9.3.4 above, the recommendation in paragraph 3.1.2 of the report to delegate authority to the Director of Public Health, in consultation with Cabinet Member for Health, Social Care and Wellbeing or the Cabinet Member holding the relevant portfolio responsibilities (if there is a change), to award contracts to the successful providers following the procurement process up to a value not exceeding £2,000,000 is line with law. Cabinet has power under the Local Government Act 2000 to delegate the discharge of any of its functions to an officer (S.9E (Discharge of Functions)).

9.3.6. The Assistant Director for Legal and Governance (Monitoring Officer) sees no legal reasons preventing the approval of the recommendation in the report.

9.4. **Equality**

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

9.4.2. This report relates to the receipt of a grant which will specifically be used for residents who have substance misuse misuses and specifically for those who are homeless.

9.4.3. This report relates to the receipt of additional funding for the treatment of those with substance misuse issues. Substance misuse can be an issue for any resident, but it's level of severity and impact is closely linked to poverty and trauma. Residents who are disproportionately likely to have substance misuse issues includes males, LGBTQ people, homeless people, people who suffer from mental ill health, people from ethnic minority backgrounds and people who live in socioeconomically deprived backgrounds.

9.4.4. Accessing a service can be stigmatising and so it is important to constantly ensure those with protected characteristics that need the service are reached. While females are less likely than males to have substance misuse issues, female drug use is more stigmatised and there is a strong correlation with victims of violence against women and girls.

9.4.5. This funding will be distributed to existing providers of substance misuse services. Substance misuse providers are expected to submit data on those entering treatment to a national data monitoring system. This system collects data on all protected characteristics. Service providers and the public health commissioner look at this data quarterly to explore equity of access. Data is collated into an annual needs assessment. Adaptations already in place include services workforce speak 16 different languages and all service

information is translated, services have women only sessions, homeless service users have clinics in homeless settings, all staff have LGBTQ training from a local LGBTQ organisation, volunteers and trainees are recruited specifically to diversify the workforce, young people have a standalone service. This funding will be used to continue to ensure services are meeting the needs of all those with protective characteristics needing services.

10. Use of Appendices

10.1. None

11. Local Government (Access to Information) Act 1985

11.1. Not Applicable

Agenda Item 7

Report for:	Cabinet Member for Health, Social Care, and Wellbeing
Title:	Request to accept additional funding for Stop Smoking Service from Department of Health and Social Care (DHSC) and vary the existing contract for Integrated Lifestyle Change programme to enhance the level of Haringey smoking cessation services for 2025/26.
Report authorised by:	Will Maimaris, Director of Public Health
Lead Officer:	Bezuayehu Gubay, Public Health Strategist and Commissioner, bezuayehu.gubay@haringey.gov.uk
Ward(s) affected:	All
Report for Key/ Non-Key Decision:	Key Decision

1. Describe the issue under consideration

1.1. As part of its smoke free 2030 ambition proposal, the government started to allocate additional funding to local authorities including Haringey from 2024/25 with the aim to continue through to 2028 to 2029. The funding is ring fenced for the purposes of local authority-led stop smoking services.

1.2. In late December 2024, the Secretary of State published funding allocations for local authorities (Local stop smoking services and support: funding allocations and methodology for 2025 to 2026 - GOV.UK, pursuant to section 31 of the Local Government Act 2003, to pay a grant of £338,387 to Haringey for the financial year 2025 to 2026. The purpose of allocation of the additional funding is to ensure there is a comprehensive offer to increase the number of smokers engaging with effective interventions from communities who need the support the most and help them stop smoking to address health disparities.

1.3. This report seeks the approval of the Cabinet Member for Health, Social Care and Wellbeing' to accept the external funding of £338,387 from the Department of Health and Social Care (DHSC) in accordance with Contract Standing Order (CSO) 17.1 to upscale the delivery of local Stop Smoking Services in Haringey (also referred as Smoking Cessation Service) in 2025/26 and delegate approval to the Director of Public Health to accept the funding and vary any existing related contract or approve award of a new contract for future years if funding continues until 2028/2029.

