

Commissioning and Procurement Executive Committee – 12 March 2024

Subject:	Additional DHSC Public Health Grant funding for smoking services and support in Nottingham for 2024/25 – 2028/29		
Corporate Director: Director:	Catherine Underwood - People Lucy Hubber - Public Health		
Portfolio Holders:	Councillor Linda Woodings – Adult Social Care and Health		
Report author and contact details:	Swathi Krishnan, Public Health Manager – Smoking & Tobacco Swathi.krishnan@nottinghamcity.gov.uk		
Other colleagues who have provided input:	Tracey Moore – Commercial Business Partner, Strategic Finance Richard Bines – Solicitor, Contract and Commercial Team Nicola Harrison - Lead Procurement Officer Matt Corder - Public Health Principal David Johns - Deputy Director of Public Health		
Key Decision	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Subject to call-in <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income Savings <input type="checkbox"/> of £750,000 or more taking account of the overall impact of the decision		<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital	
Significant impact on communities living or working in two or more wards in the City		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Type of expenditure: <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital			
Total value of the decision: up to £2,726,075 (£545,215 per annum x5 years)			
Section 151 Officer expenditure approval Has the spend been approved by the Section 151 Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a Spend Control Board approval reference number: 4169			
Wards affected: All			
Date of consultation with Portfolio Holder: 12/02/2024			
Relevant Council Plan Key Outcome:			
Clean and Connected Communities	<input type="checkbox"/>		
Keeping Nottingham Working	<input type="checkbox"/>		
Carbon Neutral by 2028	<input type="checkbox"/>		
Safer Nottingham	<input type="checkbox"/>		
Child-Friendly Nottingham	<input checked="" type="checkbox"/>		
Healthy and Inclusive	<input checked="" type="checkbox"/>		
Keeping Nottingham Moving	<input type="checkbox"/>		
Improve the City Centre	<input checked="" type="checkbox"/>		
Better Housing	<input type="checkbox"/>		
Financial Stability	<input type="checkbox"/>		
Serving People Well	<input type="checkbox"/>		
Summary of issues (including benefits to residents/service users): This report requests approval to accept and spend the funding of up to £2,726,075 over 5 years 2024/25 to 2028/29 (up to £545,215 per annum) awarded to Nottingham City Council by the Department of Health and Social Care (DHSC) to support our stop smoking service and help more people stop smoking in Nottingham City. The additional time limited grant funding has been issued to all Local Authorities. Allocating funding for stop smoking services and support, the funding uplift for each area is based on the number of smokers in each local authority. So, this additional funding will target local authorities with the most smokers.			

The government has already confirmed additional funding of £70 million a year for 5 years, from 2024 to 2025 through to 2028 to 2029. Allocations will continue to be based on the average smoking prevalence over a 3-year period to ensure the allocations are based on the most robust and recent data.

The approval of the recommendations within this report will allow for the improvement, expansion and additional targeting of the support offered to smokers to quit, over the next 5 years (2024-29).

Exempt information: None

Recommendations:

- 1** To approve receipt of additional Public Health Grant funding up to a total of £2,726,025 over a period of 5 years (2024/25 to 2028/29) (up to £545,215 per annum) from the Department of Health and Social Care.
- 2** To delegate authority to the Director of Public Health to:
 - (i) enter into Grant Agreements under s31 of the Local Government Act 2003 with DHSC for the receipt of the above grant funding for 2024/25 – 2028/29;
 - (ii) spend the full grant on the Integrated Wellbeing Service - smoking services and support contract, subject to compliance with Grant Agreement conditions imposed under section 31(4) LGA 20023 and modification procedures under Health Care Services (Provider Selection Regime) Regulations 2023;
 - (iii) enter into relevant contract modifications / variations for the Integrated Wellbeing Service - smoking services and support contract, in consultation with the Director for Legal and Governance / Head of Legal and Governance where sealing of a deed is necessary to give effect to the delegation.

