

## Notice of KEY Executive Decision

<b>Subject Heading:</b>	Permission to procure a Stop Smoking Support Service
<b>Decision Maker:</b>	Mark Ansell, Director of Public Health
<b>Cabinet Member:</b>	Cllr Gillian Ford, Cabinet Member for Adults and Health
<b>SLT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author and contact details:</b>	Alain Rosenberg Email: <a href="mailto:alain.rosenberg@havering.gov.uk">alain.rosenberg@havering.gov.uk</a>
<b>Policy context:</b>	<p>This grant supports Havering Council to meet its People Theme priorities of ensuring that people are helped to live independent, socially connected and healthier lives as set out in the Corporate Plan 2022/23 – 2026/27.</p> <p>Stop Smoking projects are part of Havering’s Health and Wellbeing Strategy priorities and Partnership agenda to reduce smoking-related harms and reduce inequalities caused by smoking across the borough.</p>
<b>Financial summary:</b>	<p>Total Cost for a 5-year Contract: £756,205.00</p> <p>Year 1 - £151,241.00  Year 2 - £151,241.00  Year 3 - £151,241.00  Year 4 - £151,241.00  Year 5 - £151,241.00</p>
<b>Reason decision is Key</b>	<p>Yes</p> <p>(a) Expenditure or saving (including anticipated income) of £500,000 or more</p>

**Non Key Executive Decision**

<b>Date notice given of intended decision:</b>	20 March 2025
<b>Relevant Overview &amp; Scrutiny Sub Committee:</b>	People's Overview and Scrutiny Sub Committee
<b>Is it an urgent decision?</b>	No
<b>Is this decision exempt from being called-in?</b>	No

**The subject matter of this report deals with the following Council Objectives**

People - Supporting our residents to stay safe and well **X**

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

## Part A – Report seeking decision

### DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This decision paper is seeking permission to procure a Stop Smoking Support Service. The contract will run from the 1st April 2026 to 31st March 2031 at a total value of £756,205.00. Officers intend to undertake an open tender to appoint a provider to deliver the Stop Smoking Support Service.

### AUTHORITY UNDER WHICH DECISION IS MADE

The Havering Constitution:

Part 3.3 Functions Delegated to Staff

3.3.3 Powers common to all Strategic Directors

4. Contracts

4.1 To approve commencement of a tendering process for all contracts below a total contract value £1,000,000

### STATEMENT OF THE REASONS FOR THE DECISION

The Advisor Led Stop Smoking Service provided by the London Borough of Barking & Dagenham ends on the 31st March 2026.

This paper is seeking a permission to procure a Stop Smoking Support Service. The contract will run from the 1st April 2026 to 31st March 2031 at a total value of £756,205.00.

The Council has a duty, when undertaking procurements, to ensure it is transparent, treating providers equally and any decision/action is proportionate. We are proposing an open tender with bids will be evaluated 70/30 for price and quality.

#### **Background**

Smoking remains the single biggest preventable cause of death and illness in England. In 2017, 77,800 people died from smoking-related causes in England.<sup>5</sup> That's over 200 people every day. Likewise, the impact of smoking on ill health is huge: in 2017/18 an estimated 489,300 hospital admissions in England were attributable to smoking.

Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation. Compared to the population as a whole, smoking is more common among:

- People with a mental health condition
- People with lower incomes
- People who are unemployed
- People who are experiencing homelessness
- People in contact with the criminal justice system
- People who live in social housing
- People without qualifications

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- Lone parents
- LGBT people

Provided by the London Borough of Barking and Dagenham, the Advisor Led Stop Smoking Service aims to meet national public health objectives to lower smoking prevalence in Havering. The service demonstrates partnership by engaging with residents and allowing for self-referrals. By offering support and guidance, it helps reduce health inequalities and smoking-related illnesses within Havering. The program includes personalized quit plans, nicotine replacement therapy, and motivational interviewing to help Havering residents overcome their addiction to nicotine.

There are three levels of service support: - Tier 1 (Self-support) This includes online resources, self-help videos, printed material and signposting to evidence based apps. Tier 2 (brief support). This consists of Tier 1 plus light touch behavioural support from an adviser, NRT and 2 phone/video calls. Finally, the third tier of support- Tier 3. This is for smokers highly dependent on tobacco or others requiring intensive support and who are committed to engaging in a structured programme.

Currently there is steady progress being made with referrals increasing each month. Performance for those setting quit dates is 14%. However, recruitment and capacity challenges make it difficult to have the expected reach across the borough meaning that referrals far outweigh the quit dates set and therefore the challenge of getting people to set a quit date continues. Challenges in obtaining affordable clinic space in Havering have necessitated a reduction in clinic time at MyPlace.

A primary challenge in the joint service delivery with the partner local authority is the limited dedicated resources and capacity. Compounding this issue is the need to guarantee that Havering residents receive a proportionate level of support in attaining their smoking cessation objectives, encompassing quit date establishment, service utilization, and sustained abstinence.

### **Recommendation**

The recommendation to procure a stop smoking service in Havering is driven by the need to provide specialised support to priority groups, including residents from deprived wards and those with multiple barriers to accessing support. The current Advisor-Led Stop Smoking Service offers targeted assistance to residents with specialized needs, but by learning from other boroughs like Newham, which focuses on routine and manual workers with long-term health conditions, and implementing strategies such as dedicated follow-up calls, Havering can enhance the quality and effectiveness of its stop smoking initiatives.

