

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Award of Grant for Added Capacity to the Community Smoking Cessation Service (PH/2025/01)	
REPORT OF Cabinet Member for Health, Wellbeing and Adult Social Care	
FOR SUBMISSION TO Cabinet	DATE 26 th February 2025
STRATEGIC CONTEXT We Make Camden is our joint vision for the borough, developed in partnership with our community. This strategy supports the We Make Camden commitments to ensure that Camden communities support good health, wellbeing, and connection for everyone so that they can start well, live well and age well. Smoking remains the single biggest cause of health inequalities in England and is far more common among people on lower incomes. Prevalence in Camden has reduced over recent years, but it remains higher among those living in more deprived areas, and among those with serious health conditions. In 2024, Government announced additional funding for local stop smoking services and support over five financial years, starting from 2024-25 until 2028-29, however at that time only 2024-25 funding had been confirmed. This has been awarded to our stop smoking service via contract variation. Recently, additional funding for 2025-26 has been confirmed. The funding must only be spent on additional stop smoking activity and is accompanied by targets for additional quits.	
SUMMARY OF REPORT This report makes a recommendation on the preferred commissioning option for the Local Stop Smoking Services and Support Grant for the period 2025-26 to 2028-29. The report proposes a grant agreement between Camden Council and the current provider, Central and North West London NHS Foundation Trust (CNWL), as the threshold for varying the contract has been reached and this is no longer an option. This would build on the partnership between the two organisations. The report is coming to the Cabinet because the Local Stop Smoking Services and Support Grant carries strict conditions on what it can be used for and targets for additional quits, as set out in this report. The total value of the proposed grant agreement means a Cabinet decision is needed over how this additional funding can be awarded.	

The grant is £234,819 in 2025/26, and variable depending on smoking prevalence and performance in future years.

Local Government Act 1972 – Access to Information

Office for Health Improvement & Disparities Grant Award letter

Contact Officer:

Ian Sandford
Public Health Strategist
Health and Wellbeing Department
5 Pancras Square
Tel: 020 7974 1370
Email: ian.sandford@camden.gov.uk

RECOMMENDATIONS

That, having due regard to the obligations set out in section 149 of the Equality Act 2012, it be agreed that Cabinet:

1. Approve the arrangements for the provision of additional stop smoking support by way of a grant agreement between Camden Council and Central and North West London NHS Foundation Trust (CNWL). This consists of an annual grant from 2025-26 to 2028-29, subject to satisfactory performance and funding being received from the Office for Health Improvement and Disparities.
2. Delegate authority to the Director of Health and Wellbeing, following consultation with the Cabinet Member for Health, Wellbeing and Adult Social Care, to renew the grant annually until 2028-29 subject to satisfactory performance and funding being received from the Office for Health Improvement and Disparities.

Signed: Kirsten Watters, Director of Health and Wellbeing



Date: 16th January 2025

1. CONTEXT AND BACKGROUND

- 1.1 This report sets out the options for the commissioning strategy for the Local Stop Smoking Services and Support Grant (LSSASG) which the Council receives from the Office for Health Improvement and Disparities, in addition to existing service arrangements and funding. The report considers the commissioning options available to the Council before making a recommendation on the preferred option for the future of the service. The focus of the recommended option is on delivering the number of quits as set out in the Office for Health Improvement and Disparities (OHID) expectations when awarding Camden this additional funding.
- 1.2 The report is coming to Cabinet because the value of the grant exceeds £100,000, the maximum amount the relevant Executive Director or Director of Health and Wellbeing following consultation with the relevant Cabinet member is permitted to authorise under the Council's Scheme of Delegation.