1. Reasons for recommendations

- 1.1 Stop smoking services are funded through the ring-fenced Public Health Grant (PHG). The PHG funding is awarded under a s31 Local Government Act 2003 Grant Agreement and subject to grant conditions (s31(4)). The [government's command paper](#) lays out the vision to create a smokefree generation unaffected by the extraordinary harms of addiction-driven smoking, and tackle youth vaping. This includes a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year nationally for local stop smoking services and support.
- 1.2 Smoking rates in Nottingham are the second highest in England with higher prevalence of smoking in pregnancy (13.4%), routine and manual workers (27.8%) and adults with mental health conditions (32.8%) when compared to the England average. Helping these individuals successfully quit is essential, the additional funding will therefore help target these groups and support these smokers through their quit journey.
- 1.3 The new funding is in addition to the existing ring-fenced Public Health Grant and will be provided through a new section 31 grant on top of the current public health grant allocations, in 2024/25 and annually thereafter until 2028/29.

DHSC will provide the grant. The aim of this additional funding is to ensure there is a nationwide comprehensive offer to help people stop smoking across England and to increase the number of smokers engaging with effective interventions to quit smoking.

This will be achieved by stimulating more quit attempts by providing more smokers with advice and swift support; linking smokers to the most effective interventions to quit; boosting existing behavioural support schemes designed to encourage smokers to quit (for example the 'swap to stop' scheme); building capacity in local areas to respond to increased demand; and strengthening partnerships in local healthcare systems.

Payments will be given to local authorities every 6 months. In the first 6 months, local authorities will receive 70% of their allocated financial year's funding. They will then be expected to provide grant reporting to the DHSC grants team to receive the second payment.

Local authorities will receive the grant agreement in February 2024. This will provide local authorities with the full grant conditions. Once received, local authorities will be asked to read and return a signed copy. The grant agreement will start from 6 April 2024.

1.4 The key success indicators for this funding are:

- number of recorded quit dates set per 100,000 smokers;
- percentage of people engaging with services who successfully quit smoking (recorded quit rate);
- number of recorded quits per 100,000 smokers.

Local authorities will need to report data throughout the life cycle of the grant. This will take place through 2 methods:

The Stop Smoking Services Collection is an existing data collection and reporting system used to monitor the delivery of local stop smoking interventions. NHS England collects the data from local authorities and there is a requirement to submit activity for each quarter.

NHS England publishes submission dates and local authorities can return activity and outcome data associated with quit support provided. The collection requires local authorities to submit cumulative counts of activity using a template, which can be requested from the Strategic Data Collection Service.

Starting from the second payment, local authorities will need to complete a statement of grant usage to the DHSC grants team, before they receive the next payment. The statement of grant usage will ask local authorities to provide the funding amount they received, their actual eligible spending, and a reason for any differences.

1.5 Over a 5-year period, grant conditions may be subject to change as are the activities required to meet local need. The recommendations outline a governance approach embedded in public health expertise to assure decision making and best value.

2. Background (including outcomes of consultation)

- 2.1 The smoking rates in Nottingham city is second highest in England with adult smoking prevalence 21.2%, higher than the national average of 12.7%. Smoking is one of the largest causes of ill-health and early death in Nottingham and Nottinghamshire. It has an impact on children and young people's lives through pregnancy to adolescence.
- 2.2 Children and teenagers from the poorest neighbourhoods are considerably more likely to be exposed to smoking throughout their youth, increasing their risk of developing smoking habits and being harmed by secondhand smoke. This worsens health inequalities by encouraging smoking practices in future generations. Smoking and Tobacco control is therefore one of four high level priorities to improve health and reduce health inequalities of the population in Nottingham included within the Joint Health and Wellbeing Strategy 2022-25.
- 2.3 The government is creating the first smokefree generation, by bringing forward legislation so that children turning 14 this year (2024) or younger will never be legally sold tobacco products. This will prevent future generations from ever taking up smoking, as there is no safe age to smoke. To support existing smokers to quit, the government is more than doubling the budget for stop smoking services, investing an additional £70 million per year (to a total of £138 million), aiming to support around 360,000 people to quit each year.
- 2.4 The aim to help people stop smoking through the additional funding will be achieved by:
- stimulating more quit attempts by providing more smokers with advice and swift support linking smokers to the most effective interventions to quit;
 - boosting existing behavioural support schemes designed to encourage smokers to quit;
 - building capacity in local areas to respond to increased demand strengthening partnerships in local healthcare systems.
- 2.5 From April 2024, the Council will amalgamate a range of health improvement interventions into one service model, referred to as an Integrated Wellbeing Service. This model will be responsible for delivering the service functions in an innovative, dynamic, and flexible manner across Nottingham, ensuring Best Value with the following objectives:
- Maintaining and improving the health of Nottingham City residents;
 - Preventing future ill-health and its negative impacts on the local population;
 - Reducing future and existing pressures on local health and care services;
 - Putting the service user at the centre of provision, in-line with the personalisation agenda.
- 2.6 This follows CPEC approval in May 2023 for the expenditure of £23,750,000 of ring-fenced public health grant over the entirety of a contract (10 years), for the provision of the Integrated Wellbeing Service.

