

# Public Document Pack

## North Yorkshire Council Health and Adult Services - Executive Member & Corporate Director Meeting

Thursday, 5 March 2026 / 2.00 pm

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### A G E N D A

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#### 1 **Declarations of Interest**

#### **Items for Corporate Director decision**

- 2 Fees for in-house community care services 2026/27 (Pages 3 - 6)
- 3 Fees payable for external providers of social care provision 2026/27 (Pages 7 - 28)
- 4 Intermediate Care Beds Procurement (Pages 29 - 42)

#### **Items for Director of Public Health decision**

- 5 Procurement of e-cigarettes and associated products for Living Well Smokefree clients (Pages 43 - 60)
- 6 Date of next meeting: Friday 10 April 2026, 13:30

#### **Circulation:**

##### **Executive Members**

Michael Harrison

##### **Officer attendees**

Richard Webb

##### **Presenting Officers**

Abigail Barron  
Anton Hodge  
Hannah Brown  
Scott Chapman

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## NORTH YORKSHIRE COUNCIL

### HEALTH AND ADULT SERVICES EXECUTIVE MEMBER MEETING

5 MARCH 2026

**REPORT TO Corporate Director of Health and Adult Services (HAS) in consultation with the Executive Member for Health and Adult Services**

#### **FEES AND CHARGES FOR IN-HOUSE & COMMUNITY CARE SERVICES 2026/27 REPORT OF THE CORPORATE DIRECTOR, HEALTH AND ADULT SERVICES**

### **1. PURPOSE OF THE REPORT**

- 1.1 This report sets out the proposed changes in fees and charges that individuals pay towards the costs of NYC care services, plus deferred payments, meals, transport, laundry and background support services for 2026/27.

### **2. BACKGROUND**

- 2.1 Each year the revised maximum charges to users of our in-house services are agreed based on the uprating of existing charges. What people actually pay of course depends on the result of individual financial assessments.

### **3. CHANGES IN CHARGES FOR 2026/27**

- 3.1 The uplift of charges is an exercise carried out annually and the new charges are implemented in April to coincide with the benefit uplift awarded by DWP (from Monday 6<sup>th</sup> April 2026 for 2026/27).
- 3.2 As part of the budget set by the Council on 13 February 2026, a minimum inflationary increase of 3.4% was approved for 2026/27 budget setting and although the charges in this paper are dealt with separately, a similar uplift has been used in places. Other uplifts are linked to the increase in costs which will be paid to providers.
- 3.3 The proposed new rates for services which are not subject to the means tested financial assessment are outlined in Table 1 and paragraphs 3.4 and 3.5.

**TABLE 1: CHARGES FOR SERVICES NOT SUBJECT TO A FINANCIAL ASSESSMENT**

Description of Service	Rates	Proposed Rate 2026/27	% Increase
	2025/26		
<b>Meals:</b>			
<b>Main</b>	<b>£3.45</b>	<b>£3.60</b>	<b>4.3%</b>
<b>Sweet</b>	<b>£1.35</b>	<b>£1.40</b>	<b>3.7%</b>
<b>Full Meal</b>	<b>£4.80</b>	<b>£5.00</b>	<b>4.2%</b>
<b>Laundry</b>	<b>£6.30</b>	<b>£6.60</b>	<b>4.8%</b>

- 3.4 **Transport** charges are currently £9.00 per journey (with a cap of £47.00 per week). It is proposed that these figures are increased to £9.40 per journey (4.4% increase) with a cap of £49.00 per week (4.0% increase).
- 3.5 In June 2024, the Council introduced charges to ensure that the **administration and management costs of arranging, paying for and invoicing care** for those who do not qualify for financial support from the Council, are fully covered. The current charges are £11 for each 4-weekly invoice plus a one-off fee of £26. It is proposed that these rates are increased to £12 and £28.
- 3.6 Table 2 below details the proposed charges for those services being directly provided by NYC and which are subject to a financial assessment. Charges for residential support will be in line with the Council's approved Actual Cost of Care rates, although this will only apply to new packages. Existing packages will be increased in line with inflation.

**TABLE 2: FEE SCHEDULES FOR NYC-MANAGED SERVICES 2025/26**

		2025/26	2026/27	% increase
<b><u>Elderly Persons Home</u></b>				
<b>Day Care</b>	<b>Per place per day</b>	<b>£44.50</b>	<b>£47.00</b>	<b>5.6%</b>
<b>Existing Packages</b>	<b>Weekly rate</b>	<b>£750.00</b>	<b>£800</b>	<b>6.7%</b>
<b>New Packages (ACOC)</b>	<b>Weekly rate</b>	<b>£945.00</b>	<b>£1,001.00</b>	<b>5.9%</b>
<b><u>Learning Disability Services</u></b>				
<b>Day Centre</b>	<b>Per place per day</b>	<b>£87.50</b>	<b>£93.00</b>	<b>6.3%</b>
<b>Respite</b>	<b>Per 24 hour period</b>	<b>£320.00</b>	<b>£340.00</b>	<b>6.3%</b>
	<b>Weekly rate</b>	<b>£2,240.00</b>	<b>£2,380</b>	<b>6.3%</b>
<b><u>Personal Care at Home</u></b>				
<b>Per contact visit</b>		<b>2025/26</b>	<b>2026/27</b>	<b>% increase</b>
<b>Days</b>	<b>15 min</b>	<b>£11.60</b>	<b>£12.30</b>	<b>6.0%</b>
	<b>30 min</b>	<b>£17.00</b>	<b>£18.00</b>	<b>5.9%</b>
	<b>45 min</b>	<b>£22.50</b>	<b>£23.85</b>	<b>6.0%</b>
	<b>60 min</b>	<b>£28.20</b>	<b>£29.90</b>	<b>6.0%</b>
<b>Nights</b>	<b>15 min</b>	<b>£14.40</b>	<b>£15.20</b>	<b>5.6%</b>
	<b>30 min</b>	<b>£21.50</b>	<b>£22.80</b>	<b>6.0%</b>
	<b>45 min</b>	<b>£28.60</b>	<b>£30.30</b>	<b>5.9%</b>
	<b>60 min</b>	<b>£35.70</b>	<b>£37.90</b>	<b>6.0%</b>
<b>Sleep-in Rate</b>	<b>Per Night</b>	<b>£135.91</b>	<b>£144.00</b>	<b>6.0%</b>
<b>Additional 1:1 Rate</b>	<b>Per Hour</b>	<b>£28.20</b>	<b>£29.90</b>	<b>6.0%</b>

3.7 Table 3 below details the proposed charges related to the deferred payments process. The valuation fees are set by Align Property Partners.

**TABLE 3: FEE SCHEDULES FOR DEFERRED PAYMENT COSTS 2026/27**

fee	2025/26 rate	2026/27 rate	% increase
<b>Legal costs</b>	<b>£206.00</b>	<b>£213.00</b>	<b>3.5%</b>
<b>Land registry search</b>	<b>£56.00</b>	<b>£58.00</b>	<b>3.7%</b>
<b>Valuations</b>	<b>£400.00</b>	<b>£400.00</b>	<b>0.0%</b>
	<b>£600.00</b>	<b>£600.00</b>	<b>0.0%</b>
<b>Admin fee (set up)</b>	<b>£162.00</b>	<b>£168.00</b>	<b>3.2%</b>
<b>Annual fee</b>	<b>£465.00</b>	<b>£465.00</b>	<b>3.3%</b>

### **Background Support in Extra Care**

3.8 North Yorkshire Council is the onsite care provider in 13 Extra Care schemes, working alongside the Housing Association who operate each scheme.

3.9 In each Extra Care tenants are able to access 'Background Support' which is a 24hour a day, 7 day a week response service which can support people in the event of a fall, short term illness, to prevent a hospital admission or support a discharge.

3.10 A charge for this service was first introduced in 2018 and has gradually risen from £9 per week to £11 per week. To support increasing staff and operational costs, from April 2026 the weekly rate for this service will rise to £17.50 per week. This rate remains significantly below that charged in schemes with private / independent sector care providers where the charge for the same service can be approximately £45 per week.

3.11 The charge is split into two parts – one of which is eligible for Housing Benefit and one of which is eligible under a social care financial assessment. As such, tenants are able to receive financial support should they need it.

## **4 ALTERNATIVE OPTIONS**

The option of not increasing charges has been discounted as this would be inconsistent with the cost increases paid to providers and would mean that the council incurred more of that cost. No increase would also be inconsistent with the Council's Fees and Charges Strategy.

## **5 CONSULTATION**

Consultation originally took place as part of the introduction of the Fairer Contribution policy via the Area Committees through a questionnaire to user representative groups as well as being considered by Care and Independence Overview and Scrutiny

Committee. No further consultation has been undertaken for this annual uplift process.

## **6 FINANCIAL IMPLICATIONS**

The budget for income from in-house service provision is approximately £4.3m and the planning assumption currently incorporated into the Medium Term Financial Strategy assumes that inflation will be charged. The actual levels of income generated arise from a combination of the level of charges, the number of people who pay and, critically, the assessed levels of contribution from those people.

## **7 LEGAL IMPLICATIONS**

In accordance with s.93 of the Local Government Act 2003, the council must operate on a cost-recovery basis, not a commercial or profit-making basis. The above increases provide a contribution to cost recovery and so do not breach this requirement.

## **8 EQUALITIES IMPLICATIONS**

An Equalities Impact Assessment was undertaken as part of the introduction of the Fairer Contribution policy and it is therefore not considered necessary to undertake another assessment for routine uplift. However we do continue to monitor the impact of the change of policy regularly.

## **9 CLIMATE CHANGE IMPLICATIONS**

There are no climate change implications arising from these proposals.

## **10 REASONS FOR RECOMMENDATIONS**

The recommendation will help the council to recover inflationary cost rises in adult social care where appropriate.

## **11 RECOMMENDATIONS**

The Corporate Director Health & Adult Services in consultation with the executive member for Health and Adult Services is asked to:-

- (a) Approve the new charging rates as outlined in section 3, particularly Tables 1, 2 and 3 and paragraphs 3.4, 3.5 and 3.10 of this report, to be effective from 6 April 2026.

Report prepared by Anton Hodge, Assistant Director – Resources

## NORTH YORKSHIRE COUNCIL

### Health and Adult Services Executive Member Meeting

#### REPORT TO Corporate Director of Health and Adult Services (HAS) in consultation with the Executive Member for Health and Adult Services

#### Fee uplifts for Residential, Nursing, Home Based Support, Supported Living and Community-Based Services 2026/27

5 March 2026

#### 1.0 PURPOSE OF THE REPORT

- 1.1 This report informs the Executive member of the proposed fees for Residential, Nursing, Home Based Support, Supported Living, Community Based Services and Direct Payment Personal Assistant rates in 2026/27 as part of the consultation process to enable the Corporate Director – Health and Adult Services to agree those fees.

