Notice of KEY Executive Decision

Subject Heading:	Permission to procure an Integrated Community Smoke Free Support Service
Decision Maker:	Kathy Freeman, Strategic Director of Resources
Cabinet Member:	Cllr Gillian Ford, Cabinet Member for Adults and Health
ELT Lead:	Kathy Freeman, Strategic Director of Resources
Report Author and contact details:	Alain Rosenberg alain.rosenberg@havering.gov.uk
Policy context:	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. 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.
Financial summary:	Total Cost for a 4-year Contract: £960,000.00 Year 1 - £240,000.00 Year 2 - £240,000.00 Year 3 - £240,000.00 Year 4 - £240,000.00 This will be a 2-year contract with the option to extend for a further 2 years on a year-by-year basis.

Key Executive Decision

	This approach has been taken due to the uncertainties associated with grant funded provided by the Office for Health Improvement and Disparities (OHID). Local authorities are informed of funding allocations on an annual basis in December of each year, 4 months prior to the new financial year. The Director of Public Health has been consulted on this decision and has confirmed approval for the expenditure from the allocated OHID funding, as set out in this report.
Reason decision is Key	Yes (a) Expenditure or saving (including anticipated income) of £500,000 or more
Date notice given of intended decision:	26th September 2025
Relevant Overview & Scrutiny Committee:	People's Overview and Scrutiny Sub Committee
Is it an urgent decision?	No
Is this decision exempt from being called-in?	No

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

People - Supporting our residents to stay safe and well

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council **X**

Key Executive Decision

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This decision paper is seeking permission to procure an Integrated Community Smoke Free Support Service. The contract will run from the 1st of April 2026 to 31st March 2028 with the option to extend for a further 2 years on a year-by-year basis at a total value of £960,000.00. Officers intend to undertake an open tender to appoint a provider to deliver the Integrated Community Smoke Free Support Service.

AUTHORITY UNDER WHICH DECISION IS MADE

Part 3 of the Constitution - Responsibility for Functions
Part 3.3: Officer Delegations
Scheme 3.3.3 – Powers Common to all Strategic Directors

1. General
1.1 To take any steps, and take any decisions, necessary for the proper management and administration of their allocated directorate, in accordance with applicable Council policies and procedures

4. Contracts
4.2 To award all contracts with a total contract value of below £1,000,000 other than contracts covered by Contract Procedure Rule 16.3

STATEMENT OF THE REASONS FOR THE DECISION

The Advisor Led Stop Smoking Service provided by the London Borough of Barking & Dagenham and the Vaping Swap to Stop Service provided by CGL both end on the 31st of March 2026, and the SMI (Severe Mental Illness) Stop Smoking Service managed by NELFT will ends on the 31st of December 2025.

This paper is seeking permission to procure an Integrated Community Smoke Free Support Service. The contract will run from the 1st of April 2026 to 31st March 2028 with the option to extend for a further 2 years on a year-by-year basis at a total value of £960,000.00.

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. That is 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 every indicator of deprivation or marginalisation. Compared to the population as a whole, smoking is more common among:

- Men
- People in routine and manual occupations
- Social housing and private renters
- People with long-term mental illness
- People with Severe Mental Illness (SMI)
- People who are homeless

- Residents living in the most deprived areas
- People misusing substances (drugs & alcohol)
- Young people living in care
- Those from Eastern European Roma, Gypsy, or Traveller backgrounds
- People living with obesity
- Ethnic minorities and those with complex needs

Challenges with the Current Service Offer

The Advisor-Led Stop Smoking Service, managed by the London Borough of Barking and Dagenham (LBBD), contributes to national public health aims by reducing smoking rates in Havering. The service is delivered through a partnership model offering three tiers of structured support: from self-help resources for those seeking to quit independently, to more intensive behavioural interventions involving nicotine replacement therapy (NRT), Vape starter kits and motivational interviewing for those requiring additional help. Despite its strengths, the LBBD-led model operates without a formal contract, resulting in inconsistent performance and accountability. This has led to lower quit rates and reduced access for Havering residents, and limited capacity to enforce service improvements.

The specialised pathway for individuals with severe mental illness (SMI), provided by NELFT, is a 12-week programme that integrates with local mental health services. It offers assertive outreach, physical health checks, and coordination with GPs to support medication management during cessation. While this service shows potential, it faces challenges such as low referral numbers and a largely reactive approach to delivery. Challenges encountered with the SMI contract were partly attributable to concerns around cost and value. The service was considered expensive relative to the number of individuals supported to quit smoking, alongside anticipated increases in future costs. To improve outcomes for this particularly vulnerable group, enhanced integration and more tailored support are essential. It was also felt that integrating services would offer better value for money and greater potential for sustainability compared to maintaining a standalone service.