1.4. Subject to approval being granted, out of the available funding of £338,387, the Council would like to allocate £260,000 to commission additional Smoking Cessation Services. The remaining amount of £78,387 will be allocated for salary of an in-house Smoking Cessation Project Officer and contribute towards the London Stop Smoking digital app.

1.5. On 19th September 2023, Cabinet approved the award of the contract for the provision of Integrated Lifestyle Change Programme to Haringey GP Group Limited (trading as Haringey GP Federation) for an initial period of 4 years plus with 4 years extension options at the total cost of £4,319,800. The contract consists of adult weight management, physical activity, smoking cessation, community-based NHS Health Checks and alcohol reduction services.

1.6. Considering there is an existing contract available that delivers our Smoking Cessation Service in Haringey, it is considered to be a better solution to vary the existing contract for the provision of the Integrated Lifestyle Change Programme to enhance the level of smoking cessation service component for 2025/26 at a value of £260,000. The aggregate value for the life of this contract will be £4,838,800 including the proposed variation.

2. Cabinet Member Introduction

2.1. Not applicable.

3. Recommendations

3.1. For the Cabinet Member for Health, Social Care and Well-being:

3.1.1. To grant approval to accept external funding of £338,387 from the Department of Health and Social Care (DHSC) in accordance with Contract Standing Order (CSO) 17.1 to upscale the delivery of local smoking cessation service in 2025/26.

3.1.2. To delegate authority to the Director of Public Health to accept the funding for subsequent years up until 2028/29 and vary any existing related contract or approve award of a new contract relating to additional funding until 2028/29 where value of the funding and/ or contract is £500,00 or above.

3.1.3. To approve the variation of the existing contract for the provision of Integrated Lifestyle Change Programme currently delivered by Haringey GP Group Ltd t/a Haringey GP Federation to enhance the level of the smoking cessation service component for 2025/26 at a value of £260,000. The proposed variation is allowed under CSO 10.02.1 (b)and CSO 16.2. The aggregate value for the life of the contract will be £4,838,800 including the proposed variation.

4. Reasons for decision

4.1. Accepting the grant will help the council to upscale its current smoking cessation service to reduce smoking prevalence which is rising in Haringey as well as reducing the smoking-attributable hospital admission and mortality rate particularly with the aim of reducing health inequalities among local groups such as people in routine and manual occupations **(see background information, paragraph 6.4 to and 6.9).**

4.2. The additional funding will help the council to ensure there is a boroughwide comprehensive offer and able to engage and support increased number of smokers with effective interventions to quit particularly from communities where there is high smoking prevalence.

Variation to the current Integrated Lifestyle Change Programme is a viable option for the following reasons:

4.3. This is the 2nd round grant received from DHSC and the confirmed grant is only for one year, 2025/26. Although the funding is likely to continue until 2028 to 2029, there is no guarantee. As such a tender process is not appropriate because of time limitation to meet the starting time based on the grant agreement. Furthermore, the current provider, Haringey GP Federation, won the current Integrated Lifestyle Change programme with smoking as one of the service components through an open and competitive tender and awarded by cabinet in 2023.

4.4. Since commencement of the contract, Haringey GP Federation has established the smoking cessation service and further enhanced the service using the 2024/25 additional funding by increasing, for example number of smoking cessation advisors from about 2 to 4.5 FTE and showed an increasing trend in number of smokers being supported. For example, there were 256 smokers that have successfully quit at 4 weeks in 22/23 (before additional funding) compared to 320 only in the first two quarters of 24/25. Therefore, making a variation to this contract to ensure continuation of the enhanced smoking cessation service was found to be feasible for various reasons including supporting increased number of smokers and avoiding duplication and helping to consolidate resources which will help the council to achieve good for value for money. It will also help the council to achieve service integration, collaboration and service sustainability, improving access, reducing health inequalities and facilitating choice and achieving greater social value.