#### 2.0 BACKGROUND

- 2.1 Contractually the Council has a commitment to review fee levels on an annual basis. The Council has always had an obligation to take account of the market pressures and to seek views from providers on fee levels, but from April 2015 new statutory responsibilities under the Care Act 2014 require the Council to shape and sustain its markets.
- 2.2 In setting fees, the following objectives have been set:
- Meet the duty to pay due regard to the costs of providing care
  - Consult with the market (through the Independent Care Group) and consider any alternative proposals
  - Ensure no contract for over 65 care homes is paid below the Actual Cost of Care (ACOC) rate (where applicable)
  - Work within the requirements of the Approved Provider List (APL)
  - Prioritise the funding to lower-paid contracts to ensure market sustainability
  - Work within the budget agreed by Council.
- 2.3 In April 2022, the Council implemented its Actual Cost of Care (ACOC) exercise for over 65 residential and nursing packages of care. It was agreed that all new packages would receive at least the relevant ACOC rate and that existing/legacy rates would be increased to ensure that they met that rate within three years.
- 2.4 In calculating expected costs, we have listened to representations made by the ICG and also asked all providers to complete a financial return. Although the number of returns was disappointingly low (only 11 responses), we have still taken any information provided into account as part of our evidence base and also consider information we have received from other local authorities. We also consider any

representations made directly to us by providers and information from national organisations. Finally, in recent years, we have also looked at numbers and data we have and fed in work completed on the Actual Cost of Care and the Fair Cost of Care exercises undertaken as part of the government's Market Sustainability programme, as well as the provisions in our Approved Provider (APL) contract.

- 2.5 In the past and after discussions with the ICG, the allocation of funding has been tailored to ensure that those receiving the lowest fee amounts has once again been prioritised.
- 2.6 The proposal outlined below works within the figure available in the budget where extra funding has been allocated to cover ASC costs which far exceed government funding. This has been achieved by prioritising this service area within the Council, raising Council Tax to the maximum level allowed and using Council reserves – although this last source is of course unsustainable in the long term.
- 2.7 The data set out above has produced a baseline inflation rate of 3.8% (residential, nursing and supported living) and 3.9% for home-based care. In addition to this, our best assumptions are that the new cost burden arising from the Employment Rights Act, and specifically around Day-One Rights whereby sick pay will start at Day 1, rather than Day 4, will cost another 2.2%.
- 2.8 The principles of this offer are set out below:
- No relevant packages will be paid below Actual Cost of Care (ACOC) rates – including those at APL rates.
  - We acknowledge that changes to sick pay (Day-One Rights) could not have been built into rates set in 2022.
  - In general therefore two rates of inflation apply for each type of care. The first (around 6.0% - 6.1%) takes account of all expected cost increases, including Day-One Rights and will apply to contracts which have not yet transferred to the (generally higher) APL rates. The second (2.2%) will support the Day-One Rights cost increases and will apply to APL rates. As with 2025/26 and 2023/24, inflation will be paid on APL, up to ACOC and certain other thresholds, as an exceptional issue within the contract and therefore something which could not have been predicted when providers submitted their APL rates covering the length of the contract.
  - We are always keen to see the proposal by the Home Care Association for a minimum rate for home care, but their suggested rate for 2025/26 of £32.14 was in our view unrealistic, and a 28% increase above the actual national average. Their figure for 2026/27 (£34.42) has increased this gap to 37%.
  - We will continue to set a higher threshold for rural and super-rural home care rates.
  - Any increase for legacy rates will be capped at the current APL (2022-27) rate. All but the highest APL rates will have been inflated in three of the four full years of the contract.
  - Fees will be rounded to the nearest number divisible by 7 for care homes and divisible by 4 for home care and services charged on an hourly basis.

- When the inflationary uplift brings a legacy rate in line with the current APL rate, the placement or package of care will be transferred to the 2022-2027 APL contract.
- Thresholds and caps have been set by reference to average costs and other exercises such as Actual Cost of Care and have increased in line with inflation (approx. 6%) since last year.
- ACOC rates (and any uplift to them) are only for North Yorkshire Council packages and do not include specialist care home packages.

2.9 The rates below, if agreed, are within the funding agreed in the Council's 2026/27 budget, although inflation is of course allocated on budget and not on any overspend.

2.10 The Council has a duty to promote the efficient and effective operation of the adult care market, while also ensuring value for money in all areas of social care expenditure.

2.11 North Yorkshire Council and its predecessor, North Yorkshire County Council, has invested heavily in local provision. This has included:

- A new Approved Provider List (APL) which allowed providers to submit sustainable rates for the period 2022-27.
- Actual Cost of Care (ACOC) for over 65 residential and nursing packages of care – implemented in April 2022 with the agreement that all new packages would receive at least the relevant ACOC rate and existing/legacy rates would be increased to ensure that they met that rate within three years.
- An exceptional inflation award for 2023/24 which acknowledged the very high rates of inflation in the UK economy.
- Implementing a robust sustainability process to enable the Council to offer a range of financial and non-financial interventions to mitigate risk to provider organisations.
- Expanding the Quality Team to provide hands-on, practical support to care providers who are experiencing quality or other sustainability challenges
- Support with recruitment and training

### **3.0 PROPOSED FEE LEVELS**

#### Care Homes 65+ (ACOC)

3.1 In April 2022, the Council implemented its Actual Cost of Care (ACOC) exercise for over-65 residential and nursing care. It was agreed that all new contracts would receive at least the relevant ACOC rate and that existing/legacy rates would be increased to ensure that they met that rate within three years. Legacy rates refers to rates that were agreed on contracts that pre-date the current 2022-2027 APL.

- 3.2 The proposal for 2026/27 is that no rates will be lower than the uplifted 2026/27 ACOC rate from 6 April – both legacy and APL packages. Taking account of expected rates of inflation over the next financial year, the new ACOC rates are as set out below:

	Legacy & ACOC contracts	APL contracts (above 26/27 ACOC, which includes an increase for Sick Pay as well as other inflation)
Residential	£1,001 (5.9%)	0%
Residential/dementia	£1,057 (6.3%)	0%
Nursing	£1,113 (6.0%)	0%
Nursing/dementia	£1,120 (6.0%)	0%
<p>Cap 1: Legacy contracts between 26/27 ACOC and Threshold – 2.2% increase. The Threshold levels proposed are</p> <ul style="list-style-type: none"> <li>• £1,274 (Residential);</li> <li>• £1,337 (Residential Dementia and Nursing);</li> <li>• £1,491 (Nursing Dementia)</li> </ul> <p>Cap 2: Legacy contracts above Threshold - 0%</p>		

- 3.3 Contracts on the 2022-2027 APL that are at ACOC will be uplifted to the 26/27 ACOC rate. This represents an increase of up to 6.3%.
- 3.4 All uplifts will be capped at the provider's equivalent APL rate.
- 3.5 For those contracts on the current APL with rates above the new ACOC, no inflation will be applied.
- 3.6 ACOC rates (and any uplift to them) are only applicable to packages commissioned in the North Yorkshire Council boundary and do not include specialist care home packages.

#### Care Homes under 65 and non-ACOC services over 65

- 3.7 ACOC rates only apply to contracts for people aged 65+. Therefore for legacy contracts (those that pre-date the 2022-2027 APL) supporting adults under the age of 65 and Learning Disability residential services, the inflation rate will be 6% for those below £1,911 per week and 2.2% for those above.
- 3.8 Contracts supporting adults under the age of 65 and non-ACOC over 65 residential services which are on the current APL will receive 2.2% below £1,911 and 0% above that.

#### One-to-One Rates

- 3.9 All such contracts (Legacy and APL) will be uplifted by 2.2%

### Supported Living

- 3.10 For supported living legacy contracts, the inflation rate will be 6.0% up to a cap which is the lesser of £27.19 or the provider's current APL rate. Anything above £27.19 will not receive inflation.
- 3.11 For supported living contracts on the APL, the inflation rate will be 2.2% up to a cap which is the lesser of £27.19 or the provider's current APL rate. Anything above £27.19 will not receive inflation.

### Home based support

- 3.12 For legacy home-based support contracts (not on 2022-27 APL), the inflation rate will be as follows:

<b>Home based support legacy contracts – hourly rates</b>		
Urban incl.all practical support, sitting services and live in care	Rates up to £29.50 – 6.1%	Rates above £29.50 – 0%
Rural and Super-Rural	Rates up to £35.12 – 6.1%	Rates above £35.12 – 0%

- 3.13 For APL home-based support contracts, the inflation rate will be as follows:

<b>Home based support APL contracts – hourly rates</b>		
Urban incl.all practical support, sitting services and live in care	Rates up to £23.78 – 6.1%	Rates above £29.50 – 0%
	Rates up to £29.50 – 2.2%	
Rural and Super-Rural	Rates up to £23.78 – 6.1%	Rates above £35.12 – 0%
	Rates up to £35.12 – 2.2%	

- 3.14 Any increase will be capped at the providers equivalent 2022-2027 APL rates.

### Community Based Support

- 3.15 For Community Based Support legacy contracts that pre-date the current 2022-2027 APL), the inflation rate will be 6%.
- 3.16 Community Based Support Contracts on the current 2022-27 APL will receive inflation of 2.2%.

### Negotiated Rates

- 3.17 Where a provider has negotiated a rate which is below their APL rate for an individual contract, the negotiated rate will receive the same uplift as APL – i.e. 2.2% but would not exceed the 26/27 APL rate.

### Direct Payments

- 3.18 The uplift here will recognise the impact of staffing cost increases and will be 4.1%, in line with the increase in National Living Wage.

### Payments

- 3.19 Following feedback from providers, we are planning to re-introduce payments in arrears for non-residential services as soon as is practicable in the new financial year. Any such change will be introduced over an agreed timescale to minimise any cashflow issues for providers. Residential payments will continue to be made in advance. We will be introducing additional guidance to support non-residential services in completing their reconciliation returns (E-Invoice), to ensure this is being undertaken in a fair and consistent way. This will be implemented with a view to moving returns from the E-Invoice to the online provider portal during 2026-27.
- 3.20 It is envisaged that the move to payments in arrears will enable providers to realise efficiencies as the reconciliation process will be much less resource-intensive.

## **4.0 ANALYSIS OF THE PROPOSALS**

- 4.1 The current APL states that any inflationary uplift will be discretionary. However the proposal in this paper recognises the exceptional circumstances of the increase in Employers National Insurance costs effective from April 2025 and which providers will not have foreseen when submitting their fee rates for the period 2022-2027. Therefore this award includes support for Sick Pay costs for both legacy and APL contracts.
- 4.2 The offer also sets thresholds for reduced rates, both for legacy and APL contracts. This is done to ensure that lower-paid providers receive more support while also seeking to ameliorate the financial impact to the social care budget of very high cost packages. One of the Council's stated MTFS targets is to bring the average cost paid by the Council closer to rates paid elsewhere in the country. This past year has seen continued success in this for home care, but more needs to be done for residential costs. This is done by seeking to reduce the increase at the higher cost end of the market while continuing to invest in other providers. Ultimately this will be to the advantage of those receiving care in North Yorkshire by freeing up some budget, while also protecting residents who pay for their care.