2. PROPOSAL AND REASONS

- 2.1. Smoking remains the single biggest cause of health inequalities in England, and is far more common among people on lower incomes. Prevalence in Camden has reduced over recent years, but it remains higher among those living in more deprived areas in Camden (18% vs 11% in the least deprived areas – March 2022 data), & among those with serious health conditions, such as Chronic Obstructive Pulmonary Disease (40%), Severe Mental Illness (37%), Liver Disease (27%) and Heart conditions (18%).
- 2.2. Evidence demonstrates smokers supported by an evidence-based support service, which includes access to medication, are up to four times more likely to quit smoking and sustain their quit attempt compared to no support, or over the counter Nicotine Replacement Therapy (NRT) alone.
- 2.3. Camden Council commissions stop smoking services through the core Public Health Grant. The service is based on a three tier model commissioned jointly with Islington Council:
 - Tier 1 self-support through online or app-based information and printed media to those smokers who want to quit without face-to-face support.
 - Tier 2 brief support (minimum two sessions) with appropriate medication provided by trained professionals in community settings.
 - Tier 3 specialist support with appropriate medication to highly addicted smokers who find it harder to quit, so they can benefit from an intensive face-to-face intervention and behavioural support.
- 2.4. Our current provider is Central and North West London NHS Foundation Trust ("CNWL"), with the service branded as *Breathe – It's All About Living* ("Breathe"). Breathe is responsible for the production and maintenance of all materials used in Tier 1, and provision of behavioural support, nicotine replacement therapy (NRT), and vapes for adults (when used as an alternative to NRT) in tiers 2 and 3. Breathe requests prescription only medication for stop smoking from the service user's GP.

- 2.5. Breathe also provides training for stop smoking advice to its own staff, as well as training professionals in the community including GP and pharmacy staff where Level 2 stop smoking services are provided under a locally commissioned service (LCS).
- 2.6. Breathe supplies carbon monoxide (CO) monitors which are used to confirm a service user's initial smoking status and their quit status, and which also act as an important motivational tool. Breathe loans CO monitors to GP practices and pharmacies to support the Locally Commissioned Services, and retains responsibility for maintenance of those monitors.
- 2.7. Breathe is responsible for reporting on all stop smoking outcomes to NHS Digital, including quits achieved and expenditure on services and pharmacotherapy (including NRT/vapes) for Breathe services as well as GP and Pharmacy stop smoking services. NHS Digital is a key resource for monitoring and comparing stop smoking services performance locally and nationally.
- 2.8. CNWL was commissioned to provide Breathe in 2022, commencing service in April 2023. In the first year (2023-24), Breathe had 474 successful quits at 4 weeks against a target of 375, which represented a conversion rate of 59.3% of those setting a quit date. In the first quarter of 2024-25, Breathe achieved 174 successful quits at 4 weeks against a target of 94, a conversion rate of 60.3%.
- 2.9. In 2024, the Government awarded Camden Council an additional £171,504 for 2024/25 under the Local Stop Smoking Services Additional Support Grant. Funding was set out for five years (until 2028-09) but only confirmed annually. The amount confirmed for 2025/26 is £234,819. We were able to vary the contract with CNWL for 2024-25 under Regulation 13 of The Health Care Services (Provider Selection Regime) Regulations 2023 which deals with modification of contracts during their term, following advice of Islington Council as lead commissioner. However, advice from Islington Council, is that we are not able to vary the contract in subsequent years.
- 2.10. The Local Stop Smoking Services Additional Support Grant conditions require that the funding is used to:
 - Invest in enhancing local authority commissioned stop smoking services and support, while maintaining existing spend on these services and support from the public health grant. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan;
 - Build capacity to deliver expanded local stop smoking services and support
 - Build demand for local stop smoking services and support; and
 - Deliver increases in the number of people setting a quit date and 4 week quit outcomes.
- 2.11. The Local Stop Smoking Services Additional Support Grant conditions also set stretching targets for increasing the number of quit dates that are set by service users. For Camden, this means achieving an additional 238 quit attempts in 2025/26 (rising to 2,258 quit attempts over 4 years if the grant continues beyond 2024/25) as set out in the table below:

4 Year target for additional quit dates set	25/26 Increase	26/27 Increase	27/28 Increase	28/29 Increase
2,258	238	594	713	713

2.12. The Office for Health Improvement and Disparities has been clear that if the Local Stop Smoking Services Additional Support Grant is not spent on the prescribed uses in paragraph 2.10 and 2.10 above, or if quit targets are not met, funding may be reduced in subsequent years. This is a key reason for requesting that Cabinet delegates authority to the Director of Health and Wellbeing, in consultation with the Cabinet Member for Health, Wellbeing and Adult Social Care, to renew the grant annually until 2028-29, subject to Local Stop Smoking Services Additional Support Grant conditions being met.