The Swap to Stop service, delivered by the Adult Drugs and Alcohol Service, is a targeted, evidence-based intervention for people in substance misuse treatment who smoke. It provides tailored advice, vape starter kits, carbon monoxide monitoring, and referrals to specialist stop smoking support. The service has delivered positive outcomes but has now exhausted all available contractual variation options. Continuing this service in isolation through individual procurement would not be cost effective, potentially increasing unit costs, reducing economies of scale, and fragmenting service provision. Greater integration with wider commissioning plans would deliver better value and ensure strategic alignment.

Feedback mechanisms from residents are still developing. While initial steps towards co-production and outreach have been made in the advisor-led service, and the SMI pathway is experimenting with engagement strategies, these efforts are yet to show significant impact. Moving the advisor-led service onto a formal contractual footing would provide stronger governance, enhance equity of access, and enable more adaptive commissioning. Furthermore, a unified service framework would better support residents with complex needs, including those with SMI.

Benefits of New Integrated Services

Given the current challenges such as inconsistent performance and access, insufficient integration for vulnerable groups, cost inefficiencies, and underdeveloped resident engagement, there is a clear need to commission a new, integrated stop smoking service. A unified and formally contracted service would address disparities, strengthen accountability, and deliver improved outcomes and value for money. Additionally, the new service would offer better access for residents, a seamless referral pathway, and a greater local presence and visibility

within communities. This approach would also better align with strategic public health goals and ensure more equitable, effective support for all residents, particularly those with the most complex needs.

Community Smoke Free Support Service Overview

The new Integrated Community Smoke Free Support Service will be launched as a comprehensive initiative to help Havering residents quit smoking through a flexible, tiered approach. The service will offer a range of support options, including self-help resources, brief interventions, and intensive behavioural programmes lasting up to twelve weeks. It will be accessible in-person, online, and through outreach, with both group and one-to-one sessions available to suit individual needs.

Eligibility will be open to smokers aged twelve and over who live in Havering or are registered with a Havering GP. Specialist support will be provided for those with severe mental illness and for individuals experiencing substance misuse, with tailored interventions and pathways integrated with NHS services. Harm reduction strategies, such as vaping alternatives, will be available for those not ready to quit completely. Pre and post-quit support will be offered to those who require it, ensuring thorough preparation and helping to avoid relapse.

Pharmacotherapy will form a core part of the new service, with first-line stop smoking aids like Varenicline and Cytisine prescribed by qualified professionals. These medications will be complemented by behavioural support, carbon monoxide monitoring, and peer-led relapse prevention to increase the likelihood of successful quitting, and will be available to all clients, not just those on medication.

The forthcoming "Swap to Stop" vaping programme will support individuals undergoing treatment for substance misuse by providing vape starter kits, tailored advice, and ongoing support through accessible drop-in clinics. While the programme will be open to all, it will place particular emphasis on engaging those affected by substance misuse, recognising the effectiveness of this targeted approach in reducing smoking-related harm. By equipping participants with practical tools and guidance, the initiative will empower them to make healthier lifestyle choices.

A clear and supportive exit strategy will be in place to ensure service users receive ongoing resources and guidance after completing structured support, including relapse prevention, signposting to community and digital services, and opportunities to access the service will be limited to a maximum of three times a year. Follow-up contact and peer support will be central to maintaining abstinence and supporting long-term wellbeing.

The digital offer will extend the service's reach, providing remote access to sessions, self-monitoring tools, and virtual consultations, with behaviour change techniques embedded throughout. Residents not eligible for the core service will be directed to alternative support, ensuring an inclusive approach for all.

Fortnightly group sessions will form the backbone of the 12-week treatment programme, delivered in accessible venues and featuring culturally sensitive content for priority groups such as those in deprived areas, people with mental health conditions, substance misuse, and ethnic minorities. Personalised quit plans, peer support, and educational workshops on quitting strategies, health risks, and relapse management will underpin the group experience.

In summary, the Integrated Community Smoke Free Support Service will become a vital part of Havering's public health strategy, aiming to actively reduce smoking rates and support

vulnerable populations. It will strengthen integration across health and pharmacy services, improve accessibility, and contribute to long-term wellbeing and health equity in the borough.

Procurement Route

The Council has decided to pursue a Competitive Process for the procurement of the Integrated Community Smoke Free Support Service. This route is considered the most appropriate given the complexity and statutory requirements of the service, as well as the necessity for innovation and value for money. By opting for a competitive approach, the Council ensures compliance with the Provider Selection Regime (PSR) and NHS England guidance, maintaining transparency, fairness, and equal opportunity for all potential providers.