- 4.3 There has continued to be much national focus in the last year about the fragility of the care market in England, including the adequacy of funding and reliance on an international workforce. However the Council undertakes quality monitoring of such provision.
- 4.4 In addition to the fees paid by the Local Authority, Nursing care homes will receive Funded Nursing Care payments for eligible residents from health commissioners. This is set nationally by the NHS and since 1 April 2024 the standard rate has been £254.06. No rate for 2026-27 has yet been published.

### **Residential and Nursing care Homes**

- 4.5 In North Yorkshire since April 2025, 2 care homes (and one NYC owned Elderly Persons Home) have closed. This compares with

2024/25: 5  
 2023/24: 1  
 2022/23: 4  
 2021/22: 6  
 2020/21: 8  
 2019/20: 2  
 2018/19: 2  
 2017/18: 6

- 4.6 As of February 2026, the care home market in North Yorkshire is slightly above the national average in terms of quality of care provided by registered care providers, with 87.89% rated Good or better in North Yorkshire against an England average of 82.65%. The Quality Team continues to provide proactive support to providers where quality concerns have been identified or where improvements would be beneficial.

### **Home-Based Support**

- 4.7 Fees to home care providers are based on hourly rates.
- 4.8 The average rate paid by the Council is currently quoted by DHSC a £26.01 which is 4% above the national average of £25.05. Two years ago, our rate was 22% above the national average.
- 4.9 As of February 2026, 92.5% of Domiciliary Care Providers in North Yorkshire were rated good or better. CQC data shows that 90.5% of registered community-based adult social care services (i.e. including Home-Based, Supported Living and Shared Lives) were rated “good” or better, which remains better than the national average of 87.42%.
- 4.10 The benchmarking data shared above shows how the average North Yorkshire rate for home care has reduced in recent years compared with other councils. Part of the reason for this is additional sufficiency in the market creating more competition and providers willing to reduce their charges, sometimes below their APL rates.

- 4.11 While this is to be welcomed for the budget, we also recognise an ongoing sustainability risk for those contracts paid at levels which are significantly below our average, for example where rates are £20 - £23 per hour, compared with £26. This risk is magnified by changes in immigration policy which will reduce workforce capacity.
- 4.12 The proposals here therefore include an option to pay the same general inflation rate (6.1%) to APL contracts below a certain threshold. This threshold has been calculated in consultation with the ICG at £23.78 and includes staffing costs (direct and indirect).
- 4.13 This proposal in some way mirrors residential and nursing care where we already have an Actual Cost of Care rate which is inflated fully each year for both legacy and APL rates. Although this would not be an ACOC for home care, it is worth noting that we are currently working to update our Actual Cost of Care rates
- 4.14 This will help to safeguard provision but will also provide an incentive for providers where they are able to reduce costs.

**Community-based services**

- 4.15 For Community Based Services the proposed increase is 2.2% uplift for APL rates, and 6% for legacy packages.

**Direct Payments – Personal Assistant Rates**

- 4.16 The uplift recognises the impact of staffing cost increases and also aims to continue to incentivise the use of Direct Payments to employ Personal Assistants. The increase will be 4.1%, in line with the increase in National Living Wage as below:

	<b>2025/26</b>	<b>2026/27</b>
Standard PA Rate	£13.25	£13.79
Enhanced PA Rate	£15.65	£16.29
Pilot Standard PA Rate	£15.00	£15.62
Pilot Enhanced PA Rate	£17.00	£17.70

- 4.17 Where Direct Payments are used to pay for services that are on the Approved Provider List the provider must liaise with the direct payment recipient to agree an increase. The increase will not exceed the equivalent APL rate.

## 5.0 CONSULTATION AND ALTERNATIVE OPTIONS, INCLUDING IMPACT

- 5.1 Negotiations have been taking place with the ICG since November 2025. As stated above, a data gathering exercise had a disappointing level of returns (11), but officers have considered all information presented to them.
- 5.2 As part of the work a number of alternative options were considered including paying a flat rate to all providers. However the proposal presented here meets the objectives set out at 2.2 above, including prioritising the lowest paid contracts and working within the current contract, while being able to allocate funding to support the additional cost of Sickness.
- 5.3 The proposals take into account of assessment of the current market, including sustainability conversations and the fees paid in North Yorkshire relative to the rest of the country. Although attempts were made to understand from providers why market rates were higher in North Yorkshire, including a specific question related to this, as stated above, the response was very disappointing and nothing was forthcoming from providers on this question.
- 5.4 Discussions with the ICG did however result in some of their suggestions being included in the proposal, including an updated proportion of staffing v non-staffing costs.
- 5.5 Due to actions taken by the council we now have a more competitive market in some areas, but this has been done by ensuring that rate are competitive and cover costs (in fact leading to reduced average cost in home care). This award protects lower cost contracts and where providers are potentially more vulnerable to financial sustainability issues.
- 5.6 In the past the ICG has raised the issue of whether providers were clear that APL rates covered the full contract period (i.e. included future year inflation) and again we can confirm that any inflation above these rates is discretionary. However, as in 2023/24 and 2025/26 an amount for inflation has been included in the APL calculation as a result of the increase in costs related to sick pay as this qualifies as an exceptional circumstance which could not have been foreseen when rates were set. This has been done to support providers in North Yorkshire despite no government funding to support it.
- 5.7 A larger consultation exercise was carried out by the ICG relating to the proposals on which the rates in this paper are based on. This consultation was sent to 708 providers and of those only 96 replied. Of these 96, 20 (21%) agreed with the proposals while 76 (79%) did not. However this does still mean that 86% of providers did not respond, despite the ICG prompting that this would be taken as acceptance.

## 6.0 IMPLICATIONS

### Financial

- 6.1 Budget plans have already included the cost of the increased fees proposed included in this report. In future years the Council will need to provide for the inflationary increases.

### Human Resources

- 6.2 Human Resources: We require our contracted providers to meet national living wage levels and have reflected wage costs in our fees.

### Legal

- 6.3 Legal: When setting fee levels, local authorities are not obliged to follow any particular methodology; in particular, there is no obligation to carry out an arithmetical calculation identifying the figures attributed to the constituent elements, R (Members of the Committee of Care North East Northumberland) v. Northumberland CC [2013] EWCA Civ 1740.
- 6.4 The Care Act 2014 places duties on local authorities to facilitate and shape the care and support market. The Act also requires local authorities to provide choice that delivers intended outcomes and improves wellbeing. Unlike previous case law, the Care Act strengthens the general duties of councils when setting fees. Relevant features of the Act (s.5) include: (i) An obligation on councils to: ...promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishes to access services in the market. ...(and) has a variety of providers to choose from who (taken together) provide a variety of services. ...(and) has a variety of high-quality services to choose from ...(and) has sufficient information to make informed decision about how to meet the needs in question. In performing that duty, the local authority must have regard to the following matters (i) the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand (ii) the importance of ensuring the sustainability of the market (iii) the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided.
- 6.5 The Care and Support Statutory Guidance (CASSG) states that a local authority should have evidence that the fee levels they pay for care and support services enable the delivery of agreed care packages and support a sustainable market. When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the wellbeing of people who receive care and support and allow for the service provider to meet statutory obligations to pay at least

the national minimum wage and provide effective training and development of staff. It should also allow retention of staff commensurate with delivering services to the agreed quality and encourage innovation and improvement. Local authorities should understand the business environment of providers offering services in their area and seek to work with providers facing challenges and understand their risks. Although the CASSG recognises that individual providers may exit the market from time to time, the local authority is required to “ensure that the overall provision of services remains healthy in terms of the sufficiency of adequate provision of high quality care and support needed to meet expected needs”.

- 6.6 The CASSG further states that in fulfilling this duty “Local authorities should commission services having regard to the cost effectiveness and value for money that the services offer for public funds”.
- 6.7 The Judge in the case of *R(Care North East) v Northumberland CC* [\[2024\]](#) summarised the above statutory provisions:

"(i) First, there is the importance of local authorities assuring themselves and having 'evidence' that contractual fee levels are appropriate to provide the delivery of agreed care packages with agreed quality of care (para 4.31).

(ii) Secondly, there is the importance of local authorities understanding that a reasonable fee level allows for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term (para 4.31).

[Lavender J in *R(Care England)* at [6] called this and s.5(2)(d) CA 'the sustainability factor']

(iii) Thirdly, there is the point that local authorities must not undertake any actions which may threaten the sustainability of the market as a whole - the pool of providers able to deliver services of an appropriate quality - by setting fee levels below an amount which is not sustainable for providers in the long term (para 4.35)."

#### Equalities

- 6.8 Equality Act 2010: The council is required by law to pay due regard to the Equality Act 2010 and in particular the general and specific duties of the Public Sector Equality Duty. The evidence that the council has met its duties is contained in the previously published equality impact assessments (EIAs). Due regard has been paid to the actual cost of care in formulating the proposals, and it is anticipated that there will be a positive impact on both the provider market and people who receive services, by offering fee levels which support good care provision. An updated EIA has been undertaken to look at the specific contents of the 2026/27 offer. This shows there is no adverse impact on people as providers have had the opportunity to set their rates and legacy rates/ACOC have been uplifted.

#### Climate Change

6.9 There are no specific climate change implications identified with these proposals.

## 7.0 REASONS FOR RECOMMENDATIONS

7.1 The detailed reasons for the recommendations are set out in details in the report above. The proposal ensures that, where appropriate, rates paid to providers will take account of cost of living increases

## 8.0 RECOMMENDATIONS

8.1 The Executive Member is asked to consider the contents of this report, including the analysis of the proposals in section 3 and the implications in section 6 and to agree

### **Residential and Nursing**

(i) The four ACOC rates for 2026/27 will be:

Residential	1,001
Residential/Dementia	1,057
Nursing	1,113
Nursing/Dementia	1,120

(ii) All relevant rates will be uplifted to the 2026/27 ACOC rate from 6 April – both Legacy and APL packages.

(iii) Legacy Residential contracts between the £1,001 and £1,274 will receive 2.2%.

(iv) Legacy Residential Dementia contracts between £1,057 and £1,337 will receive 2.2%.

(v) Legacy Nursing contracts between the £1,113 and £1,337 will receive 2.2%.

(vi) Legacy Nursing Dementia contracts between the 1,120 and £1,491 will receive 2.2%.

(vii) There will be no inflationary uplift above these rates for Legacy contracts.

(viii) There will be no inflationary uplift for APL contracts above the relevant ACOC levels

- (ix) For legacy contracts (those that pre-date the 2022-2027 APL) supporting adults under the age of 65 and non-ACOC over 65 residential services, the inflation rate will be 6% for those below £1,911 per week and 2.2% for those above.
- (x) Contracts supporting adults under the age of 65 and non-ACOC over 65 residential services which are on the current APL will receive 2.2% below £1,911 and 0% above that.

**Supported Living**

- (xi) For supported living legacy contracts that pre-date the 2022-2027 APL, the inflation rate will be 6.0% up to a cap which is the lesser of £27.19 or the provider's current APL rate. Anything above £27.19 will not receive inflation.
- (xii) For supported living legacy contracts on the APL, the inflation rate will be 2.2% up to a cap which is the lesser of £27.19 or the provider's current APL rate. Anything above £27.19 will not receive inflation.