4.5. The public health team has discussed the opportunity with Haringey GP Federation, and they expressed their interest, provided their financial model along with key deliverables and targets that they can achieve. The requirements for the contract variation have been discussed and agreed. They have showed full confidence that they will meet the requirements required through this contract variation and able to engage and support increased number of smokers by delivering effective interventions to quit particularly from economically disadvantaged community groups and who need the serve the most**.**

5. Alternative options considered

5.1. **Do nothing** - the Council could decide not to accept the grant. However, the allocation of the funding was based on strong evidence of smoking prevalence and number of smokers in each local authority. As such the council will lose the opportunity to support current smokers in Haringey which shows uprising trend. The capacity of the current smoking cessation service is very limited compared to the level of smoking prevalence in the population, particularly in those economically disadvantaged groups. Therefore, it is in the Council's interest to accept the grant in order to deliver against the commitments set out in the Council Corporate Delivery Plan 2024-26 and Haringey's Health and Wellbeing Strategy 2024-2029.

5.2. **Going to tender or NOT to vary the existing contract** – Going to tender will be costly and may not attract a good market as the conformed funding is just for one year. We could also choose not to vary the existing contract, however setting up a separate contract would create duplication and avoidable administration costs as well as losing the benefits from service integration, improving access, reducing health inequalities and facilitating choice and achieving greater social value. Furthermore, lack of certainty about the future years of the grant means that potential tenderers are unlikely to be interested to a new bid.

6. Background information

6.1. Smoking is the single most entirely preventable cause of ill health, disability and death in the UK. The government has set an ambition for England to be "smokefree" by 2030, defined as smoking rates of 5% or less (Stopping the start: our new plan to create a smokefree generation (2023).

6.2. Prevention is one of the foundations of the Council's public health programme to reduce health disparities and early death that are linked to areas of deprivation and lifestyle related risks such as smoking and other lifestyle factors. Premature mortality and poor health disproportionately affect people lower down the socioeconomic scale. Haringey is the 4th most deprived borough in London and neighbourhoods in east Haringey are amongst some of the most deprived in London.

6.3. The aim of this additional funding is to ensure the council is able to provide comprehensive offer to help people stop smoking service across Haringey and to increase the number of smokers engaging with effective interventions to quit from communities and localities who need the support the most and help them stop smoking to address health disparities.

6.4. Based on the Annual Population Survey (APS), the prevalence of smoking in Haringey among persons 18 years and over is 13.9% compared to London (11.7%) and England (11.6%) in 2023. However, based on GP patient Survey (GPPS), this figure is 18.7% for Haringey compared to London (15%) and England (13.6%) in 22/23. Furthermore, Haringey has the highest smoking prevalence (32.9%) among the NCL boroughs in adults with routine or manual jobs, and this figure is higher than London (20.2%) and England (22.5%) average (OHID, fingertips, 2022).

6.5. Based on Healthintent data analysis (December 2024), there is a disparity in percentage of smokers within different socio-economic groups in the GP registered population:

- 25% current smokers in male compared to 16% in females.
- 23% in those aged 25-49 in Haringey compared to 21% in aged 50-64 and in aged 15% in 65-74.
- Smokers in White ethnic group is 23% followed by 20% in mixed, 16% in Black and 14% in Asian.
- 37% in individuals whose main language is Romanian or Polish (36%) followed by Turkish (35%).

- Those living in the most deprived area of the borough have a significantly higher proportion of current smokers compared to those living in the least deprived area (24% vs 10%).

6.1. In Haringey, the percentage of mothers known to be smokers at the time of delivery is 4.8% compared to London (3.9%) and England (7.4%) (OHID, 23/24). Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.