Re-procurement of the service will enable Havering to adopt a more focused approach, prioritizing groups with specific needs and improving key performance indicators (KPIs) tailored to these groups. Enhanced community engagement and outreach efforts, combined with the introduction of the Joy app in March, will empower residents to become more informed and proactive in utilizing stop smoking services. This strategic shift from a broad to a more targeted approach is expected to yield higher quality results and better support for those most in need.

Smoking is associated with most indicators of disadvantage. While smoking prevalence at England level continues to decline each year, the gap in prevalence between the most and least deprived has increased. This means that prevalence is reducing more slowly in more deprived communities than in our more affluent communities.

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One group of particular concern is those in routine and manual occupations, which is why the profiles include several measures monitoring prevalence among them. The burden of smoking today is concentrated amongst the poorest and most disadvantaged in our society.

Smokers from our more deprived communities are just as motivated to quit as other smokers. However, they tend to be more heavily addicted and face greater barriers to quitting, such as coping with multiple risk factors and greater stress produced by poverty, relative and absolute. As a result, they are less likely to be successful quitters. Providing localized smoking cessation support to residents is anticipated to yield dual benefits: improved individual health outcomes and a reduction in the financial burden associated with smoking-related illnesses

The economic impact of smoking on Havering is substantial, with an estimated annual cost of £191 million. A significant portion of this cost, £114 million, is attributed to productivity losses, primarily stemming from reduced earnings and decreased Gross Value Added (GVA) due to tobacco expenditure. Furthermore, the long-term health consequences of smoking result in increased care needs in later life, with family and friends bearing a significant portion of the burden through informal care. The cost of unmet care needs alone is estimated at £23.9 million. These figures highlight the considerable financial and societal burden imposed by smoking within the Havering region.

Additionally, re-procurement will allow Havering to strengthen its collaboration with key stakeholders such as Social Prescribers, Jobcentre Plus, PCNs, and community centres to increase referrals to stop smoking services. Regular contract monitoring will ensure that these priority interventions are effectively implemented.

### **OTHER OPTIONS CONSIDERED AND REJECTED**

#### **Option 1 - *Do nothing***

There is the option to do nothing and stop providing Advisor Led Stop Smoking Service when the contract ends on the 31<sup>st</sup> March 2026. This option is not advised as Stop Smoking projects are part of Havering's Health and Wellbeing Strategy priorities and Partnership agenda to reduce smoking-related harms and reduce inequalities caused by smoking across the borough.

### **PRE-DECISION CONSULTATION**

None

### **NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER**

Name: Alain Rosenberg

Designation: Commissioner Live Well

Signature: *A. Rosenberg*

Date: 12/03/2025

## Part B - Assessment of implications and risks

### LEGAL IMPLICATIONS AND RISKS

The Council has a general power of competence under section 1 of the Localism Act 2011 to do anything an individual may generally do subject to any statutory limitations. The Council has the power under this section to agree to the proposals in the recommendations.

The value of the proposed contract is £8756,205 over 5 years, which is above the threshold for light touch services as set out in Schedule 1 of the Procurement Act 2023. Therefore, any procurement activity must comply with the Procurement Act 2023. Officers intend to undertake an open procurement which is in compliance with Section 20(2)(a) of the Procurement Act 2023.

The proposed open tender is compliant with the requirements of both the Procurement Act 2023 and the Council's Contracts Procedure Rules for contracts of this nature.

### FINANCIAL IMPLICATIONS AND RISKS

This paper is seeking approval to go out to procure a Stop Smoking Support Service. The contract will run from the 1st April 2026 to 31st March 2031 at a estimated contract value of £756,205 over the total five year term (£151,241 per year).

The estimated cost has been based on the current contract value. There is a risk that the final contract cost will differ from the estimated contract value cited above, however, there will be opportunity to review the final contract cost as part of the report seeking approval to award.

The tendering process and ensuing contract management processes will ensure the Council is achieving its aims and delivering value for money through this contract.

The contract will be funded from the Council's smoking cessation grant. If there are changes to the funding that mean this contract is no longer affordable alongside other commitments, then the contract will be terminated by exercising one of its break clauses.

### HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable Human Resources implications or risks.

### EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the council, when exercising its functions, to have due regard to:

- I. the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

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- II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- III. Foster good relations between those who have protected characteristics and those who do not.

Note: 'protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

An EqHIA (Equality and Health Impact Assessment) is usually carried out and on this occasion this isn't required.

The Council seeks to ensure equality, inclusion, and dignity for all in all situations.

There are not equalities and social inclusion implications and risks associated with this decision.

### **HEALTH AND WELLBEING IMPLICATIONS AND RISKS**

The recommendations made in this report will ensure one of the most important prevention services to continue for five more years and could offer an opportunity to link with local services to increase opportunity for the quitters with more socially deprived background thus could give rise to positive Health and Wellbeing benefits.

### **ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

The recommendations made in this report do not give rise to any identifiable environmental implications or risks.

### **BACKGROUND PAPERS**

None

### **APPENDICES**

None

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**Part C – Record of decision**

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

**Decision**

Proposal agreed

*Delete as applicable*

~~Proposal NOT agreed because~~

**Details of decision maker**

Signed

Name: MARK ANSELL

Cabinet Portfolio held:

CMT Member title:

Head of Service title: Director of Public Health

Other manager title:

Date:

**Lodging this notice**

The signed decision notice must be delivered to the proper officer, Debra Marlow, Principal Democratic Services Officer in Democratic Services, in the Town Hall.

**For use by Committee Administration**

This notice was lodged with me on \_\_\_\_\_

Signed \_\_\_\_\_