Notice of KEY Executive Decision

Subject Heading:	Permission to procure the Integrated Community Smoke Free Service
Decision Maker:	Councillor Graham Day Cabinet Member for Adults and Health
Cabinet Member:	Councillor Graham Day Cabinet Member for Adults and Health
ELT Lead:	Kathy Freeman, Strategic Director of Resources
Report Author and contact details:	Alain Rosenberg, Commissioner Adults alain.rosenberg@havering.gov.uk
Policy context:	The proposed service is part of the programme of work led by the Public Health service in response to the Council's statutory duty to take appropriate steps to improve and protect the health of their local population. Reducing smoking-related harm is a key priority within Havering's Joint Local Health and Wellbeing Strategy and aligns with the strategic shift from treatment to prevention set out in Fit for the Future: the 10-year health plan for England.
Financial summary:	Total Cost for a 4-year Contract: £1,200,000.00 Year 1 - £300,000.00 Year 2 - £300,000.00 Year 3 - £300,000.00 Year 4 - £300,000.00 The service will be charged against the ring-fenced public health grant (PHG). Central government has advised Councils of indicative allocations for 2027/28 and

Key Executive Decision

	2028/29. As such this will be a 2-year contract with the option to extend for a further 2 years on a year-by-year basis to reflect the greater uncertainty beyond this point. The Director of Public Health has approved this decision and confirmed costs have been built into future plans for the use of the PHG. .
Reason decision is Key	(a) Expenditure or saving (including anticipated income) of £500,000 or more
Date notice given of intended decision:	12th May 2026
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 seeks permission to procure an Integrated Community Smoke Free Support Service for the period 1 February 2027 to 31 January 2029, with the option to extend for a further two years on a year-by-year basis, at a total value of £1,200,000. Officers intend to undertake an open tender to appoint a provider to deliver the service.

AUTHORITY UNDER WHICH DECISION IS MADE

Part 3.2 Executive Functions

3. Functions delegated to individual Cabinet members by the Leader.

3.8 To approve the commencement of the tender process, to award contracts, agree extensions of contract terms where the value of such matter is between £1,000,000 and £2,000,000 subject to consultation with the Strategic Director of Resources. (Note: Pension Committee has powers to invite tenders and award contracts for investment matters within their terms of reference).

STATEMENT OF THE REASONS FOR THE DECISION

This decision paper seeks permission to procure an Integrated Community Smoke Free Support Service for the period 1 February 2027 to 31 January 2029, with the option to extend for a further two years on a year-by-year basis, at a total value of £1,200,000. Officers intend to undertake an open tender to appoint a provider to deliver the service.

Background

Previously, stop smoking support in Havering was commissioned through multiple separate contracts and arrangements. The Advisor- Led Stop Smoking Service jointly delivered by the London Boroughs of Barking & Dagenham and Havering ceased on 31 March 2026. The Vaping Swap to Stop Service delivered by CGL also ended on 31 March 2026. The Severe Mental Illness (SMI) Stop Smoking Service managed by NELFT concluded on 31 December 2025.

Smoking remains the single biggest preventable cause of death and illness in England – 300 people die each year in Havering alone from smoking attributable causes, with over 1400 smoking attributable hospital admissions.

Higher smoking prevalence is consistently linked with deprivation and marginalisation, with certain groups exhibiting considerably higher rates than the general population. These groups include men, individuals in routine and manual occupations, those living in social housing or privately rented accommodation, people with long-term or severe mental illness, individuals experiencing homelessness, residents in the most deprived areas, people misusing drugs and 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 Previous Service Offer

The previous Advisor-Led Stop Smoking Service, managed by the London Borough of Barking and Dagenham (LBBD), faced several challenges in meeting public health aims to reduce

smoking rates in Havering. Although the service was delivered through a partnership model offering three tiers of structured support—from self-help resources for independent quit attempts, to more intensive behavioural interventions utilising nicotine replacement therapy (NRT), vape starter kits, and motivational interviewing for those requiring further assistance—it operated without a formal contract. A lack of formal commissioning has resulted in inconsistent performance and reduced access for Havering residents, leading to lower quit rates and poorer outcomes for Havering residents. In addition, the relationship with LBBD did not provide sufficient contractual mechanisms to address underperformance or enforce expected standards.