Choosing the Competitive Process allows the Council to attract a broad range of capable providers, including SMEs and VCSEs, and to evaluate their bids on quality, capability, and cost-effectiveness. This approach also encourages innovation, such as the introduction of remote consultations, digital self-monitoring tools, and virtual behavioural support to enhance accessibility and engagement. Furthermore, it supports harm reduction strategies like the 'Swap to Stop' vaping programme, peer-led relapse prevention, and culturally tailored interventions, ensuring the service meets the diverse needs of the community. Collaboration and subcontracting are promoted, enabling integrated delivery across mental health, pharmacy, and outreach pathways, and ultimately contributing to better public health outcomes and sustainable behaviour change.

The Council shall have the right to terminate the contract at anytime after the first anniversary of the contract by giving the successful bidder no more than 3 months' notice.

Recommendation

It is recommended that Havering commissions a single, integrated provider to deliver all three smoking cessation services: Advisor Led Stop Smoking, Severe Mental Illness (SMI) Stop Smoking, and Swap to Stop Vaping. This approach aims to address shortcomings in the current partnership model, which lacks rigour, accountability, and responsiveness to effectively reduce smoking rates and health inequalities in the borough. Formal commissioning is anticipated to set clear expectations, strengthen performance management, and ensure better value for money.

Commissioning an integrated, borough-wide service will ensure equitable access to specialist support for priority groups, including residents from deprived communities and those with complex needs such as severe mental illness and substance misuse. The model offers a tiered pathway of behavioural support, pharmacotherapy, and vaping options, supported by comprehensive outreach and robust referral mechanisms from primary care, mental health, drug and alcohol services, and wider community settings.

Procuring all three services under one contract is expected to guarantee seamless referral pathways, continuity of care, and a consistent standard of service across Havering. This will streamline contract management and support the objectives of Havering’s Health and Wellbeing Strategy. The recommendation is based on the need to move away from fragmented contracts, ensuring all residents especially those facing the greatest barriers to quitting receive tailored, and accessible support.

A single procurement process is also expected to foster market stability, attract high-quality providers, and increase competition, driving up standards and securing better value for money for the Council and its residents. Reducing the number of tendering exercises will maintain continuity for service users and strengthen the Council’s ability to deliver on public health priorities.

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1 - Do nothing

There is the option to do nothing and stop providing Advisor Led Stop Smoking Service and Swop to Stop Vaping Services when the contract end on the 31st of March 2026. If the Advisor Led Stop Smoking Service is not continued after the contract ends on 31 March 2026, individuals in Havering will lose access to specialist, advisor-led support for quitting smoking, including behavioural interventions and pharmacotherapy. This would significantly reduce the availability of effective stop smoking support, undermining efforts to reduce smoking-related harm and health inequalities across the borough. Similarly, discontinuing the Swap to Stop vaping service would mean that people in substance misuse treatment would no longer receive targeted vaping support, including advice, vape starter kits, and ongoing monitoring. Both services are integral to Havering's Health and Wellbeing Strategy and Partnership priorities and stopping them would negatively impact progress towards reducing smoking prevalence and related inequalities. Once these services are reduced to only the Community Pharmacy Services, the London Smoke free app, and the London Helpline, the support available to residents will be significantly limited. This level of provision has been assessed as inadequate to meet the needs of the local population.

Option 2 – Extend the SMI service by another 6 months

This option would give the provider the opportunity of continuing the service for another 6 months, and the opportunity to demonstrate improved performance and engagement levels with residents. This is not advised because the SMI-focused service has generated low referral numbers and has primarily relied on a reactive approach to delivery. Challenges with the SMI contract have been partly linked to concerns regarding cost and value for money. Furthermore, even if the SMI service were extended for an additional six months, it would still require re-procurement at the end of that period. Therefore, it is more practical to initiate the re-procurement process now rather than postponing the inevitable, ensuring continuity and potentially improved outcomes through a new contract. In light of this, pursuing re-procurement at this stage not only aligns with our long-term objectives but also avoids unnecessary delays and administrative burdens that a temporary extension would entail. In addition, extending the current Advisor-Led Stop Smoking Service managed by the London Borough of Barking and Dagenham (LBBD) is not considered a favourable option. While the partnership agreement has shown improvements since its initial challenges, it does not support a fully accountable model of service delivery.

Option 3- Commission a separate SMI, Advisor-Led Service and Swapto Stop Service

This option is not recommended, as it would require separate and lengthy procurement processes and replicate the current challenges we are facing. These include difficulties in demonstrating value for money, ensuring performance, engaging effectively with residents, and achieving the outcomes set out in the Tobacco Harm Reduction Strategy. Furthermore, it would undermine the opportunity to adopt an integrated approach to supporting residents from priority groups within the borough.