**Home-Based**

- (xiii) For legacy home-based support contracts (not on 2022-27 APL), the inflation rate will be as follows:

<b>Home based support legacy contracts – hourly rates</b>		
Urban incl.all practical support, sitting services and live in care	Rates up to £29.50 – 6.1%	Rates above £29.50 – 0%
Rural and Super-Rural	Rates up to £35.12 – 6.1%	Rates above £35.12 – 0%

- (xiv) For APL home-based support contracts, the inflation rate will be as follows:

<b>Home based support APL contracts – hourly rates</b>		
Urban incl.all practical support, sitting services and live in care	Rates up to £23.78 – 6.1% Rates up to £29.50 – 2.2%	Rates above £29.50 – 0%
Rural and Super-Rural	Rates up to £23.78 – 6.1% Rates up to £35.12 – 2.2%	Rates above £35.12 – 0%

- (xv) Any increase will be capped at the providers equivalent 2022-2027 APL rates.

**Community-Based (including Day Services)**

- (xvi) For Community-Based Support legacy contracts that pre-date the current 2022-2027 APL), the inflation rate will be 6%, while APL rates will receive 2.2%.
- (xvii) All Community-Based Support legacy package uplifts will be capped at that provider's APL rate.

**Other**

- (xviii) The uplift for **Direct Payments** Personal Assistant rates will be 4.1%, as shown below:

	<b>2025/26</b>	<b>2026/27</b>
Standard PA Rate	£13.25	£13.79
Enhanced PA Rate	£15.65	£16.29
Pilot Standard PA Rate	£15.00	£15.62
Pilot Enhanced PA Rate	£17.00	£17.70

- (xix) For placements of people in care homes outside of North Yorkshire Council we will honour the rate agreed by the host authority where they have undertaken an Actual Cost of Care exercise and will consider individual business cases where there is no Actual Cost of Care exercise in place.

Authors of report:

**Abigail Barron**

Assistant Director Prevention & Service Development – Health and Adult Services

**Anton Hodge**

Assistant Director – Strategic Resources

## Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

### *Care provider inflation award 2026/27*

An Equality Impact Assessment (EIA) form is a document that proves paying due regard by considering protected characteristics. EIAs that accompany reports presented to Councillors for decision-making are published with the committee papers on our website and are also available in hard copy at the relevant meetings.

### Section 1: Initial Equality Impact Assessment Screening

This section documents the equality screening process of actual or potential impacts of the proposed activity on a specific protected characteristic, along with NYC's additional agreed-upon characteristics, to determine whether a full Equality Impact Assessment (EIA) is necessary or appropriate.

Basic Details	
Directorate	Health & Adult Services
Service area	Service Development
Proposal being screened	Care provider inflation award 2026/27
Officer(s) carrying out screening	Jo Waldmeyer, Head of Service Development, <a href="mailto:joanne.waldmeyer@northyorks.gov.uk">joanne.waldmeyer@northyorks.gov.uk</a>
Lead Officer and contact details	Jo Waldmeyer, Head of Service Development, <a href="mailto:joanne.waldmeyer@northyorks.gov.uk">joanne.waldmeyer@northyorks.gov.uk</a>
Date of the assessment	23 <sup>rd</sup> February 2026
<b>Please describe briefly what this EIA is about.</b> (e.g. are you starting a new service, changing how you do something, or stopping doing something?)	Assess the impact of the 2026/27 annual inflation award for care and support services commissioned via contracts with care providers.
<b>What does the authority hope to achieve by it?</b> (E.g. to save money, meet increased demand, do things in a better way.)	The Care Act 2014 places several <b>explicit legal duties on local authorities</b> to ensure a sustainable, high-quality care market and to manage fee-setting in a way that reflects actual provider costs.  The proposed inflationary increase is deliverable within the Councils budget. It recognises the financial pressures facing providers and ensures the care market remains sustainable.

### Further Details

<p><b>1.1 How have stakeholders been involved in this policy/ decision/ proposal? (e.g. a consultation exercise)</b></p>	<p>The uplift was consulted on via the ICG, who consulted all providers that hold contracts with the Council, including their own members.</p> <p>Lead officers with input from other colleagues have also drawn on feedback from ongoing communications with the care market via provider forums and surgeries; Market Development Board and through routine contract relationship management conversations.</p>
<p><b>1.2 Will the proposal have a significant effect on how other organisations operate? (e.g. partners, funding criteria, etc.). Please explain briefly</b></p>	<p>The award of an inflationary increase will have a significant effect on the financial sustainability of care and support providers contracted to deliver care on behalf of the Council.</p> <p>The inflation award is targeted at the lower end of fees and historical contracts. This means some contracts will not receive an inflationary award which may impact financial sustainability.</p>

**1.3 Impact on people with any of the following protected characteristics as defined by the Equality Act 2010, or NYC’s additional agreed characteristics**

As part of this assessment, please consider the following questions:

- To what extent is this service used by particular groups of people with protected characteristics?
- Does the proposal relate to functions that previous consultation has identified as important?
- Do different groups have different needs or experiences in the area the proposal relates to?

If for any characteristic, it is considered that there is likely to be an adverse impact or you have ticked ‘Don’t know/no info available’, then a full EIA should be carried out where this is proportionate. You are advised to speak to your directorate representative for advice if you are in any doubt.

**Tick and indicate which protected characteristics are identified as relevant to the proposal (positive, negative, neutral or don’t know).**

Protected characteristic	Impact				Comments
	Positive	Negative	Neutral	Don't know	
Age	X				Most people accessing social care are elderly. People access this service through an “assessment” which takes account of needs linked to protected characteristics. There is potential for an improved service to older people via increased quality.
Disability	X				Providers of service that support people with a disability will be offered the same inflationary increase in line with other care providers delivering other types of services.
					While some specialist services supporting adults under 65 will not receive an increase due to rates exceeding agreed thresholds for uplifts, the Council has a robust sustainability policy and process that provides an avenue for providers to raise concerns and for

					the Council to agree support where appropriate. Furthermore, the rates the Council pay are already significantly higher than the national average.
Sex	X				More women than men access social care. This is likely due to the gender profile of people aged 65+. This means that the positive impact of improved quality standards will affect more women than men.
Race (including GRTS)			X		The impact of the proposal should be neutral. However, improved quality standards should positively impact as for other groups.
Gender reassignment			X		The impact of the proposal should be neutral. However, improved quality standards should positively impact as for other groups. The collection of data for this group of people is not routinely collected.
Sexual orientation	X				Research indicates that older LGBT people are less likely to have informal support from family and so are more likely to receive social care support. Improved quality standards should positively impact as for other groups. The collection of data for this group of people is not routinely collected.
Religion or belief				X	No evidence for impact. Improved quality standards should positively impact as for other groups.
Pregnancy or maternity				X	No evidence for impact
Marriage or civil partnership				X	No evidence for impact
<b>NYC's additional characteristics</b>					
People in rural areas			X		The setting of fee levels has no direct impact on where an individual resides, however, it is acknowledged that for those living in more rural areas, the choice of support may be more limited and that family may encounter travel difficulties when visiting their family members in a care home. The inflationary uplift specifically recognises the additional cost to providers delivering home care in rural and super rural areas.
People on a low income			X		Income plays no factor in assessing for social care support. Maximum

					client contributions fixed by national regulations.
Carer (unpaid family or friend)			X		It is hoped that by improving fee levels and having improved quality standards this should positively impact carers due to the person they support receiving good quality care.
Are from the Armed Forces Community (including veterans)			X		Income plays no factor in assessing for social care support. Maximum client contributions fixed by national regulations.

**1.4 To which Part(s) of the Public Sector Equality Duties is the Policy/decision/proposal relevant? Tick and briefly describe.**

General Duties	Yes	No	Details
Eliminate unlawful discrimination, harassment and victimisation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Advance equality of opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Improved quality standards should positively impact care delivery across groups.
Foster good relations between different groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**1.5 Decision (Please tick one option)**

**Decision to recommend this policy/ decision for an Equality Impact Assessment?**

Yes



No



If the answer is “Yes”, or you indicate a negative impact on any of the characteristics mentioned in the table above, please continue to Section 2 and complete the full Equality Impact Assessment. If the answer is “No”, please give a brief reason here.

**Signed** (Assistant Director or equivalent)

Abigail Barron

**Date**

26.02.26

## Section 2: Equality Impact Assessment

This section aims to provide a full assessment of the actual or potential impacts on specific protected characteristics, along with NYC's additional characteristics. It will also identify the proper actions to mitigate these impacts, if needed.

**2.1 Evidence, Consultation and Data: What data or evidence source(s) has/ have been used to inform this assessment?** Select the relevant source (s):

- Demographic data
- Service usage data
- Consultation feedback
- National/local research and report
- Expert opinion
- Others

The proposed uplift has been informed by:

- Previous work undertaken to calculate the actual cost of care and fair cost of care

- Evidence about the estimated financial impact of the Employment Rights Bill in relation to day one sickness rights.
- Feedback from the care market about staffing and non staffing related cost pressures (albeit only 11 providers responded to the data collection exercise)
- Nationally published benchmarking data about average care fees. This shows the rates the Council pays are already significantly higher than the national average [Market Sustainability and Improvement Fund 2025 to 2026: care provider fees - GOV.UK](#)

	NYC rate	Average	Difference
Home Care (hour)	26.01	25.05	4%
Supported Living (hour)	26.20	22.95	14%
Residential 65+ (week)	1,086.18	955.56	14%
Nursing 65+ (week)	1,357.78	1,089.48	25%
Residential under 65s (week)	2,006.47	1,835.41	9%
Nursing under 65s (week)	1,762.17	1,485.67	19%

- Feedback from other local authorities on their proposed increases.

## 2.2 Stakeholder Engagement: What engagement has been done regarding the proposal and what are the results?

- Who has been consulted?
- How were they consulted?
- What feedback was received?

The uplift was agreed following extensive negotiations with the Independent Care Group, acting on behalf of the whole care market.

The ICG circulated the proposed rates along with a survey to 708 providers. Of those only 96 responded. 20 (21%) agreed with the proposals while 76 (79%) did not. The vast majority of the market did not respond.

## 2.3 What positive impact will this proposal have on the council budget, people, community, economic growth and environment, etc? Please explain briefly

### About the 2026/27 inflationary offer

The inflationary uplift for 2026/27 takes account of general inflation and the increase in employment related costs. It has been informed by feedback from the ICG about the pressures that providers are facing. This is balanced with the need to ensure the uplift is affordable within the Council's limited resources. The offer is designed to:

- **Increase the Actual Cost of Care rate for placements for people aged 65 and over**
- **Ensuring that all relevant 65+ Care Home placements in North Yorkshire are paid at least the 2026/27 ACOC rate.** This will fulfil the commitment made to the Care Market when ACOC was implemented in 2022/23.
- **Increase the fees paid for lower cost services on contracts that pre-date the 2022-27 APL.** These are sometimes referred to as legacy contracts and are often paid at lower rates than equivalent care on the current APL. This will help to narrow the gap between lower historic rates and the sustainable rates that providers submitted for the current APL.