Despite these challenges, the working relationship between Havering and the London Borough of Barking and Dagenham (LBBD) within the Advisor Led Stop Smoking Service has been positive and collaborative, underpinned by regular contract monitoring, shared learning, and joint problem-solving to improve outcomes for residents. Both authorities have worked closely to align delivery, share expertise, and maintain open communication through structured meetings and partnership governance, enabling continuous service improvement and strong oversight. Reflections from the final programme phase highlight a constructive partnership, with both parties recognising successful smoking cessation outcomes, a willingness to address operational challenges, and opportunities for future joint working and system alignment.

The specialised pathway for individuals with severe mental illness (SMI), delivered by NELFT, also encountered significant obstacles. This 12-week programme, which integrated with local mental health services and offered assertive outreach, physical health checks, and coordination with GPs for medication management, struggled with low referral numbers and a predominantly reactive approach. Cost and value concerns further compounded these issues, as the service was deemed expensive relative to the number of successful quitters, with expectations of rising future costs. To address these limitations for this vulnerable group, enhanced service integration and more tailored support were recognised as essential.

The Swap to Stop service, delivered by the Adult Drugs and Alcohol Service, was a targeted, evidence-based intervention for individuals in substance misuse treatment who smoked. It provided tailored advice, vape starter kits, carbon monoxide monitoring, and referrals to specialist stop smoking support. Despite delivering positive outcomes, the service had exhausted all contractual variation options, and continuing in isolation through individual procurement would have been cost-ineffective, risking higher unit costs, reduced economies of scale, and fragmentation of service provision. A more integrated approach was considered necessary to ensure strategic alignment and better value for money.

Given the challenges experienced 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.

Integrated Community Smoke Free Support Service Overview

The Integrated Community Smoke Free Support Service is a borough-wide initiative designed to help Havering residents quit smoking through a coordinated, accessible, and equitable approach. Aligned with national guidelines, the service creates seamless referral pathways and ensures consistent data collection, while focusing on priority groups such as individuals with severe mental illness and those living in deprived areas. Performance will be measured using a robust KPI framework, targeting quit rates, engagement, and service reach, including an aim

to treat at least 3% of the local smoking population annually and improve success rates among high-risk groups.

The service is monitored through a unified reporting system, quarterly reviews, and compliance with NICE standards, ensuring transparency, accountability, and continuous improvement. This integrated model aims to reduce health inequalities, enhance patient outcomes, and deliver measurable progress towards making Havering smoke-free.

By commissioning a single, integrated service across Havering, specialist support is assured for priority groups, including those from deprived backgrounds and people with complex needs such as severe mental illness or substance misuse. The service provides 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 other community settings.

The Integrated Service offers tailored support for smokers aged twelve and over who live in Havering or are registered with a local GP. Support includes self-help resources, brief interventions, and intensive programmes lasting up to twelve weeks, delivered in-person, online, or via outreach. Specialist help is available for those with severe mental illness and substance misuse, incorporating NHS-integrated pathways and harm reduction strategies such as vaping alternatives. Pre- and post-quit support helps individuals prepare and avoid relapse.

The service will ensure that all arrangements for consent and confidentiality for young people are delivered in line with Gillick competency and Fraser guidelines, supported by the NSPCC framework. All staff working with individuals aged 12–17 will hold enhanced DBS checks and comply fully with safeguarding requirements. Young people aged 16–18 will be presumed to have the capacity to consent to treatment and information sharing, and services will be delivered on a confidential basis, while encouraging family involvement where appropriate. For those under 16, practitioners will assess Gillick competency to determine their ability to consent independently; where competency is established, treatment may proceed with appropriate encouragement to involve parents or carers. Where a young person is not deemed Gillick competent, consent will be obtained from an individual with parental responsibility. All decisions relating to consent, confidentiality and safeguarding will be clearly documented in line with governance requirements.

Pharmacotherapy forms a core part of the service, with first line stop smoking aids such as Varenicline and Cytisine prescribed by qualified professionals. These are complemented by other nicotine replacement products, behavioural support, carbon monoxide monitoring, and peer-led relapse prevention, available to all service users. The “Swap to Stop” vaping programme further assists individuals, particularly those undergoing substance misuse treatment, by offering vape starter kits, tailored advice, and ongoing support through drop-in clinics.

A supportive exit strategy ensures ongoing resources and guidance after structured support, including relapse prevention and signposting to community and digital services. Access to the service is limited to three times a year, with follow-up contact and peer support central to maintaining abstinence and long-term wellbeing.