This figure represented the investment from Nottingham City Council. It was noted that funding from external partners may be used in addition to Nottingham City Council funding to expand the future service offer. The procurement process has concluded and the Contract was awarded to a new provider and includes stop smoking services and support.

- 2.7 In keeping with the conditions outlined in 2.4 we intend to spend all the additional funding for smoking services and support on this contract, as this represents best value and work with our new stop smoking service provider to support more people to quit smoking. This additional funding support is for a “relevant health care service”, as it is provided as part of the health service, whether NHS or public health; consists of the provision of health care to individuals or groups of individuals; and falls within one or more of the specified CPV codes in the new Provider Selection Regime regulations. This service isn’t materially different to the service already provided for under the IWS contract. Below is an example of how the funding could be used in Nottingham, in keeping with the funding aims.

The two CPV codes relevant are as follows;

- 85100000-0 (Health services);
- 85323000-9 (Community health services, but only in respect of community health services which are delivered to individuals).

PHASE 1: Accelerated roll-out (2024/25)

The new service is contracted to achieve 2000 4 week quits per annum; this would be an increase from the 802 (Source - NHS Digital latest data reports) achieved in 2022/23. To ensure the service has the best chance of achieving this goal in ‘Year 1’ we intend to use the additional funding provided by DHSC to accelerate roll-out and integration with existing health and care services. This will also provide a platform to further increase the quit rates over the remaining grant period.

Care pathways: Additional Resource, Roles and Responsibilities -

The Integrated Wellbeing Service through the provider will employ the following roles:

1 x FTE Partnership & Engagement Officer – An additional role will support engagement with secondary care to enable the existing engagement officer to focus on primary care and community promotions. This additional capacity will support an ‘in-reach’ model to support the LTP acute inpatient pathway in NUH. This will be funded on the condition that the ICB uses ongoing funding to strengthen the maternity tobacco dependency service in NUH.

1x FTE Partnership & Engagement Officer, placed within the ICB who has the remit of creating full accessibility to patient records by establishing access to Nottingham GP systems (through an Honorary Contract). This will provide the service with the ability to send text messages to smokers on behalf of the surgeries, to train surgery-based staff to conduct patient back-list searches to enhance recruitment from priority groups.

In addition to activity already planned, the roles above will compliment those in the existing service and will maximise proactive engagement with smokers through text messages, letters, local promotions and ensure VBA methods such as 'Ask, Advise and Act' are adopted with all GP staff to maximise referrals, in effect 'Making Every Contact Count'.

SMI Health Check pathway: Additional Resource, Role and Responsibilities -

1 x FTE Specialist Stop Smoking Practitioner, to work within Primary Care, Nottinghamshire Healthcare NHS Foundation Trust, and The Wells Road Centre to target patients on the Serious Mental Illness (SMI) Patient lists. The service will also target those that receive their statutory annual Physical Health Checks. This pathway was included in the new service specification. However, to ensure this specialist support is provided as soon as possible whilst the service establishes itself in Nottingham, our provider will recruit and train an additional Specialist Stop Smoking Practitioner.