Option 4- Combine all smoking cessation services to include Community Pharmacy Services

This option is not advised because of the complexities involved with combining Community Pharmacy Services with other smoking cessation services. Community Pharmacy Services are delivered on a payment-by-results basis, and the engagement of all pharmacies has not been sufficiently consistent and therefore this relationship will need to be managed separately. Combining community pharmacy stop smoking services with advisor-led and SMI services may undermine effectiveness due to differing delivery models, target populations, and performance

levels. Advisor-led services are currently the most successful, while pharmacy engagement is low and SMI services face uptake challenges. Each service requires tailored approaches, SMI patients need clinical continuity, pharmacies focus on product access, and advisors offer behavioural support, making integration operationally complex and potentially counterproductive.

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: 23rd October 2025

Key Executive Decision

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

Under Section 12 (1) of the Health and Social Care Act 2012, each local authority must take such steps, as it considers appropriate for improving the health of the people in its area.

The Council has the power to procure and award this contract under Section 111 of the Local Government Act 1972, which allows the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.

The Council also has a general power of competence under Section 1 of the Localism Act 2011 to do anything an individual can do, subject to any statutory constraints on the Council's powers. None of the constraints on the Council's s.1 power is engaged by this decision.

The services are Relevant Services for the purposes of The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) and the award must comply with the requirements of the PSR.

The Council must comply with provisions set out in Regulation 11 (Competitive Process) under the PSR in carrying out this procurement.

FINANCIAL IMPLICATIONS AND RISKS

This decision paper is seeking permission to procure a Community Smoke Free Support Service. The contract will run from the 1st of April 2026 to 31st March 2028 with the option to extend for a further 2 years on a year-by-year basis at a total value of £980,000.00

The contract will be funded by the Council's smoking cessation grant (2025/26 allocation was £315,471). The smoking cessation grant will be fully utilised with the balance of £66,671 funding a range of other initiatives, such as the Smoke Free app, London Helpline and communication campaigns.

The risk of funding being reduced/discontinued is mitigated by procuring a 2+1+1 contract, allowing the Council to confirm receipt of the relevant funding before entering into the follow year's contract.

The estimated contract figure of £980,000.00 is based on the current cost of providing the Council's stop smoking offer, i.e. the Advisor-Led Stop Smoking service managed by the London Borough of Barking and Dagenham, the specialised pathway for individuals with severe mental illness provided by NELFT and the Swap to Stop service delivered by the Adult Drugs and Alcohol Service.

It is anticipated that better value for money and outcomes will be delivered by amalgamating the three strands of provision which constitute the Council's current offer. Officers intend to undertake an open tender to appoint a provider to deliver the Community Smoke Free Support Service and so there is a chance that the final annual contract cost will differ. There will be a further opportunity to assess the financial implications of the successful tender as part of the decision to award.

Key Executive Decision

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;
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 socioeconomics and health determinants.

An EqHIA (Equality and Health Impact Assessment) has been carried out.

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.

Key Executive 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.

Smoking remains the leading cause of preventable illness and premature death in Havering, contributing to elevated rates of cancer, cardiovascular disease, respiratory conditions, and dementia. The borough's smoking prevalence—particularly among men, those with mental illness, substance misuse issues, and residents in deprived areas—exceeds both London and national averages. These groups face significantly higher risks of hospitalisation and mortality, with smoking accounting for a 10–20 year reduction in life expectancy among people with severe mental illness. Without targeted interventions, these disparities will persist, undermining efforts to improve population health and widen the gap in health outcomes across communities.

The Integrated Community Smoke Free Support Service is designed to counter these risks through a tiered model of cessation support tailored to individual needs and readiness to quit. It offers behavioural interventions, pharmacotherapy, and outreach for priority groups, including those with complex needs. In the absence of this service, residents—particularly those in high-risk categories—would face reduced access to evidence-based support, perpetuating cycles of poor health, preventable disease, and premature death. Moreover, the lack of coordinated community engagement and referral pathways would hinder early intervention, limit opportunities for prevention, and exacerbate existing health inequalities. The service's integration with mental health, substance misuse, and neighbourhood teams is critical to ensuring continuity of care and equitable access, making its implementation essential to achieving a smoke-free and healthier Havering.

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

Key Executive Decision

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
Proposal NOT agreed because

Details of decision maker

Signed

Name:

Cabinet Portfolio held:
CMT Member title:
Head of Service title
Other manager title:

Date:

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____