- **Recognises the exceptional circumstances of the increase in Day-One Costs (sick pay)** effective from April 2026 and which providers will not have foreseen when submitting their fee rates for the period 2022-2027.

Providers may receive an uplift for some, but not necessarily all contracts they have with North Yorkshire Council.

The cost of this award is funded within the allocated inflation in the 2026/27 budget approved by Council on 13 February 2026.

In addition to the annual inflationary uplift, the Council fulfils its duty to ensure a sustainable market through:

- A robust Sustainability Policy/Process to prevent provider failure and ensure contracts are financially sustainable for providers and the Council/ICB
- Using a nationally recognised benchmarking tools to support sustainability conversations/fee negotiations where providers request an increase via the Sustainability Process
- Ensuring a proactive response where there is a risk of provider failure to ensure service continuity for affected individuals

**2.4 Please briefly describe how will this proposal affect people with protected characteristics? Only those who are identified as relevant to the proposal in section 1.**

protected characteristics	Negative	Don't know	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information, etc.
Age			
Disability			
Sex			
Race (including GRTS)			
Gender reassignment			
Sexual orientation			
Religion or belief			
Pregnancy or maternity			
Marriage or civil partnership			
<b>NYC's additional characteristics</b>			
People in rural areas			
People on a low income			
Carer (unpaid family or friend)			
Are from the Armed Forces Community (including veterans)			

**2.5 Geographic impact: Please detail where the impact will be** (please tick all that apply)

North Yorkshire wide	X
Craven	
Hambleton	
Harrogate	
Richmondshire	
Ryedale	
Scarborough	
Selby	

If you have ticked one or more areas, will specific town(s)/ village(s) be particularly impacted? If so, please specify below.

The proposal will have a North Yorkshire wide impact, due to the location and spread of care providers across North Yorkshire.

**2.6 Will the proposal affect anyone more because of a combination of protected characteristics?** (e.g. older women or young gay men) State what you think the effect may be and why, citing evidence from Q2.1 & Q2.2, e.g. engagement, consultation and/or service user data or demographic information, etc.

Not applicable

**2.7 Mitigation and Actions: List the actions that will be taken to reduce or eliminate any negative impact identified above and how positive impacts will be enhanced.** Briefly describe the action you defined.

Actions	Lead	By when
Proactive contract relationship management conversations to enable providers to raise sustainability concerns about services or individual contracts.	Contract Relationship Management	On-going BAU
Continue to apply the Sustainability Policy/Process to prevent provider failure and ensure contracts are financially sustainable for providers and the Council/ICB	Contract Relationship Management	On-going BAU
Use Care Cubed benchmarking tools to support sustainability conversations/fee negotiations where providers request an increase via the Sustainability Process	Contract Relationship Management	On-going BAU
Ensure a proactive response where there is a risk of provider failure to ensure service continuity for affected individuals	Quality and Service Continuity Team	On-going BAU

**2.8 Monitoring and Review: If the proposal is to be implemented, how will the impact be monitored?** Briefly describe the monitoring arrangements/systems that will be put in place to find out how the expected outcomes have been achieved in practice.

We will continue to monitor the number/nature of sustainability conversations in order to identify sectors of the market that are disproportionately impacted by financial concerns.

**2.9 Conclusion: Please summarise the findings of your EIA, including impacts, recommendations in relation to addressing impacts, including any legal advice, and next steps.** This summary should be used as part of the report to the decision maker.

No negative impact identified with the inflation award for 26/27. The cost of this award is funded within the allocated inflation in the 2026/27 budget approved by Council on 13 February 2026.

## **2.10 Sign off section**

**This full EIA was completed by:**

Name: Jo Waldmeyer  
Job title: Head of Service Development  
Directorate: Health & Adult Services  
Signature:

Completion date: 25/02/26

**Authorised by relevant Assistant Director (signature): Anton Hodge**

**Date: 25/02/26**

## North Yorkshire Council

### Health and Adult Services

### Executive Member Meeting

5<sup>th</sup> March 2026

**REPORT TO** Corporate Director of Health and Adult Services (HAS) in consultation with the Executive Member for Health and Adult Services

### Intermediate Care Beds Procurement

#### 1.0 Purpose Of Report

To obtain approval to undertake a procurement exercise for intermediate care bed services in North Yorkshire over the next four years.

Intermediate care beds provide short-term support, often in care homes, after being in hospital to enable a person to return home, or to prevent a hospital admission. Support is focussed on maximising recovery and rehabilitation and is provided by multi-disciplinary teams. These teams include health and social care professionals working within the care settings supported by physiotherapists, occupational therapists, therapy assistants, social care workers and other care professionals.

The procurement will establish a more robust pathway for people requiring bed-based intermediate care through a new longer-term contract and service specification with care home providers for delivery of these services in North Yorkshire. The procurement will ensure that settings have an environment appropriate for intermediate care, with an appropriately trained workforce and rehabilitation and recovery focus.

The services will be jointly funded by North Yorkshire Council and Humber & North Yorkshire Integrated Care Board (HNYICB) on a 50:50 basis.

#### 2.0 Background

Improving the current Intermediate Care system in North Yorkshire is a corporate priority for the Council and a programme has been established under the direction of the North Yorkshire Health Collaborative to develop and deliver an improved service. Strengthening intermediate care is also a national priority as part of Neighbourhood Health and the NHS 10-year plan. Intermediate Care Bed Provision is a project within the Intermediate Care Programme. Its objective is to commission a new bed-based intermediate care offer from the care market at a range of locations across the county. This will use a new service specification and contracting framework that brings an end to spot-purchased care. Instead, it will provide people with a re-abling environment that supports as many individuals as possible to return to their own homes.

The aims of the procurement are to establish a new commissioned integrated bed-based intermediate care offer with a formalised wraparound health offer. Services will be accessible for all people eligible for bed-based intermediate care, including those with complex life circumstances and specialist care needs. This will help to ensure people receive the right support in the right place at the right time; enabling more people to return/remain at home for longer.

#### 3.0 Detail of Substantive Issues

The Council currently commission intermediate care beds via block contract, on a 12-month contract variation to the Approved Provider List (APL) or via a service level agreement for

provision within in-house NYC care homes. Current contract variations cannot be extended beyond 12 months. The Council also spot-purchases placements for bed-based intermediate care from the APL where current block contracts cannot meet demand; either in terms of bed numbers or level of need.

The APL was established several years prior to the launch of the Intermediate Care programme and therefore the current service specification and contractual terms and conditions do not fully cater for and optimise the independent sector offer. Therefore the current approach does not achieve the best outcomes for people. For the block-commissioned beds, short-term contract variations (driven by short-term funding commitments) do not incentivise care providers to deliver enhanced models of care and have attracted little interest from the care market. This has driven up the cost of block-commissioned arrangements and resulted in limited options for people with specialist care needs. Delivery of intermediate care beds across dispersed provision also presents challenges with medical cover and therapy support arrangements.

The preferred procurement route is to establish a closed framework with locality-based lots with a block contract awarded to the highest ranked provider in each lot. This should optimise bed availability and facilitate timely discharge from hospital and/or admission avoidance. Locality lots will be aligned to locality Intermediate Care Hubs which undertake triage and assessment of people requiring intermediate care services; these Hubs in turn are aligned to acute hospitals.

The proposed contract will include robust key performance indicators.

#### **4.0 Alternative Options considered**

The Council will continue to optimise delivery within our in-house provision by continuing block arrangements where demand is being met. Due to environments/layout, in-house provision cannot meet the needs of people with more advanced rehab needs or people with specialist care needs. The Council has approved plans for up to five new Care & Support Hubs across the county to deliver specialist residential care and bed-based intermediate care, subject to individual business cases being brought forward. This is a major capital programme to be delivered over the next five years, and therefore there is a requirement to procure additional beds from the wider care market in the interim.

All available procurement and contracting options have been explored taking into account the nature of the service and market.

#### **5.0 Financial Implications**

This contract will be jointly funded by the Council and Humber & North Yorkshire ICB on a 50:50 basis. The Council's contribution will be diverted from existing spot-purchasing budgets. The procurement will contribute to the MTFs target for short-term beds. Additional financial benefit is expected through improved outcomes for people and reduced need for long-term residential care. Robust financial modelling has been undertaken to achieve a fair pricing model for the contract that optimises value for money.

#### **6.0 Legal Implications**

The procurement exercise will be undertaken in accordance with the Procurement Act 2023 and the Procurement Regulations 2024. The procurement will be led by the Council's Procurement and Contract Management Service. A Gateway report will be considered in accordance with the Council's Procurement and Contract Procedure Rules.

#### **7.0 Consultation undertaken and responses (insert or delete)**

Market engagement has been completed as part of the pre-procurement phase. A request for information was sent out via YORTender and a market engagement event was held. 21 formal responses were received in total.

The Service Development Team have worked closely with care home providers over the last year to develop the service specification and associated pathways and processes to support delivery, as well as the KPIs for the service. This has been undertaken via Provider Forums, Provider Surgeries and Service Reviews. The responses were positive towards the planned service delivery and approach to the procurement. Concerns were raised regarding workforce, complex care pathways and compliance with CQC standards, which have been taken into consideration in further development of the service specification. Market interest in this opportunity has been flagged as a risk on the project risk register.

#### **8.0 Impact on other services/organisations**

The service will be jointly funded with Humber & North Yorkshire Integrated Care Board on a 50:50 basis. It is expected that there will be reduced admissions and re-admissions to hospital which is a financial benefit to the health and social care system as a whole.

#### **9.0 Contribution to Council priorities**

The service supports the Council in delivering its statutory duties under the Care Act (2014). The intermediate care beds procurement will also support the Health and Adult Services Directorate's transformation plan which includes two strands of work aimed at reducing the use of short-term care home beds and the related cost to the Council. There is also a £5m savings target in the Council's MTFs related to short term beds. The North Yorkshire Health Collaborative's Intermediate Care Programme is being jointly delivered by the Council and HNYICB, and has been identified as a priority corporately.

#### **10.0 Equalities Implications**

EIA Screening Tool has been completed, showing no requirement to proceed to a full EIA.

#### **11.0 Climate change implications**

An Initial Climate Change Impact Assessment has been completed, showing no requirement to proceed to a full CCIA.

#### **12.0 Reasons for recommendation/s**

To establish a new commissioned integrated bed-based intermediate care offer with formalised wraparound health support, ensuring that people eligible for bed-based intermediate care, including those with complex life circumstances and specialist care needs, receive the right support in the right place at the right time; enabling more people to return/remain at home for longer

#### **13.0 Recommendation/s**

It is recommended that the Corporate Director of Health and Adult Services, in consultation with the Executive Member for Health and Adult Services, approves the procurement of the contract for the provision of intermediate care bed services in North Yorkshire.

