

MINUTES OF THE MEETING Cabinet Member Signing HELD ON Friday, 4th April, 2025, 11.00 - 11.30 am

PRESENT:

Councillors: Lucia das Neves

ALSO ATTENDING:

Chris Liasi – Principal Committee Coordinator, Bezuayehu Gubay - Strategist & Commissioner (Personal&Com), Sarah Hart - Senior Commissioner

9. FILMING AT MEETINGS

The Cabinet Member referred to the notice of filming at meetings and this information was noted.

10. APOLOGIES FOR ABSENCE

There were no apologies for absence.

11. URGENT BUSINESS

There was no urgent business.

12. DECLARATIONS OF INTEREST

There were no declarations of interest.

13. DEPUTATIONS / PETITIONS / QUESTIONS

There were none.

14. 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

The report provided an update on the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) and sought approval to accept the grant funding in accordance with Contract Standing Orders (CSO) 17.1. This new grant consolidated previous funding sources, including the Substance Misuse Supplemental Treatment

and Recovery Grant (SSMTRG), the Rough Sleeping Drug and Alcohol Treatment Grant (RSDAG), and the Inpatient Detoxification Grant (IDG).

For the 2025/26 financial year, the expected funding amounted to £3,241,594. The DATRIG placed a stronger emphasis on improving treatment and recovery systems, aiming to reduce attrition rates, enhance the number of individuals progressing in treatment, support more people in initiating and sustaining recovery, and ultimately decrease mortality rates.

Furthermore, the report sought approval for the delegation of authority to the Director of Public Health, allowing them to award contracts related to the grant where individual contract values exceeded £500,000 but remained below £2,000,000. This measure was intended to mitigate service gaps and ensure compliance with the grant's requirements.

The Cabinet Member RESOLVED:

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;

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.

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.

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.

15. 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.

The government, as part of its Smoke-Free 2030 ambition, began allocating additional funding to local authorities, including Haringey, from the 2024/25 financial year, with plans to continue until 2028/29. This funding was ring-fenced to support local authority-led stop-smoking services.

In December 2024, the Secretary of State published funding allocations for local authorities, granting £338,387 to Haringey for the 2025/26 financial year under section 31 of the Local Government Act 2003. The purpose of this funding was to ensure a comprehensive stop-smoking offer, increasing smoker engagement with effective interventions, particularly among communities in greatest need, to help address health disparities. The report sought approval from the Cabinet Member for Health, Social Care, and Wellbeing to accept the £338,387 from the Department of Health and Social Care (DHSC) in accordance with Contract Standing Order (CSO) 17.1. It also requested delegation of authority to the Director of Public Health to manage the funding, vary existing contracts, or approve new contract awards should funding continue until 2028/29.

Upon approval, £260,000 of the available funding was earmarked to commission additional smoking cessation services, while £78,387 was allocated for an in-house Smoking Cessation Project Officer's salary and contributions to the London Stop Smoking digital app. On 19th September 2023, the Cabinet had previously approved a contract for the Integrated Lifestyle Change Programme, awarded to Haringey GP Group Limited (trading as Haringey GP Federation) for an initial four-year period, with a possible four-year extension, at a total cost of £4,319,800. This contract encompassed various public health services, including smoking cessation, weight management, physical activity, alcohol reduction, and NHS Health Checks.

Given the existence of this contract, the preferred approach was to vary the agreement to enhance the smoking cessation service for 2025/26 with an additional £260,000, bringing the total contract value to £4,838,800, including the proposed variation.

The Cabinet Member RESOLVED:

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.

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.

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.

CABINET MEMBER:

Signed by CABINET MEMBER

Date