



London Borough of Enfield

Report Title	Procurement and award of contract for borough-wide Stop Smoking Service (SSS)
Report to	Healthy & Safe Communities Scrutiny Panel
Date of Meeting	25 th Sept 2024
Cabinet Member	Cllr Alev Cazimoglu
Executive Director / Director	Tony Theodoulou, Director of People.
Report Author	Glenn Stewart, glenn.stewart@enfield.gov.uk.
Ward(s) affected	All
Classification	Part 1 Public

Purpose of Report

1. To inform the Safe and Healthy Scrutiny Committee about the procurement and proposed award of contract for a borough-wide Stop Smoking Service.

Main Considerations for the Panel

2. Smoking is the greatest single preventable cause of health inequalities, mortality and morbidity in the borough accounting for approximately 230 deaths a year and estimated to cost the borough some £209m a year.

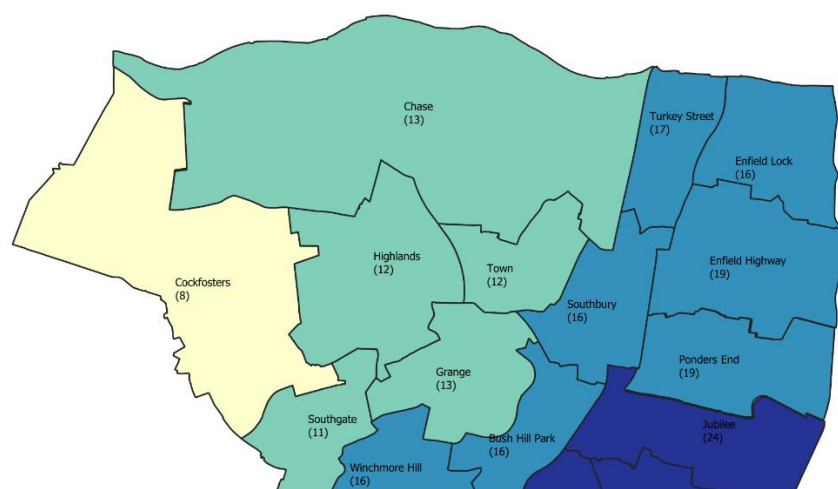
Background and Options

3. The UK Government has a target for the UK to become smokefree by 2030 where 'smokefree' means a smoking prevalence of 5% or less. The current prevalence is estimated at between 13.5% (according to the Annual Population Survey) and 15.6% (according to GP data) of the adult (18+ population i.e. 40-50,000 smokers).

4. There are currently a number of limited stop smoking offers within the borough:
 - a. East Enfield Medical Practice
 - b. The London Stop Smoking Portal (StopsmokingLondon.com)
 - c. Private sector provision
5. On 27th February 2024 the Office for Health Improvement and Disparities (OHID) wrote to all Local Authorities informing them of additional funding for the provision of Stop Smoking Services (SSS).
6. This will link to the Enfield Smoke-free plan and Government objective of being smoke-free by 2030, taken to mean smoking prevalence of 5% or less.
7. The conditions for this grant were as follows:
 - a. Invest in enhancing local authority commissioned stop smoking services and support, in addition to and 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;
 - b. Build capacity to deliver expanded local stop smoking services and support;
 - c. Build demand for local stop smoking services and support; and
 - d. Deliver increases in the number of people setting a quit date and 4 week quit outcomes, reporting outcomes in the [Stop Smoking Services Collection](#).

The grant will be ring-fenced for use on local stop smoking services and support.

8. Grant funding will be for 5 years (from 2024/25 to 2028/29). Exact funding will depend upon smoking prevalence, but it is anticipated that Enfield will receive approximately £2m over the grant period.
9. Data from GP systems indicates that prevalence is highest in the south and east of the borough:



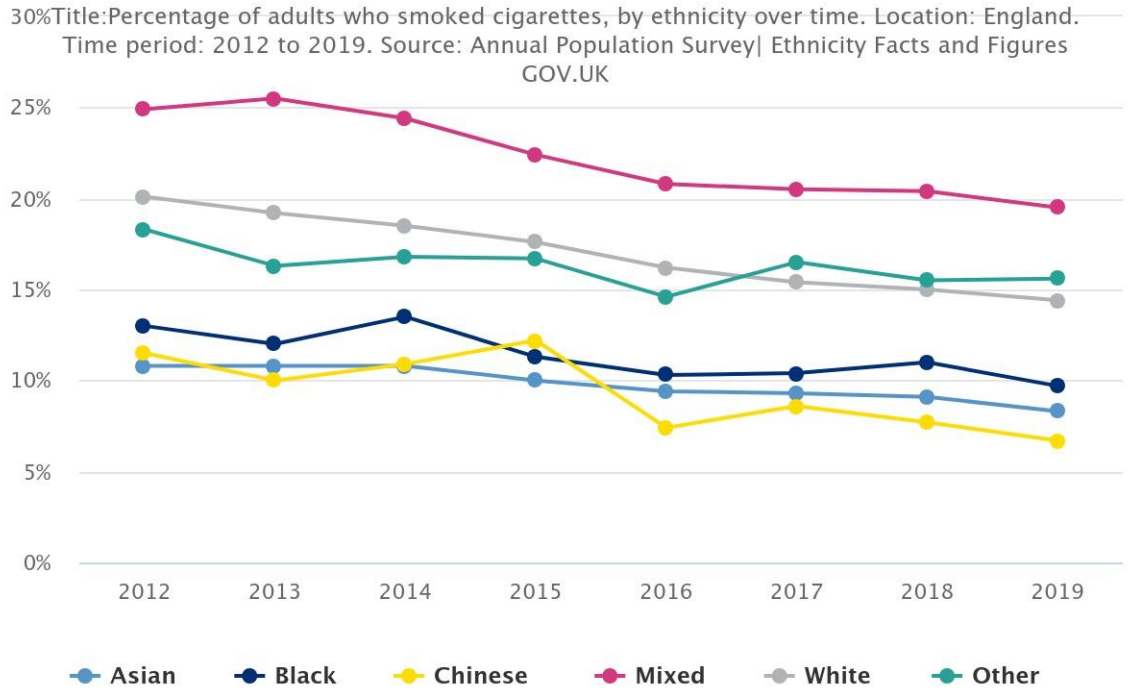
Smoking Prevalence

- Highest: 20 & Over
- 15 to 19
- 10 to 14
- Lowest: 5 to 9

Table 1: Smoking prevalence by ward (GP data)