#### **Name and title of report author**

Hannah Brown – Commissioning & Provider Services Development Manager

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# Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

## *Bed-Based Intermediate Care procurement*

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### Section 1: Initial Equality Impact Assessment Screening

This section documents the equality screening process of actual or potential impacts of the proposed activity on a specific protected characteristic, along with NYC's additional agreed-upon characteristics, to determine whether a full Equality Impact Assessment (EIA) is necessary or appropriate.

Basic Details	
<b>Directorate</b>	Health and Adult Services
<b>Service area</b>	Commissioning and Service Development
<b>Proposal being screened</b>	Bed-Based Intermediate care procurement
<b>Officer(s) carrying out screening</b>	Laura Exley
<b>Lead Officer and contact details</b>	Hannah Brown
<b>Date of the assessment</b>	21/01/2026
<b>Please describe briefly what this EIA is about.</b> (e.g. are you starting a new service, changing how you do something, or stopping doing something?)	The aims of the procurement are to establish a new commissioned integrated bed-based intermediate care offer with a formalised wraparound health offer across all services accessible for all people eligible for bed-based intermediate care, including those with complex life circumstances and specialist care needs, ensuring people receive the right support in the right place at the right time; enabling more people to return/remain at home for longer
<b>What does the authority hope to achieve by it?</b> (E.g. to save money, meet increased demand, do things in a better way.)	The procurement will establish a more robust pathway for people requiring bed-based intermediate care through a new longer-term contract and service specification with care home providers for delivery of these services in North Yorkshire. The procurement aims to achieve improved outcomes for people and financial benefits for the Council and wider health and social care system.
Further Details	
<b>1.1 How have stakeholders been involved in this policy/ decision/ proposal?</b> (e.g. a consultation exercise)	Market engagement has been completed as part of the pre-procurement phase. A request for information was sent out via YORTender and a market engagement event was held. 21 formal responses were received in total. In addition, Service Development have worked closely with care home providers over the last year to develop the service

	specification and associated pathways and processes to support delivery, as well as the KPIs for the service. This has been undertaken via Provider Forums, Provider Surgeries and Service Reviews. The responses were positive towards the planned service delivery and approach to the procurement.
<b>1.2 Will the proposal have a significant effect on how other organisations operate?</b> (e.g. partners, funding criteria, etc.). Please explain briefly	The service will be jointly funded with Humber & North Yorkshire Integrated Care Board on a 50:50 basis. It is expected that there will be reduced admissions to hospital which is a financial benefit to the health and social care system as a whole.

**1.3 Impact on people with any of the following protected characteristics as defined by the Equality Act 2010, or NYC’s additional agreed characteristics**

As part of this assessment, please consider the following questions:

- To what extent is this service used by particular groups of people with protected characteristics?
- Does the proposal relate to functions that previous consultation has identified as important?
- Do different groups have different needs or experiences in the area the proposal relates to?

If for any characteristic, it is considered that there is likely to be an adverse impact or you have ticked ‘Don’t know/no info available’, then a full EIA should be carried out where this is proportionate. You are advised to speak to your directorate representative for advice if you are in any doubt.

**Tick and indicate which protected characteristics are identified as relevant to the proposal (positive, negative, neutral or don’t know).**

Protected characteristic	Impact				Comments
	Positive	Negative	Neutral	Don't know	
Age	✓				
Disability	✓				
Sex			✓		
Race (including GRTS)			✓		
Gender reassignment			✓		
Sexual orientation			✓		
Religion or belief			✓		
Pregnancy or maternity			✓		
Marriage or civil partnership			✓		

**NYC’s additional characteristics**

People in rural areas	✓				
People on a low income			✓		
Carer (unpaid family or friend)	✓				
Are from the Armed Forces Community (including veterans)			✓		

**1.4 To which Part(s) of the Public Sector Equality Duties is the Policy/decision/proposal relevant? Tick and briefly describe.**

General Duties	Yes	No	Details
Eliminate unlawful discrimination, harassment and victimisation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Advance equality of opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Foster good relations between different groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**1.5 Decision (Please tick one option)**  
**Decision to recommend this policy/ decision for an Equality Impact Assessment?**

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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If the answer is “Yes”, or you indicate a negative impact on any of the characteristics mentioned in the table above, please continue to Section 2 and complete the full Equality Impact Assessment. If the answer is “No”, please give a brief reason here.

<b>Signed</b> (Assistant Director or equivalent)	Abigail Barron
<b>Date</b>	20/02/26

## Section 2: Equality Impact Assessment

This section aims to provide a full assessment of the actual or potential impacts on specific protected characteristics, along with NYC’s additional characteristics. It will also identify the proper actions to mitigate these impacts, if needed.

**2.1 Evidence, Consultation and Data: What data or evidence source(s) has/ have been used to inform this assessment? Select the relevant source (s):**

- Demographic data
- Service usage data
- Consultation feedback
- National/local research and report
- Expert opinion
- Others

**2.2 Stakeholder Engagement: What engagement has been done regarding the proposal and what are the results?**

- Who has been consulted?
- How were they consulted?
- What feedback was received?

**2.3 What positive impact will this proposal have on the council budget, people, community, economic growth and environment, etc? Please explain briefly**

**2.4 Please briefly describe how will this proposal affect people with protected characteristics? Only those who are identified as relevant to the proposal in section 1.**

protected characteristics	Negative	Don't know	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information, etc.
Age			
Disability			
Sex			
Race (including GRTS)			
Gender reassignment			
Sexual orientation			
Religion or belief			
Pregnancy or maternity			
Marriage or civil partnership			
<b>NYC's additional characteristics</b>			
People in rural areas			
People on a low income			
Carer (unpaid family or friend)			
Are from the Armed Forces Community (including veterans)			

**2.5 Geographic impact: Please detail where the impact will be** (please tick all that apply)

North Yorkshire wide	
Craven	
Hambleton	
Harrogate	
Richmondshire	
Ryedale	
Scarborough	
Selby	

If you have ticked one or more areas, will specific town(s)/ village(s) be particularly impacted? If so, please specify below.

--

**2.6 Will the proposal affect anyone more because of a combination of protected characteristics?** (e.g. older women or young gay men) State what you think the effect may be and why, citing evidence from Q2.1 & Q2.2, e.g. engagement, consultation and/or service user data or demographic information, etc.

**2.7 Mitigation and Actions:** List the actions that will be taken to reduce or eliminate any negative impact identified above and how positive impacts will be enhanced. Briefly describe the action you defined.

Actions	Lead	By when

**2.8 Monitoring and Review:** If the proposal is to be implemented, how will the impact be monitored? Briefly describe the monitoring arrangements/systems that will be put in place to find out how the expected outcomes have been achieved in practice.

**2.9 Conclusion:** Please summarise the findings of your EIA, including impacts, recommendations in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

**2.10 Sign off section**

**This full EIA was completed by:**

Name: Hannah Brown  
 Job title: Commissioning and Provider Services Development Manager  
 Directorate: Health and Adult Services  
 Signature: H.Brown

Completion date: 20/02/2026  
**Authorised by relevant Assistant Director (signature):** Abigail Barron

**Date:** 20/02/2026

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## Initial Climate Change Impact Assessment (Form created August 2021)

The intention of this document is to help the council to gain an initial understanding of the impact of a project or decision on the environment. This document should be completed in consultation with the supporting guidance. Dependent on this initial assessment you may need to go on to complete a full Climate Change Impact Assessment. The final document will be published as part of the decision-making process.

If you have any additional queries, which are not covered by the guidance please email [climatechange@northyorks.gov.uk](mailto:climatechange@northyorks.gov.uk)

<b>Title of proposal</b>	<b>Bed Based Intermediate Care Procurement</b>
<b>Brief description of proposal</b>	The aims of the procurement are to establish a new commissioned integrated bed-based intermediate care offer with a formalised wraparound health offer across all services accessible for all people eligible for bed-based intermediate care, including those with complex life circumstances and specialist care needs, ensuring people receive the right support in the right place at the right time; enabling more people to return/remain at home for longer
<b>Directorate</b>	<b>Health and Adult Services</b>
<b>Service area</b>	<b>Commissioning and Service Development</b>
<b>Lead officer</b>	<b>Hannah Brown</b>
<b>Names and roles of other people involved in carrying out the impact assessment</b>	<b>Laura Exley, Senior Commissioning and Service Development Officer</b>

The chart below contains the main environmental factors to consider in your initial assessment – choose the appropriate option from the drop-down list for each one.

Remember to think about the following;

- Travel
- Construction
- Data storage
- Use of buildings
- Change of land use
- Opportunities for recycling and reuse

<b>Environmental factor to consider</b>	<b>For the council</b>	<b>For the county</b>	<b>Overall</b>
Greenhouse gas emissions	No effect on emissions	No Effect on emissions	No effect on emissions
Waste	No effect on waste	No effect on waste	No effect on waste
Water use	No effect on water usage	No effect on water usage	No effect on water usage
Pollution (air, land, water, noise, light)	No effect on pollution	No effect on pollution	No effect on pollution
Resilience to adverse weather/climate events (flooding, drought etc)	No effect on resilience	No effect on resilience	No effect on resilience
Ecological effects (biodiversity, loss of habitat etc)	No effect on ecology	No effect on ecology	No effect on ecology
Heritage and landscape	No effect on heritage and landscape	No effect on heritage and landscape	No effect on heritage and landscape

If any of these factors are likely to result in a negative or positive environmental impact then a full climate change impact assessment will be required. It is important that we capture information about both positive and negative impacts to aid the council in calculating its carbon footprint and environmental impact.

<b>Decision (Please tick one option)</b>	Full CCIA not relevant or proportionate:	√	Continue to full CCIA:	
<b>Reason for decision</b>	The commissioning of bed-based intermediate care provision will not have any significant alterations to current service delivery that impact on environmental factors. Bed based intermediate care is already being delivered by the care home market in various locations across the county. The procurement will establish a more robust pathway for people requiring bed-based intermediate care through a new longer-term contract and service specification with care home providers for delivery of these services in North Yorkshire. The procurement aims to achieve improved outcomes for people and financial benefits for the Council and wider health and social care system.			
<b>Signed (Assistant Director or equivalent)</b>	Abigail Barron			
<b>Date</b>	20/02/2026			

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## North Yorkshire Council

### Health and Adult Services

#### Executive Member Meeting

6<sup>th</sup> March 2026

**REPORT TO** Director of Public Health in consultation with the  
Executive Member for Health and Adult Services

#### **E-cigarette procurement**

##### **1.0 Purpose Of Report**

The purpose of this report is to seek approval to commence a procurement process for the provision of e-vouchers for e-cigarettes and associated products to help people in North Yorkshire to quit smoking through the Living Well Smokefree service. Following the procurement process, the selected company will provide access to e-cigarettes and associated products via a voucher scheme to individuals who choose to adopt this method of quitting. This will contribute to work towards the Smokefree Generation targets for North Yorkshire, thereby addressing health inequalities and improving population health.