NHS Long Term Plan (LTP) acute inpatient pathway: Additional Role and Responsibilities -

1 x FTE Community Navigator to focus on pregnant smokers and inpatients establishing robust pathways to ensure the smooth transition of patients into stop smoking clinics within the community, ensuring continuity of care for patients who have started a quit attempt but have been discharged from hospital.

We have established links with the NHS LTP tobacco dependency teams to facilitate stop smoking support for patients in maternity services and inpatients. Initially, the new provider will work within existing pathways and create additional triage capacity. This will ensure clients referred at discharge from NUH receive appropriate behaviour change conversations and are triaged directly into stop smoking services.

Our provider will offer additional training in brief advice, including more advanced healthy conversation training to key staff on priority wards. This aims to improve the quality of referrals made through the acute inpatient pathway.

Increased health outcomes - 2 x FTE Specialist Stop Smoking Advisors to enable the service to be responsive to specialist need and provided targeted support including, where necessary, in partnership with the NHS.

Large-scale communication and marketing campaign -

An awareness raising campaign for the new service, including a social media campaign and a radio advertising harm reduction campaign to attract long term smokers to the service, and targeting the hardest to support / revolving quitters with a cut down to stop offer.

Remote CO monitoring –

Introduction of 750 Remote CO Monitoring (iCOQUIT Smokalyzer) specifically to target the smokers who access the digital pathway.

Total £ 426,608.75

It is anticipated that there will be an underspend for Year One. This is based on the example delivery model outlined – Phase One.

PHASE 2: Expanded reach (2025/26 – 2028/29)

Elements of PHASE 1 to be continued throughout years 2 - 5:

1 x FTE Specialist Stop Smoking Practitioner
2 x FTE Specialist Stop Smoking Advisors.
2 x FTE partnership & engagement officer (see below)
1 x Community Navigator.
750 x Remote co-monitors.

Partnership Development

In phase 2 we aim to work with our provider to enable a sub-contracted partnership model. This would see smoking cessation support provided by trained professionals in social housing providers, vape shops, large employers, charity and community organisations, and some independent pharmacies or GP practices across Nottingham City.

To facilitate this, the example delivery model will include:

1x Subcontractor Manager who will also pick up the responsibility to train sub-contractors to NCSCT Level 2 and quality assure their delivery, campaigns, training, routine co-monitoring within sub-contractors on an ongoing basis. They will deliver the necessary training, NSCST level 2 stop smoking practitioner qualification, as well as data system specific training to ensure all staff are delivering a standard treatment programme.

The aim will be to increase capacity across GP and Pharmacies and to enable specialised organisations such as Housing Associations, employers, and VCS organisations to target specific areas and hard to reach groups within Nottingham.

The Sub-Contractor manager will also provide an expansion of the planned co-production approach to work with select communities (e.g. areas of high deprivation and smoking prevalence) and create new pathways such as supporting smokers in social housing.

This will be achieved through an enhanced tariff-based programme that replicates the contract in line with the Community Pharmacy Advanced Service Specification and NHS Trusts through the NHS Long Term Plan to ensure competitive rates are being offered across the sector.

Tariff / Service Fees –

A set-up fee will be paid following registration on Basecamp (our provider's system) to provide the service, having declared the sub-contractor is ready to provide the service and relevant staff have satisfactorily completed the NCSCT training and passed the e-assessments. We aim to attract a minimum of 20 new partners per year between year 2 and 5 attracting 80 – 100 partners throughout the life of the funding. Sub-contracted providers will be paid for consultation time, the provision of NRT and e-cigarettes, and successful quits.

Increased Health Outcomes -

Target for additional number of people setting a quit date will be discussed with the provider.

Total £ 545,211.25

This figure is based on the example delivery model outlined – Phase Two.

All of the above are subject to receiving the final grant agreement guidelines from DHSC and continuous service improvement work including identifying emerging need and/or gaps in provision.

It is anticipated that any underspend will be rolled over to the next financial year, contributed to the capped amount allocated per year to the local authority.

3. Other options considered in making recommendations

- 3.1 To not accept the funding awarded - this is not recommended as there is a significant health need in-line with the aims of this grant. Not accepting this funding would mean we are unable to realise the benefits of expanding the local service offer and disadvantage Nottingham residents in comparison to other areas in England.

