

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 uprisng 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 Healthintert 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 depletion¹.

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 Global Environmental 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