Ward	Population	No of Smokers	% Prevalence
Bowes	15,128	917	6.1
Cockfosters	15,240	1,176	7.7
Southgate Green	15,611	1,491	9.6
Southgate	16,172	1,700	10.5
Highlands	14,027	1,635	11.7
Town	15,931	1,906	12.0
Grange	13,945	1,763	12.6
Upper Edmonton	19,776	2,525	12.8
Chase	14,654	1,879	12.8
Southbury	16,179	2,532	15.6
Bush Hill Park	14,666	2,302	15.7
Enfield Lock	18,384	2,947	16.0
Winchmore Hill	14,345	2,323	16.2
Turkey Street	15,497	2,599	16.8
Palmers Green	16,404	2,807	17.1
Enfield Highway	16,943	3,148	18.6
Ponders End	17,424	3,351	19.2
Haselbury	17,526	3,705	21.1
Edmonton Green	19,113	4,257	22.3
Jubilee	14,970	3,544	23.7
Lower Edmonton	17,543	4,156	23.7
Enfield	339,478	52,661	15.5

10. There is also data to indicate that smoking prevalence varies by ethnicity:



11. National data though may not be helpful at a local level; a 2002 study indicated that smoking prevalence in the Turkish population was 57%¹ whereas a 2019 ASH (Action on Smoking and Health) reported 2016 data showing that smoking in Polish and Romanian communities was approximately a 1/3 higher than the (then) national prevalence:

Table 2: Smoking rates (15+) by country of origin, top five immigrant communities to the UK by size, 2016 (Adapted from ASH, 2019)²

Country of birth	Smoking prevalence (%)
Poland	28.2
India	11.3
Pakistan	19.8
Ireland	24.4
Romania	30.0
United Kingdom	22.4

12. Smoking prevalence among people with severe mental illness (SMI) is estimated to be between 58% and 90%. People with SMI are also more likely to smoke more heavily.

Plans for procurement of the new service:

¹ Stevens et.al (2002) Cost-effectiveness of a community anti-smoking campaign targeted at a high risk group in London. Health Promot Int 2002 Mar, 17(1):43-50 DOI: 10.1093/heapro/17.1.43

² ASH (2019) Tobacco and Ethnic Minorities

11. Key elements of the required service:

The new provider will be expected to offer a comprehensive borough-wide SSS. This will include both face-to-face and a digital offer. Two levels of support will be offered; one whereby smokers will be given face-to-face support for 6 weeks, the other whereby smokers will be given the same support but through teams or telephone 1 – 1 support. Exact funding will depend upon smoking prevalence but it is anticipated that Enfield will receive approximately £2m over the grant period.

12. Time-scales are as the following:

Activity	Date(s)
Authority submits and publishes Contract Notice	29/08/24
Issue ITT	29/08/24
Clarification period closes (“Tender Clarifications Deadline”) (5.00pm)	16/09/24
Deadline for a response to the clarification questions	23/09/24
Return Deadline for Tenders (12:00 Noon)	30/09/24
Tender Evaluation	30/09/24 to 10/11/24
Internal Governance / Approvals	11/11/24 to 27/11/24
Notification of Outcome (Intention to Award)	28/11/24
Standstill period commences	29/11/24
Expiry of Standstill period (ends at midnight at the end of)	11/12/24
Contract Award	11/12/24
Mobilisation commences	11/12/24
Contract commences	06/01/25

13. Monitoring

Expectations of the grant that LBE will achieve the following numbers of people setting quit dates over the 5 years of the grant:

2024-25	2025-26	2026-27	2027-28	2028-29	Overall
309	618	1544	1853	1853	6,177

The provider will be monitored through statutory quarterly returns on the number of quitters, success rates, ethnicity, areas of deprivation etc. In addition LBE will have regular contract meetings with the provider, expected to provide returns to Data from GP systems indicates that prevalence is highest in the south and east of the borough.

14. Governance

Governance will be through the Public Health Senior Management Team in the first instance with escalation through the People Directorate

Management Team. Further Governance will be through the Health and Wellbeing Board.

Relevance to Council Plans and Strategies

15. **Clean and Green places:** Cigarette butts make up 66% of all littered items. Littered butts leach toxic chemicals into the environment and contaminate water. The toxic exposure can poison fish, as well as animals who eat cigarette butts. Butts are made of plastic and do not biodegrade. Over time, cigarette butts break apart into microplastics and seep toxins into the earth and waterways. Reducing smoking prevalence will reduce this burden.
16. **Strong, Healthy and Safe Communities:** Smoking is the single greatest cause of preventable mortality and morbidity in the borough.
17. **Thriving children and young people:** There are an estimated 1.8 million households in England with children with at least one smoker. These children will incur the consequences of Second-Hand Smoke (SHS). Children whose parents smoke are 4x more likely to smoke themselves.
18. **An economy that works for everyone:** the Action of Smoking and Health (ASH) ready reckoner estimates that the cumulative cost of productivity losses in the borough amounts to £209m.

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Appendices

None

Background Papers

None