6.2. Smoking prevalence, based on GPPS, in adults with a long-term mental health condition (aged 18 and over) is 28.2% compared to London (26.3%) and England (25.1%) (OHID, 22/23).

6.3. In 2019/20, based on NDTMS, smoking prevalence in adults (18+) admitted to treatment for substance misuse (alcohol & non-opiates) is 68.2% in Haringey which is higher than London (61.5%) and England (64.6%).

6.4. Haringey has the 2nd highest rate (167 per 100,000) in NCL for smoking attributable mortality, in persons aged 35 years and above but there are no significant differences when compared to London average (OHID fingertips, 2021).

6.5. The smoking-attributable hospital admission rate in Haringey stands at 1,397 per 100,000 for individuals aged 35 and above compared to England (1398 per 100,00) (OHID, 2019/20).

6.6. Action on Smoking and Health (ASH) Ready Reckoner January 2025 estimates that smoking costs Haringey £249m per year. This includes smoking related health care costs (£9.2m), social care spends (65.2m) and smoking related losses in earnings, early deaths, unemployment (£172m). The national average spend on tobacco is around £2,338 per smoker per year (https://ashresources.shinyapps.io/ready_reckoner/).

6.7. Commissioners will continue to manage the contract and monitor the contract during the term to mitigate against risk and ensure key performance indicators and user outcomes are met via quarterly monitoring meetings, monthly/quarterly and annual reports including live dashboard sharing.

7. Contribution to strategic outcomes

7.1. The One You Haringey service contributes to the Council Corporate Delivery Plan 2024-26, in particular, the theme related to adults, health and welfare, as well as Haringey's Health and Wellbeing Strategy 2024-2029. The Corporate Delivery Plan highlighted the commitment of the council about making sure that every adult in our community gets the support they need to live a good life, no matter what challenges they may face.

8. Carbon and Climate Change

8.1. Stop smoking is good for the environment and contributes to the reduction of carbon emissions, reduced energy usage and response to climate change adaptation. For example, calculation of the environmental impact of a single smoker over their lifetime: a person smoking a pack of 20 cigarettes per day for 50 years is responsible for 1.4 million litres of water depletion[1].

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

9.1. **Finance**

9.1.1. This report seeks approval for the receipt of £338,387 Local Stop Smoking Services and Support Grant 2025-2026, of grant funding from the Department of Health and Social Care (DHSC), over the financial year of 2025 to 2026. It is proposed the grant will be allocated as set out below.

Local Stop Smoking Services and Support Grant 2025-2026	
Haringey Allocation - 2025-26	338,387
Planned spend:	
Integrated Lifestyle Change Programme - Haringey GP Federation	260,000
Smoking cessation project officer & Contribution to London Smoking Digital App.	78,387
	338,387

9.1.2. The report also seeks to approve variation of the contract for Integrated Lifestyle Change Programme held with Haringey GP Group Limited (trading as Haringey GP Federation).

Aggregate value of Contract With Integrated Lifestyle Change Programme at 1/2/25 - Haringey GP Federation	4,578,800
Proposed Variation	260,000
Aggregate value for lifetime of contract	**4,838,800**

9.1.3. The variation will be funded by an allocation from the Local Stop Smoking Services and Support Grant 2025-2026.

9.2. **Strategic Procurement**

[1] Cigarette Smoking: An Assessment of Tobacco's GlobalEnvironmental Footprint Across Its Entire Supply Chain - https://pubs.acs.org/doi/epdf/10.1021/acs.est.8b01533

9.2.1. Strategic Procurement notes the contents of this report and have been consulted in the preparation of this report.

9.2.2. The request to accept the grant funding is in accordance with the Contract Standing Orders 17.1. The additional funding will facilitate the Council in upscale the delivery of essential local Stop Smoking Service to residents, thereby improving public health outcomes and reducing smoking-related illnesses in the community.