4. Consideration of Risk

- 4.1 Contract variation – There is a potential risk that the Integrated Wellbeing Service provider is unwilling to work on the contract variation for the additional funding. This has been mitigated by having early conversations with the provider in their mobilisation phase and deciding the action plan in partnership. Moreover, the provider is working with other local authorities nationally on funding proposal for the additional funding so are very keen on using this additional funding to improve the quit rates in Nottingham.
- 4.2. Changes to the grant criteria – DHSC have yet to finalise grant criteria and have the option to alter these in the future. This risk is small as national ambitions upon which the grant criteria are based are in-line with the local vision for smoking and tobacco control. This risk will be mitigated by delegation of authority to the Director of Public Health and use of existing governance structures to receive professional approval for changes to the use of the grant.

5. Best Value Considerations

- 5.1 Economy – the strategic allocation of grant funds to eligible service provision to support delivery of key outcomes, in line with population need, commissioning framework and national guidance. Analysis of local and national data has been carried out informing the need for an improved offer for Nottingham City regarding smoking and tobacco control.
- 5.2 Effectiveness – Ensuring investment of the grant funding delivers improvements in key public health outcomes, supported, and informed by evidence and intelligence. The proposal is informed by the local and national smoking prevalence data and evidence based best practice and guidelines.

- 5.3 Efficiency – Utilising the funding to enhance the stop smoking element of the commissioned Integrated Wellbeing Service ensures efficiency by providing one front door for the citizens and making the most use of the results and capacity already in place to ensure best value. The proposed delivery model will be regularly reviewed to ensure that the Council is using its resources well and productively. The DHSC will provide the funding on annually ensuring that the outcomes are achieved every year.

6. Finance colleague comments (including implications and value for money/VAT)

- 6.1 As outlined by the report author, this decision seeks approval for the receipt and the spend of grant funding from the Department for Health and Social Care of £545,215 during 2024/2025 and the subsequent grant which will cover a total of 5 years.

- 6.2 The total value of this decision is **£2,726,075** over 5 years, the breakdown is contained within the table below:

Local Stop Smoking Services and Support Grant	2024/25	2025/26	2026/27	2027/28	2028/29	TOTAL
Department for Health and Social Care	£545,215	£545,215	£545,215	£545,215	£545,215	£2,726,075

- 6.3 The maximum cost of this decision is £2,726,075 and will be incorporated within the Medium Term Financial Plan within Public Health. If the Local Stop Smoking Grant was to reduce in future years, the service would need to realign services within the revised available funding limit to ensure that no financial pressure arises.
- 6.4 The decision seeks to award extension of funding to existing contracts. Colleagues in procurement have confirmed the extension of current contracts, however if additional funding above the value of this decision is available a further extension will be required. Value for money was considered during the competitive tender process. There are no staffing implications for Nottingham City Council.
- 6.5 Once the decision is approved, a budget virement will be posted to realign the grant income and expenditure budgets, supporting budget managers to robustly monitor the budgets.
- 6.6 The actual costs associated with this decision will require regular monitoring to form appropriate financial accounting and an audit trail to support robust forecasting. Any decisions taken will need to be captured against this decision value to ensure it is not exceeded. This information will also be used for internal/external reporting purposes as required.
- 6.7 All grant funding must be spent each financial year in line with the individual grant conditions and ensure all funding is claimed in a timely manner and accounted for correctly. Any underspend may be subject to being paid back or carried forward where agreed.

- 6.8 Further approval will be required to establish any posts not requested in this decision and/or if there are any changes to the grant proposals or value outlined in this report.