3. OPTIONS APPRAISAL

3.1. Option 1: Do nothing.

3.1.1. Under the do nothing option, the Council would not achieve the additional quits required as a condition of funding by the Department of Health and Social Care (DHSC), and funding to the Council would be withdrawn. Not achieving additional quits would impede the Council's role in addressing and reducing health inequalities and improving residents' health overall.

3.2. Option 2: Competitive procurement process.

3.2.1. While the market is limited, a number of other health providers deliver the service in neighbouring boroughs. However, there was a significant gap in the quality of bids for our substantive community stop smoking service when procured in 2022.

3.2.2. A procurement exercise would have the advantage of the Council being able to set a specific financial envelope and independently determine the service specification. The option would allow the Council to set expectations around performance in line with the terms of the Local Stop Smoking Services Additional Support Grant.

3.2.3. A key risk in procurement is that the funding from the Office for Health Improvement and Disparities is confirmed annually, with funding dependent on progress in achieving quits. This uncertainty creates risk for the Council if funding from DHSC is lower than anticipated or stops.

3.2.4. However, the Council has recently entered into a contract with CNWL for 3 years, plus an option for up to a further two years, to provide the core stop smoking functions described in paragraphs 2.4 to 2.7 above. So, there are opportunities to add to an existing contract awarded with a comprehensive specification, and avoid any potential for duplication/confusion over service delivery in Camden.

3.2.5. Realistically, taking into account the projected costs of stop smoking medication/nicotine replacement therapy/vapes, the funding is sufficient for up to two whole time equivalent stop smoking advisors, administration support, training, and management/supervision. This is very low capacity for a stand-alone service. Quit targets set by the Office for Health Improvement are challenging at this level of staffing.

3.3. **Option 3: Grant funding. This is the recommended option**

3.3.1. Grant funding from 2025/26 renewed annually subject to performance and funding from the Office for Health Improvement and Disparities (OHID). Annual grant funding would allow the Council to increase the capacity in our existing stop smoking and benefit from economies of scale, whilst mitigating against the risk of OHID funding being reduced or withdrawn.

3.3.2. On the advice of Islington Council, the lead commissioner, we are unable to vary the existing contract further. However, we are able to award grant funding, and Islington Council is taking the same grant funding approach as recommended for Camden in this report. This ensures consistency across both boroughs and for the provider.

3.3.3. Our community stop smoking service, Breathe, has well established branding and is a single point of contact for stop smoking for smokers wishing to quit, GPs and Pharmacists, and professionals seeking training in stop smoking level 2 advice.

3.3.4. Breathe also manages quarterly activity and expenditure returns to NHS digital.

3.3.5. Breathe has the necessary infrastructure in place to quickly mobilise added capacity in order to deliver the target of additional quits, and to manage the performance of additional stop smoking advisors.

3.3.6. The Council monitors the current service monthly, and monitoring of Local Stop Smoking Services and Support Grant activity and expenditure can be assimilated into existing contract monitoring.

3.3.7. Breathe has a good track record of delivering quits, exceeding targets in 2023-24 and Q1 2024-25 (the most recent available data).

4. **WHAT ARE THE KEY IMPACTS / RISKS? HOW WILL THEY BE ADDRESSED?**

4.1. A grant agreement is not a contract for the delivery of services but a negotiated agreement between two partners, in this case for the provision of additional smoking quits as required by the Office for Health Improvement and Disparities (OHID). The Local Stop Smoking Services and Support Grant that the Council receives from OHID is confirmed on an annual basis, and is

dependent on both expenditure of the full grant and progress in achieving quit targets. Therefore, there is a risk that the Council's ability to manage under-performance is more limited than with contracting mechanisms. This risk could be mitigated by strong conditions (drafted by the Council's Legal Department), or by Cabinet delegating authority to the Director of Health and Wellbeing to enter into annual grant agreements with the provider, subject to funding being received from OHID and subject to satisfactory performance.