9.2.3. The Public Health Commissioner is to ensure systems and processes are in place to enable the Council to fulfil its obligations set out in grant agreements and mitigate risk of having to repay grant funding, either in full or in pro-rata.

9.2.4. The contract referenced in section 3 was awarded following a competitive procurement process under the Public Contracting Regulation 2015 (PCR 2015), 'Light Touch' regime.

9.2.5. From January 2024, the Health Care Services (Provider Selection Regime) Regulation 2023 (PSR) has superseded the PCR 2015 for the procurement of healthcare services. Consequently, the Council is now required to ensure compliance with the PSR when commissioning or procuring healthcare services.

9.2.6. The recommendations stated in section 3 above meets both criteria stated in PSR:

- Regulation 13.1(d), a modification made at the discretion of the Council to utilised grant funding to upscale smoking cessation service as DHSC has only confirmed the grant allocation for one year; and
- Regulation 13.2 (a) and (b) modification does not make the contract materially different in character as same service, nor the cumulative value of the modification is less than 25% of the lifetime value of the original contract which was £4,319,800. Whereas the total value of the of variation is £520,000 (including proposed variation).

9.2.7. Pursuant to the provisions of the Council's CSO 16.02, the Leader may allocate a decision reserved for Cabinet to the Cabinet Member having the relevant portfolio responsibilities and as such the recommendation in section 3 of the report to seek approval from the Cabinet Member for Health, Social Care and Well-being to vary the existing contract in line with the CSO 10.2.1 (b) (variations and extensions of the contract).

9.3. **The Assistant Director of Legal & Governance (Monitoring Officer)**

9.3.1. The Assistant Director of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.

9.3.2. The Council's Public Health Team has received confirmation from the Department of Health and Social Care (DHSC) that additional funding is available for the financial year 2025/26. The Cabinet Member for Health, Social Care and Wellbeing has power to approve receipt of the funding under CSO 17.1 (Approval for receipt of grants from external bodies).

9.3.3. The Cabinet Member also has power under CSO 10.02.1 b (variations and extensions) to approve the variation of the smoking contract to incorporate the additional grant funding.

9.3.4. In addition, the Cabinet Member has power under S.9 E (2) (v) of the Local Government Act 2000 to delegate approval for any subsequent funding from the DHSC to an officer of the authority.

9.3.5. The Assistant Director of Legal and Governance confirms that there are no legal reasons preventing the Cabinet Member from approving the recommendations in this 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 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. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

9.4.3. This report seeks the approval of a grant and a decision to vary the current contract for the Integrated Lifestyle Change Programme with Haringey GP Federation for provision of services to residents who are current smokers. The service by its nature provides support to vulnerable people, including those with protected characteristics.

9.4.4. The data above show that that certain groups are disproportionately represented among smokers. These include individuals in routine & manual work, smokers during pregnancy (this responsibility now moved to hospitals but this service ensure effective referrals when smokers are identified in the community), males, those in low economic status, individuals with Romanian, Polish and Turkish back grounds, people with mental health problems, and individuals in treatment for substance misuse. The service has already established effective referral pathways to reach targeted groups as well as conducting systematic identification of current smokers from GP register and sending invitation for support using community languages/primary spoken languages.

9.4.5. The contract specifications related to these services clearly set out the supplier’s responsibilities under equalities legislation, including a requirement to have in place up to date equalities policies and to ensure that the service is

accessible to all sections of the community. The variation of the contract will not alter requirements on equality of service provision identified in this document or in the original contract. Therefore, the service is likely to have a positive impact and promoting health equity in those particular groups by supporting them to stop smoking.

9.4.6. The contractor's compliance with equalities legislation will continue to be quality assured through regular contract monitoring and service review. Commissioners will continue to manage the contract and monitor the contract during the term to mitigate against risk and ensure target groups including those with protected groups are supported proportionally whereby quality and equity of the service is assured.

10. Use of Appendices

10.1. None

11. Background papers

11.1. None