##### **2.0 Summary**

- 2.1 The North Yorkshire Council provides the Living Well Smokefree Service (LWSF) to individuals who want to quit smoking. The current service offer includes using proven quit aids like nicotine replacement therapy (NRT) and e-cigarettes, alongside behavioural support provided by trained stop smoking advisors, to help to break individuals' reliance on nicotine. Smoking remains the biggest preventable killer in the UK, contributing to a wide range of health conditions and costing North Yorkshire an estimated £400m per year on health, social care and other costs ([ASH Ready Reckoner, 2025](#)). Therefore, ensuring that support is in place to help as many people quit is important to ensuring people live as long and healthy life as possible.
- 2.2 Nicotine vapes are effective cessation aids and are recommended as a first choice stop smoking aid with an evidence rating of A and a quit rate boost of x2. While vaping is not risk-free, the latest review of evidence concludes that vaping, in the short and medium term, is significantly less harmful than smoking cigarettes and poses a small fraction of the risks of smoking. E-cigarettes are not recommended or should not be sold to people who are younger than 18 years old and they should also not be used by non-smokers. The Chief Medical Officer for England is clear that "if you smoke, vaping is much safer; if you don't smoke, don't vape"<sup>i</sup>. New legislation in 2025 brought in a ban on the sale and supply of single-use (disposable) vapes<sup>ii</sup>, and the forthcoming Tobacco and Vapes Bill<sup>iii</sup> will introduce new regulations around flavours, packaging, and advertising for e-cigarettes as well as licensing for tobacco/vape retailers. Additionally, from 1<sup>st</sup> October 2026 a new Vaping Products Duty (VPD) will be introduced<sup>iv</sup>.
- 2.3 The Department of Health and Social Care have provided additional funding over 5 years 2024-2029 to support the aims of creating a smokefree generation. To support this ambition in North Yorkshire, the Living Well Smokefree service is working to ensure that any smoker wishing to quit has access to as many of the most effective quit aids as possible, including e-cigarettes.
- 2.4 The proposal is to commence a procurement exercise to ensure continuity of an e-cigarette offer as part of the LWSF service to support individuals to quit smoking. The arrangement is proposed to run from July 2026 until July 2029 (2 years + 1 year extension option) to align with Smokefree Generation funding. The maximum total contract value for this proposal is £477,000 including

VAT over 3 years, which will be capped. The proposed arrangement will be a demand-led contract with no guarantee of spend.

### **3.0 Background**

- 3.1 North Yorkshire has received the second year of five years of additional investment of £70million for local stop smoking services across England to support people to stop smoking in an effort to achieve a 5% national prevalence by 2030. Smoking remains the biggest preventable killer in the UK, contributing to a wide range of health conditions and costing North Yorkshire an estimated £400m per year on health, social care and other costs ([ASH Ready Reckoner, 2025](#)). Therefore, ensuring that support is in place to help as many people quit is important to ensuring people live as long and healthy life as possible.
- 3.2 Funding per Local Authority area has been calculated based on local smoking prevalence – with £642k being identified for North Yorkshire Council for 2025/26. The funding allocations are based on the average smoking prevalence over a 3-year period between 2021 and 2023.
- 3.3 To support the work of the Living Well Smokefree service, it is vital to have a range of effective options of pharmacotherapy available alongside behavioural support to help smokers accessing the service to quit. This is particularly important with the smoking prevalence in North Yorkshire sitting at around 9%, as the remaining smokers are likely to be from population groups that have found it harder to access stop smoking services in the past and may require multiple quit attempts and/or multiple types of pharmacotherapies to best meet their individual needs.
- 3.4 In recent years, e-cigarettes have become a very popular stop smoking aid in the United Kingdom. They are less harmful than cigarettes and they can help adults quit smoking for good. They are not recommended or should not be sold to people who are younger than 18 years old. They should also not be used by non-smokers. Local Stop Smoking Services like Living Well Smokefree are encouraged provide access to e-cigarettes by the National Centre for Smoking Cessation and Training (NCSCCT), Office of Health Improvement and Disparities, (OHID) National Institute for Clinical Excellence (NICE) and Action on Smoking and Health (ASH), all of which are bodies seeking to reduce the harm caused by smoking.
- 3.5 An e-cigarette is a plastic electric cigarette with a heating element that allows you to inhale nicotine in a vapour rather than a smoke. E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, two of the most dangerous elements of tobacco smoke. An e-cigarette holds a nicotine cartridge containing liquid nicotine which, when heated, changes the nicotine into a vapour. The nicotine and other ingredients are inhaled into the body.
- 3.6 Many thousands of people in the UK have already stopped smoking with the help of an e-cigarette. A 2021 review found people who used e-cigarettes to quit smoking, as well as having expert face-to-face support, can be up to twice as likely to succeed as people who used other nicotine replacement products, such as patches or gum. Using an e-cigarette can help people who smoke to manage their nicotine cravings<sup>v</sup>. In Living Well Smokefree, since e-cigarettes were introduced in July 2023, 487 have used e-cigarettes as part of their quit journey to set a quit date with 363 going on to achieve a success 4-week quit, which is a quit rate of 75%. Beyond 4 weeks, 72% of those who used an e-cigarette as part of their quit attempt remained quit at 12 weeks, 67% remained quit at 26 weeks and 33% remained quit at 1 year (52 weeks). This helps to demonstrate the longer-term impact of people using e-cigarettes as a quit aid in terms of health benefits and they are metrics that LWSF routinely collect and can regularly report on as access to e-cigarettes continues.

### **4.0 Detail of Substantive Issues**

- 4.1 While vaping is not risk-free, the latest review of evidence concludes that vaping, in the short and medium term, is significantly less harmful than smoking cigarettes and poses a small fraction of

the risks of smoking. Most e-cigarettes contain nicotine, which is highly addictive, as well as other ingredients such as propylene glycol, glycerine and flavourings. However, it is important to recognise that the evidence suggests e-cigarettes, as a harm reduction tool, are significantly less harmful than smoking standard cigarettes in the short and medium term<sup>vi</sup>. It is important to note that research still needs to be conducted in regards to their long-term impact that e-cigarettes can have on health. However, LWSF use e-cigarettes in the short term only, as part of a structured quitting regime where levels of nicotine are reduced to very low levels towards the end of the standard treatment programme (up to 12 weeks), as with all other stop smoking medications used by the service. It will be some time before studies will show the long-term impact and any unforeseen risks of using e-cigarettes. More is known about the safety and effectiveness of other stop smoking medications. Further information about the approach to managing and mitigating the risks of using e-cigarettes within Living Well Smokefree can be found in section 11.

4.2 In the UK, e-cigarettes have been tightly regulated for safety and quality by the government since May 2016. It has been illegal to sell e-cigarettes to, or buy them for, under 18s since April 2017. New legislation in 2025 brought in a ban on the sale and supply of single-use (disposable) vapes<sup>vii</sup>, and the forthcoming Tobacco and Vapes Bill<sup>viii</sup> will introduce new regulations around flavours, packaging, and advertising for e-cigarettes as well as licensing for tobacco/vape retailers. From 1<sup>st</sup> October 2026 a new Vaping Products Duty (VPD) will be introduced at a flat rate of £2.20 per 10 millilitres of vaping liquid, regardless of how much nicotine is contained in the product. This is in order to reduce the affordability and appeal of vaping products, particularly among young people and non-smokers, while maintaining the financial incentive for smokers to switch to less harmful alternatives<sup>ix</sup>. Compliance with current and forthcoming legislation will be assured through the procurement process and subsequent contract management as required.

## 5.0 Performance Implications

5.1 As part of the additional Smokefree Generation grant funding via the Department of Health and Social Care, there are ambitions for each Local Authority to be able to support more people to stop smoking. As a result of the investment the Government wants to increase access to evidence-based behavioural support to quit and targeted support to people more likely to smoke, to reduce health inequalities.

5.2 The Government’s ambition for this investment is to see 360,000 people set quit dates, with 198,000 successful quits (measured as 4-week quits) in England each year. This approach takes the total number of additional quit dates and distributes them as a proportion across each local authority area. It also factors in a gradual increase of set quit dates with an expectation of what these numbers will look like over 5 years of the programme. A methodology has been applied to support understanding of what this ambition means for local areas. For North Yorkshire Council, this is modelled into the following trajectory of set quit dates (SAQD):

Year 1 Total 2024/25	Year 2 Total 2025/26	Year 3 Total 2026/27	Year 4 Total 2027/28	Year 5 Total 2028/29
1,592	2,030	3,345	3,783	3,783

5.3 Ensuring access to a full complement of evidence-based quit aids, including quit aids such as e-cigarettes which are known to be effective, should have a positive impact on smokers receiving support via local stop smoking services. This is anticipated to have a positive impact on the number of referrals and people seen by Living Well Smokefree, which, in turn, should contribute to the overall ambition of the additional grant funding to

- Increase the number of quit dates set
- Increase 4 week quit rates

- Increase 12 week quit rates
- Overall decrease the smoking prevalence

5.4 As part of the procurement exercise, modelling has been undertaken to project the anticipated demand for e-cigarettes as a quit aid through Living Well Smokefree based on historic activity within the service as well as consideration of how we are continuing to work towards the Smokefree Generation targets in future years. LWSF will also be regularly monitoring and managing the numbers of people coming through the service and what medications they are using to ensure that we are working within the cost envelope that we have. Regular monitoring of performance is in place through service and directorate meetings to ensure that stop smoking interventions delivered through Living Well Smokefree are as efficient and effective as possible within the available resources.

## 6.0 Alternative Options considered

6.1 The option to discontinue the e-cigarette offer for people accessing support to stop smoking via Living Well Smokefree has been discounted due to the evidence base for e-cigarettes as an effective quit aid. Each individual accessing the service is offered a range of effective available stop smoking aids including e-cigarettes, Nicotine Replacement Therapy (NRT) and stop smoking medications which will become available during 2026. This is complemented by behavioural support from a trained stop smoking advisor who can help each individual to make an informed choice about the best quit aid for them, considering a range of factors and the available options.

6.2 The selection of a company to provide access to e-cigarettes and associated products via a voucher scheme to individuals who choose to adopt this method of quitting through Living Well Smokefree will be managed via North Yorkshire Council procurement processes. This will include evaluation of any submissions received against agreed price:quality criteria.

## 7.0 Financial Implications

7.1 The e-cigarettes provided through this proposed arrangement will be accessed free-of-charge by individuals working with the Living Well Smokefree service. The contract for the provision of e-cigarettes will be funded through the ring-fenced Smoking Cessation total envelope within the indicative published ring-fenced Public Health Grant<sup>x</sup> from 2026/2027 to 2028/2029 following Local Government Funding Simplification. Provisional allocations for North Yorkshire<sup>xi</sup> are as follows:

Year	Provision allocation of ring-fenced Public Health Grant for North Yorkshire (£m)	Provisional Smoking Cessation ring-fenced amount within overall Public Health Grant ring-fence (£m)
2026/2027	28.59	1.43
2027/2028	29.40	1.43
2028/2029	30.20	1.45
Total	88.18	4.31

It is assumed that the Public Health Grant allocation will continue in 2029/30 to cover the full length of the proposed 3-year contract term (ending July 2029)

7.2 The indicative Smoking Cessation ringfenced funding (2026-2029) comprises

- Existing spend on stop smoking services within the Public Health Grant as set out in the 2025-26 Local Stop Smoking Services and Support Grant (LSSSG) grant agreement of £642,891 in 2025/2026. The baseline Public Health grant spend which must be maintained above is £611,406 in North Yorkshire (reported actual spend in 2022/23 on the delivery of Stop Smoking Services and the total cost of pharmacotherapies)
- Local Stop Smoking Services and Support Grant funding – a needs-based allocation using local adult smoking prevalence (2022-2024)

- Swap to Stop scheme – continuation of funding for provision of e-cigarettes to support adult smokers with free vape starter kits and behavioural support to help them quit tobacco

7.3 The full terms, conditions and guidance for the ring-fenced smoking cessation grant within the overall Public Health Grant have not yet been received. Colleagues from Public Health, Finance and Legal will check these once received to ascertain whether there is likely to be any financial risk to North Yorkshire Council and/or other implications for this procurement and advise accordingly.