Tracey Moore, Commercial Business Partner – 12/02/2024

7. Legal colleague comments

- 7.1 It is understood additional time-limited funding has been allocated to local authorities for smoking services and support. The smoking services and support funding will be allocated for 2024/25 to 2028/29 as additional Public Health Grant (PHG) money. Local authorities currently receive funding to provide local stop smoking services and support through the public health grant.
- 7.2 The new funding is in addition to that and will be provided through new section 31 Local Government Act 2003 grants on top of the current public health grant allocations.
- 7.3 Payments will be given to local authorities every 6 months. In the first 6 months, local authorities will receive 70% of their allocated financial year's funding. They will then be expected to provide grant reporting to the DHSC grants team to receive the second payment. Similar arrangements are expected to apply through to 2028/29.
- 7.4 Although receipt of the 2024/25 Grant Agreement was anticipated in January 2024, and will commence from the 6th April 2024, it has not yet been received. Nevertheless, as a PHG payment, it is expected NCC will need to sign the Grant Agreement/s and fully comply with grant conditions each year before receipt of funding.
- 7.5 Whilst the final grant agreement terms and conditions are still awaited (and will need to be reviewed by the commissioning department) as a minimum, as the funding still comprises a public Health Grant, the grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 ('the 2006 Act'). The functions mentioned in that subsection are:
- (a) functions under section 2B, 111 or 249 of, or schedule 1 to, the 2006 Act
 - (b) functions by virtue of section 6C of the 2006 Act
 - (c) the Secretary of State's public health functions exercised by local authorities in pursuance of arrangements under section 7A of the 2006 Act
 - (d) the functions of a local authority under section 325 of the Criminal Justice Act 2003 (co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders)
 - (e) such other functions relating to public health as may be prescribed.
- 7.6 Other obligations/ conditions under the Grant Agreement/s will include annual end of year reporting expectations, financial an external audit management

arrangements and record keeping. Failure to comply with the conditions will risk clawback of the grant from the Authority. To ensure continuing grant condition compliance when spending the grant, the Authority will need to ensure that the relevant Grant Agreement conditions are cascaded down into future sub – grant agreements or contracts with third parties.

7.7 Spend of the grant (when received) on the Integrated Wellbeing Service contract (completed as deed), recently procured and awarded in 2023 under the Public Contracts Regulations 2015, will require a variation/ further variations to the contract, again by deed. As ‘smoking services and support’ qualifies as an in-scope relevant health care service, under the Health Care Services (Provider Selection Regime) Regulations 2023 and associated statutory guidance (to which the Authority must have regard), notwithstanding that the contract was originally procured under the Public Contract Regulations 2015, modifications may be dealt with under the Health Care Services (Provider Selection Regime) Regulations 2023.

A relevant “relevant” health care service is a service that:

- is provided as part of the health service, whether NHS or public health;
- consists of the provision of health care to individuals or groups of individuals;
- falls within one or more of the specified CPV codes.

7.8 Under regulation 13(1)(d) of these regulations, modification is permissible if the modification is attributable to a decision of the Authority and does not materially alter the character of the contract and the cumulative change in the lifetime value of the contract or framework agreement since it was entered into or concluded is:

- (i) below £500,000; or
- (ii) less than 25% of the lifetime value of the original contract when it was entered into or concluded.

7.9 As the Health Care Services (Provider Selection Regime) Regulations 2023 only came into force, alongside Statutory Guidance, on the 01.01.2024, absent any case law or other guidance on the meaning of the ‘lifetime value of the contract’ this has been interpreted by the Authority’s Legal and Procurement service as meaning the previously advertised maximum value of the contract. As the Integrated Wellbeing Service contract advertised value was up to £23,750,000 when it was entered into and concerned smoking services and support, the addition of up to £2,726,075.00 in the five years between 2024/25 and 2028/29 for further smoking services and support, would not materially alter the character of the contract and comprise a maximum of 11.49% (under 25%) cumulative change in the lifetime value of the contract since it was entered into. The modifications/s would therefore be permissible under regulation 13(1)(d) of the PSR Regulation 2023 in these circumstances.

NB any modification over and above those set out above must not exceed 13.50% to remain under 25% cumulatively. This will require careful contract and financial management by the relevant commissioning department.

Notice of any modification under regulation 13(1)(d) valued at £500,000 or more must be published on the e-modification service within 30 days of the modification and in the form set out in Schedule 12 to the regulations, for reasons of transparency.