The digital offer extends the service's reach, enabling remote access to sessions, self-monitoring tools, and virtual consultations, with behaviour change techniques embedded throughout. Residents not eligible for the core service are signposted to alternative support, ensuring inclusivity for all.

Fortnightly group sessions underpin the 12-week treatment programme, delivered in accessible venues and featuring culturally sensitive content for priority groups such as those in deprived

areas, those with mental health conditions, substance misuse, and ethnic minorities. Personalised quit plans, peer support, and educational workshops focusing on quitting strategies, health risks, and relapse management enhance the group experience.

In summary, the Integrated Community Smoke Free Support Service is a key component of Havering's public health strategy, aiming to reduce smoking rates and support vulnerable residents. By strengthening integration across health and pharmacy services and improving accessibility, the service contributes to long-term wellbeing and health equity throughout the borough.

Procurement Route

The Council proposes to procure the Integrated Community Smoke Free Support Service through a Competitive Process under Regulation 11 of the Health Care Services (Provider Selection Regime) Regulations 2023. This is the appropriate procurement route because the service is a relevant health care service, there is no existing contractual arrangement capable of meeting the Council's requirements, and the Council wishes to test the market openly to identify the provider best able to deliver a high-quality, integrated and accessible borough-wide smoking cessation service. Using a Competitive Process will ensure transparency, fairness and equal treatment, while enabling the Council to assess bidders' ability to meet the specification, deliver innovation, and provide value for money.

A competitive process will allow the Council to invite bids from a broad range of potential providers, including voluntary, community and social enterprise organisations and other suitably experienced providers, and to evaluate them against the requirements of the service. This is particularly important given the need for a provider that can deliver coordinated behavioural support, pharmacotherapy pathways, outreach to priority groups, digital access options, and effective partnership working across primary care, mental health, substance misuse and community settings. The route therefore supports both compliance with the Provider Selection Regime and the Council's objective of securing an effective and sustainable service model.

The proposed award criteria is 50% Quality, 40% Price and 10% Social Value. These weightings reflect the importance of service quality in achieving the outcomes required from this procurement. Smoking cessation services rely on provider capability, service accessibility, targeted engagement with priority groups, workforce competence, partnership working and the ability to deliver sustained quit outcomes. A heavily price-led evaluation could therefore result in the appointment of a lower-cost provider that is less able to meet these requirements in practice.

The proposed weighting aligns the evaluation methodology with the aims of the Integrated Community Smoke Free Support Service by giving greater prominence to quality while still retaining a strong focus on value for money and social value. This approach reflects learning from previous service arrangements and reviews, which identified that insufficient emphasis on quality can contribute to inconsistent delivery, weaker outcomes and reduced ability to address health inequalities. A revised award criterion is therefore required to support selection of a provider capable of delivering evidence-based, inclusive and outcome-focused interventions for Havering residents.

Impact of not approving Procurement

If the procurement is not approved, the Council would be unable to put in place a formal, integrated smoking cessation service from 1 February 2027, creating a gap in provision for residents and reducing access to evidence-based support. This would particularly impact priority groups, including people with severe mental illness, those experiencing substance misuse, residents in deprived areas and other communities with higher smoking prevalence. Not approving the procurement would also limit the Council's ability to meet its statutory public

health responsibilities, demonstrate effective use of the ring-fenced Public Health Grant, secure value for money through a competitive process and address the fragmented delivery arrangements identified in previous service provision. This could result in poorer quit outcomes, increased health inequalities and continued pressure on health and social care services arising from preventable smoking-related illness.

Recommendation
It is recommended that the Lead Member for Adults and Health approves the procurement of a single, integrated smoking cessation service for Havering through a Competitive Process under Regulation 11 of the Health Care Services (Provider Selection Regime) Regulations 2023, for the period 1 February 2027 to 31 January 2029 with the option to extend for a further two years on a year-by-year basis, at a total value of £1,200,000, and approves the award criteria of 50% Quality, 40% Price and 10% Social Value to ensure the Council can select a provider capable of delivering a high-quality, inclusive and effective service that improves access for priority groups, achieves better outcomes for residents and secures value for money.