5. CONSULTATION/ENGAGEMENT

- 5.1. At the time of the procurement of our substantive Community Stop Smoking Service in 2023, Breathe, officers developed an engagement strategy to hear the views of Camden residents who are smokers (who might have tried to stop smoking in the past or think they may want to stop in future) and ex-smokers. Social media, an on-line survey in Easy Read and regular formats, face-to-face and online group events were used to gather views to help inform a 'refresh' of the stop smoking service specification before the contract went out to tender. Officers worked in partnership with council services, community organisations, communications colleagues and other stakeholders to organise and facilitate information gathering, as well as canvassing the views of people who had engaged with the current commissioned service. As this proposed grant adds capacity to the existing service, we believe that the engagement undertaken at that time remains valid.
- 5.2. An Equality Impact Assessment (EIA) has been completed and the process has concluded that a full EIA is not needed at this stage, No negative impacts have been identified. The service has identified some positive impacts in some protected groups promoting smoking cessation and supporting residents in those groups to quit.

6. LEGAL IMPLICATIONS

- 6.1. Legal Services have reviewed this report in light of the Council's Contract Standing Orders (CSOs) the Public Contracts Regulations 2015, as amended (PCR) as well as the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR).
- 6.2. Legal Services have assessed the recommended option is in compliance with CSOs PCR and PSR.
- 6.3. Under the CSOs the Director of Health and Wellbeing, following consultation with the Cabinet Member for Health, Wellbeing and Adult Social Care, will be authorised to renew the grant annually until 2028-29 to ensure that the provider meets targets for quit dates.

7. RESOURCE IMPLICATIONS

- 7.1. The report seeks Cabinet approval for Camden to continue commissioning the local Stop Smoking Services and support grant with our current provider, Central and North West London Foundation Trust (CNWL), for the operation of

the "Breathe" service (the community stop smoking service) starting from 1st April 2025.

- 7.2. The report seeks Cabinet approval for Camden to continue commissioning the local Stop Smoking Services and support grant with our current provider, Central and North West London Foundation Trust (CNWL), for the operation of the "Breathe" service (the community stop smoking service) starting from 1st April 2025.
- 7.3. The LSSSASG funding from the Office for Health Improvement & Disparities (OHID) is allocated for five years, from 2024/25 to 2028/29. The confirmed grant for 2024/25 is £171,504, and £234,819 for 2025/26. It will be renewed annually, subject to the LSSSASG conditions outlined in sections 2.9 and 2.10 above and local smoking prevalence.
- 7.4. However, there may be a financial risk to the Council if the service provider underperforms or fails to meet any of the grant conditions. Therefore, it is proposed that the Director of Health and Wellbeing, following consultation with the Cabinet Member for Health, Wellbeing and Adult Social Care, enter into annual grant agreements with the provider, contingent on receiving funding from OHID and the provider meeting satisfactory performance criteria.
- 7.5. Continuing with the Breathe service is recommended due to its strong track record of success and its ability to meet all the criteria outlined in Camden's three-tier model.
- 7.6. There is sufficient fund available within the Smoking and Tobacco budget, but this contract will be cost neutral, as the cost for "Breathe" is expected to be fully met by the LSSSASG grant.
- 7.7. There are no Medium term Financial Strategy considerations regarding this service and no inflationary uplift has been included in this proposal.

8. ENVIRONMENTAL IMPLICATIONS

- 8.1 The proposals have no environmental impacts.

9. TIMETABLE FOR IMPLEMENTATION

Key activity date	Key tasks
01/04/2025	Commencement of grant, monitor quarterly three months in arrears (to allow for up to 12 weeks from setting a quit date to achieving a quit)
01/04/2026	Renewal of grant, monitored quarterly (subject to satisfactory performance)
01/04/2027	Renewal of grant (subject to satisfactory performance)

01/04/2028	Renewal of grant (subject to satisfactory performance)
------------	--

10. APPENDICES

Appendix 1: Confirmation Letter of 2024/25 LSSSASG Funding

Appendix 2 Confirmation Letter of 2025/2d LSSSASG Funding

Appendix 3: Equalities Impact Assessment

REPORT ENDS