Richard Bines, Solicitor, Contracts and Commercial – 13/02/2024

8. Procurement colleague comments

- 8.1 The Integrated Wellbeing Service (IWS) was recently awarded through a competitive tender, following a full commissioning review and approval of a commercial strategy.
- 8.2 Value for money was secured through the competitive tender process for the IWS and the proposal to add the smoking support delivery to the existing contract is considered the appropriate route to source the services required and there are not considered to be other options for commercial consideration.
- 8.3 The addition of the DSHC Grant Funding for delivery of support to current smokers to quit smoking in Nottingham, as a variation to the IWS contract is permissible under Regulation 13(1)(d) criteria (2)(b)(ii), of the Provider Selection Regime regulations - Modification of contracts and framework agreements during their term. These are new procurement regulations introduced from 1 January 2024 for Health services, including eligible Public Health contracts delivered within Local Authorities. This regulation permits a modification of contract with an increase in contract value less than 25% of the total lifetime contract value. In this instance the proposed addition for the smoking support delivery equates to approximately 11% of the total lifetime contract value. Please note that permitted increases in contract value under this regulation, are cumulative over the lifetime of the contract and this should therefore be factored into consideration of further future proposed increases to this contract which fall under this regulation.
- 8.4 This modification is also permissible under Nottingham City Council's Contract Procedure Rule 18.110.

Nicola Harrison, Lead Procurement Officer – 12/02/2024

9. Social value considerations

- 9.1 The Integrated Wellbeing Service will adapt a life course approach, which will accommodate delivery to facilitate the changes in needs and opportunities of different age groups. It will appreciate that individual's health behaviours depend on the characteristics and attitudes of the individuals, alongside the wider contexts and environments in which they live.
- 9.2 The additional funding for the stop smoking element of the service will accommodate delivery to facilitate enhanced support for changes in needs and opportunities of different individuals, alongside the wider contexts and environments in which they live.
- 9.3 The service has begun and will continue to encourage the recruitment of local staff for the service that reflect the demographics and communities within the

city. It will also help upskill the wider workforce, for e.g. – those working in social housing or with people experiencing severe multiple disadvantages.

- 9.4 The subcontracting model within the IWS will help develop partnerships with local stakeholders, schools and VCSE sector.

10. Regard to the NHS Constitution

- 10.1 Local Authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making decisions relating to public health functions, we consider the NHS Constitution where appropriate and consider how it can be applied to commission services to improve health and wellbeing.
- 10.2 The Stop smoking element of the Integrated Wellbeing Service fits with the aims of the NHS Constitution by working across organisational boundaries to deliver support across systems and pathways. It will provide best use of taxpayers' money, offering effective, fair, and sustainable use of finite resources. It will provide person-centred, strength-based care plans, putting the citizen at the heart of the service and supporting individuals to promote and manage their own health.

11. Equality Impact Assessment (EIA)

- 11.1 Since the grant funding will be given to the Integrated Wellbeing Service, the relevant EIA will be updated to reflect the additional funding.

12. Data Protection Impact Assessment (DPIA)

- 12.1 A DPIA is not required since this is an addition to the approved Integrated Wellbeing Service model.

13. Carbon Impact Assessment (CIA)

- 13.1 A CIA is not required since this is an addition to the approved Integrated Wellbeing Service model.

14. List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

- 14.1 Commissioning and Procurement Executive Committee report and minutes – 30 May 2023.

15. Published documents referred to in this report

- 15.1 Smoking and Tobacco control vision document and delivery plan – [43.114-Smoking-and-Tobacco-Control-Vision.pdf \(mynottinghamnews.co.uk\)](#)
- 15.2 Nottingham city's Joint Health and Wellbeing Strategy – [nottingham-city-joint-health-and-wellbeing-strategy-2022-25.pdf \(nottinghamcity.gov.uk\)](#)
- 15.3 Command paper - Stopping the start: our new plan to create a smokefree generation - [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](#)

15.4 Local stop smoking services and support: guidance for local authorities - [Local stop smoking services and support: guidance for local authorities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/local-stop-smoking-services-and-support)

15.5 The Provider Selection Regime: statutory guidance.