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1 - Do Nothing
This option would involve the Council taking no further action to commission or provide dedicated stop smoking support services in Havering. As a result, residents would lose access to structured interventions, specialist support for vulnerable groups and evidence-based treatment pathways, which would likely increase smoking prevalence, worsen health inequalities and lead to higher levels of smoking-related illness and mortality. This approach would also be inconsistent with the Council's statutory duty under the Health and Social Care Act 2012 to take appropriate steps to improve public health and would undermine local and national strategic priorities. In addition, a proportion of the Public Health Grant is ring-fenced annually by the Office for Health Improvement and Disparities (OHID) to support smoking cessation activity, and the Council is required to report on both expenditure and outcomes achieved for residents. Failure to deliver the expected level of quits would therefore expose the Council to increased scrutiny and challenge in demonstrating that the grant is being used effectively to improve health outcomes. For these reasons, this option was rejected.

Option 2 - Procure Separate Smoking Services
This option considered procuring multiple, separate contracts for different smoking cessation services, such as those targeting severe mental illness, substance misuse, and the general population. While this approach could deliver targeted support, it would perpetuate the challenges previously experienced namely, fragmented service provision, inconsistent performance, and reduced economies of scale. Separate procurement would also increase administrative costs, risk duplication, and limit the ability to strategically align resources and data collection. Most importantly, it would hinder integrated pathways for vulnerable residents and fail to address disparities in access and outcomes. For these reasons, this option was rejected in favour of a single, integrated service that offers coordinated support, improved value for money, and better public health results.

PRE-DECISION CONSULTATION

None.

Key Executive Decision

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

Name: Alain Rosenberg

Designation: Commissioner Adults

Signature: **Alain Rosenberg** Date: 1st June 2026

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 commence a tender process to procure a Community Smoke Free Support Service. The contract will run from the 1st of February 2027 to 31st January 2029 with the option to extend for a further 2 years on a year-by-year basis at a total estimated value of £1,200,000 (£300,000 per annum). It also seeks approval to set the evaluation criteria at 50% Quality, 40% Price and 10% Social Value to ensure the Council can select a provider capable of delivering a high-quality, inclusive and effective service that improves access for priority groups, achieves better outcomes for residents and secures value for money.

The contract will be funded by the Public Health Grant. Funding allocations have been confirmed for 26/27 and are indicative for 27/28 and 28/29. Allocations are expected to be more than sufficient to fund this contract however, the risk of funding being reduced/discontinued is mitigated by procuring a 2+1+1 contract, allowing the Council to confirm funding allocations before entering into the follow year's contract.

There is specific funding provided through the Public Health Grant which is to be used for Smoking Cessation.

The funding allocated for smoking cessation is ring-fenced within the Public Health Grant (PHG), meaning it is specifically designated for this purpose and cannot be diverted to other areas of spend. This approach ensures that investment in smoking cessation remains protected and aligned with national public health priorities to reduce smoking prevalence and associated health inequalities.

As a result, any underspend against this allocation must be retained within the ring-fenced budget and carried forward into subsequent financial periods until it is fully utilised on smoking cessation activity. This provides assurance that resources intended to support smoking cessation outcomes are not lost, but instead remain committed to delivering long-term impact,

enabling continuity of provision, and supporting future service development or demand pressures within this priority area.

The value of the contract is set in line with the funding available which has increased by around 25% from the previous contracts. Funding allocations are based on local need as evidenced by stop smoking prevalence trends over the past three years. The contract will be a block contract and so there is a risk that if activity is below expectations then the authority will be paying for unused capacity. This risk will be mitigated through robust contract monitoring with regular meetings and clear performance targets for service user engagement and "quit dates".

It is possible that the final bids received will exceed estimated contract price. The financial implications will be reassessed as part of the decision to award the contract.

It is anticipated that better value for money and outcomes will be delivered by amalgamating the three previously separate strands of provision which constitute the Council's current offer.

Setting the evaluation criteria at 50% Quality, 40% Price and 10% Social Value does create a risk that contract prices will be higher than with a larger price weighting. However, this must be balanced with the need to select a provider capable of delivering a high-quality, inclusive and effective service that improves access for priority groups, achieves better outcomes for residents. A cheaper contract which does not deliver the required outcomes would not be delivering best value.

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.

Key Executive Decision

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. Smoking prevalence is much higher in some communities and among residents with certain protected characteristics. Commissioning of an effective support offer will actively reduce health inequalities currently experienced by residents living in 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.

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

The recommendations made in this report will ensure one of the most important and cost-effective prevention services continues for four more years resulting in better overall health and reduced health inequalities.

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.

BACKGROUND PAPERS

None.

APPENDICES

None

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

Details of decision maker

Signed

Name: Councillor Graham Day

Cabinet Portfolio held: Cabinet Member for Adults and Health
ELT 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 _____