7.4 The contract for e-cigarette provision is proposed to run from July 2026 until July 2029 (2 years + 1 year extension option) to align with Smokefree Generation funding. The maximum total contract value for this proposal is £477,000 including VAT (£397,500 excl. VAT) over 3 years, which will be capped. The proposed arrangement will be a demand-led contract managed within the budget allocation. This is supported by robust operational control measures, together with regular performance reporting through service and directorate processes.

7.5 Based on national evidence base and local data, e-cigarettes are a cost-effective quit aid. Additionally, the economic impact of people quitting smoking is well-documented. Smoking remains the biggest preventable killer in the UK, contributing to a wide range of health conditions and costing North Yorkshire an estimated £400m per year on health, social care and other costs ([ASH Ready Reckoner, 2025](#)).

## **8.0 Legal Implications**

8.1 The procurement procedure shall be undertaken in accordance with the Council's Procurement and Contract Procedure Rules and the Procurement Act 2023, as applicable.

## **9.0 Consultation undertaken and responses**

9.1 Engagement will be undertaken with the potential supplier market ahead of the procurement exercise.

## **10.0 Contribution to Council priorities**

10.1 This funding supports the delivery of the North Yorkshire Council plan, in particular the ambition around health and wellbeing for residents of the county.

## **11.0 Risk Management Implications**

11.1 The risks associated with having an offer of e-cigarettes through the LWSF service have been mitigated by:

- End users will be issued with a disclaimer which confirms that it is within the sole discretion of the end-user to determine whether they are suitable for them and further confirms that in absence of any negligence or other breach of duty by the Council, the Council assumes no responsibility or liability for any end users use of any e-cigarette or vaping product including any adverse effects they may suffer, and that the Council assumes no responsibility or liability for injury or damage to a person or property as a result of the ownership, possession or use of the e-cigarettes or vaping products. End users will be required to sign the disclaimer form prior to being admitted on to the Scheme. This is consistent with current practice in the service.
- The successful supplier must be licensed and comply with regulations and ensure that the products meet certain criteria. The Council will ensure that this is the case through the procurement and evaluation process.
- The Council is not promoting e-cigarettes as a 'medical device'
- The Terms and Conditions proposed by the preferred supplier which would apply between themselves and the end user will be reviewed by legal services as part of the evaluation process

## **12.0 Human Resources Implications**

12.1 Staff training within LWSF will be refreshed as required in order to ensure safety and quality within the service as part of implementation of the new offer.

## **13.0 Equalities Implications**

13.1 An Equality Impact Assessment screening has been completed for this proposal and can be found at appendix A. This proposal will support work in an area where there are known inequalities. Priority population groups such as those living in social housing, those with severe mental illness, people who are homeless and routine and manual workers, will be targeted as prevalence is higher within these groups and leads to poorer health outcomes as a result. Pathways and service delivery are specifically designed to ensure a person-centred approach to anyone using the service including those from priority populations. The e-cigarettes procured through this arrangement will only be available via the local stop smoking service Living Well Smokefree as part of an assessment by a trained advisor and treatment pathway with the aim of quitting smoking. For this reason, the majority of people with protected characteristics would experience a positive impact as a result of continuing provision of e-cigarettes as one of a range of quit aids through Living Well Smokefree. Neutral impact is noted for people who are pregnant and under 18s as the e-cigarette offer is not available to them through Living Well Smokefree currently, and it is proposed that this would continue to be the case. These groups have access to Nicotine Replacement Therapy (NRT) through the service as an alternative quit aid to support their quit attempt. The Equality Impact Assessment Screening process has confirmed that no full assessment is required.

## **14.0 Climate change implications**

14.1 A Climate Change Impact Assessment (CCIA) screening has been completed for this proposal and can be found at Appendix B. The screening has concluded that a full CCIA is not proportionate, however it does note a small increase in greenhouse gases as a result of scaling up delivery of Living Well Smokefree in line with Smokefree Generation targets to reach more people, which will lead to an anticipated increase in the number of people accessing e-cigarettes, thereby increasing emissions from postal delivery of these products to clients and production of the devices. E-cigarettes do not involve combustion in the way that smoking cigarettes does, and therefore use of e-cigarettes directly has a negligible impact on production of greenhouse gases, and switching from a conventional cigarette to an e-cigarette should have a positive impact. Only reusable, rechargeable and refillable devices will be provided through this arrangement. LWSF are in discussion with colleagues from the Environment Directorate regarding the production and distribution of information about the safe disposal of e-cigarettes to LWSF clients. As part of the tender process for procuring an e-cigarette provider, potential suppliers will be asked to detail how they will ensure (where possible) that products are recyclable and/or sustainable to support the Council's commitment to Net Zero.

## **15.0 ICT implications**

15.1 People accessing e-cigarettes via LWSF under this contract would agree the relevant products with their LWSF advisor and would then be directed to the supplier's website to order the products using an e-voucher code. Appropriate data governance provisions will be included in the contract.

## **16.0 Reasons for recommendation/s**

16.1 The recommendation is to continue to provide an e-cigarette offer via LWSF through procurement of suitable supplier to ensure continuity of access to e-cigarettes within LWSF as an effective stop smoking aid for people in North Yorkshire in support of Smokefree Generation ambitions.

## 17.0 Recommendation/s

It is recommended that the Director Public Health in consultation with the Executive Member for Health and Adult Services approves the procurement of the provision of e-vouchers for e-cigarettes and associated products to help people quit smoking through the Living Well Smokefree service.

### Name and title of report author

Scott Chapman: Service Manager – Living Well Smokefree

Naomi Smith: Head of Health Improvement

*Richard Webb*

Corporate Director – Health and Adult Services

County Hall

Northallerton

19<sup>th</sup> February 2026

Note: Members are invited to contact the author in advance of the meeting with any detailed queries or questions.

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<sup>i</sup> [Vaping: what you need to know - ASH](#)

<sup>ii</sup> [The Environmental Protection \(Single-use Vapes\) \(England\) Regulations 2024](#)

<sup>iii</sup> [Tobacco and Vapes Bill - Parliamentary Bills - UK Parliament](#)

<sup>iv</sup> [Introduction of Vaping Products Duty from 1 October 2026 - GOV.UK](#)

<sup>v</sup> **References:** [Association of e-Cigarette Use With Discontinuation of Cigarette Smoking Among Adult Smokers Who Were Initially Never Planning to Quit](#). Kasza KA, Edwards KC, Kimmel HL, Anesetti-Rothermel A, Cummings KM, Niaura RS, Sharma A, Ellis EM, Jackson R, Blanco C, Silveira ML, Hatsukami DK, Hyland A. *JAMA Netw Open*. 2021 Dec 1;4(12):e2140880. doi: 10.1001/jamanetworkopen.2021.40880. PMID: 34962556

<sup>vi</sup> Public Health England: Vaping in England: an evidence updates including vaping for smoking cessation, February 2021

A report commissioned by Public Health England

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/962221/Vaping\\_in\\_England\\_evidence\\_update\\_February\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962221/Vaping_in_England_evidence_update_February_2021.pdf)

The Khan review: making smoking obsolete: Independent review by Dr Javed Khan OBE into the government's ambition to make England smokefree by 2030. [The Khan review: making smoking obsolete - GOV.UK \(www.gov.uk\)](#)

National Centre for Smoking Cessation and Training (NCSCT), [https://www.ncsct.co.uk/publication\\_electronic\\_cigarette\\_briefing.php](https://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php)

Action on smoking and health (ASH) <https://ash.org.uk/resources/view/electronic-cigarettes>

National Health Service [What are the health risks of smoking? - NHS \(www.nhs.uk\)](#)

<sup>vii</sup> [The Environmental Protection \(Single-use Vapes\) \(England\) Regulations 2024](#)

<sup>viii</sup> [Tobacco and Vapes Bill - Parliamentary Bills - UK Parliament](#)

<sup>ix</sup> [Introduction of Vaping Products Duty from 1 October 2026 - GOV.UK](#)

<sup>x</sup> [Explanatory note on Funding Simplification: consolidated grants and draft conditions](#)

<sup>xi</sup> [Allocations tables for all consolidated grants from 2026-2027 to 2028-2029 - GOV.UK](#)

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# Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

## *E-cigarette procurement*

An Equality Impact Assessment (EIA) form is a document that proves paying due regard by considering protected characteristics. EIAs that accompany reports presented to Councillors for decision-making are published with the committee papers on our website and are also available in hard copy at the relevant meetings.

### Section 1: Initial Equality Impact Assessment Screening

This section documents the equality screening process of actual or potential impacts of the proposed activity on a specific protected characteristic, along with NYC's additional agreed-upon characteristics, to determine whether a full Equality Impact Assessment (EIA) is necessary or appropriate.

Basic Details	
Directorate	HAS
Service area	Public Health
Proposal being screened	E-cigarette procurement – 2026 to 2029
Officer(s) carrying out screening	Scott Chapman – Service Manager: Living Well Smokefree Reviewed by Shanna Carrell: Involvement and Governance Manager and Naomi Smith: Head of Health Improvement
Lead Officer and contact details	Scott Chapman – Scott.chapman@northyorks.gov.uk
Date of the assessment	22 December 2025
<b>Please describe briefly what this EIA is about.</b> (e.g. are you starting a new service, changing how you do something, or stopping doing something?)	A procurement exercise is about to be undertaken to be able to continue to provide e-cigarettes to individuals looking to quit smoking within North Yorkshire via support from the local stop smoking service, Living Well Smokefree (LWSF). This has been in place for the past 2 years, with this procurement exercise looking to extend this provision. There is significant commitment of resources from national government as part of Smokefree Generation funding, with £70 million identified nationally over 5 years, starting in 2024-25. Funding per Local Authority area has been calculated based on local smoking prevalence.
<b>What does the authority hope to achieve by it?</b> (E.g. to save money, meet increased demand, do things in a better way.)	We are currently in the second of five planned years of additional investment of £70million for local stop smoking services across England to support people to stop smoking in an effort to achieve a 5% national prevalence by 2030.  Utilising the funding to meet the target in North Yorkshire, significant expansion, and enhancement of the Living Well Smokefree (LWSF) service has been undertaken and is in the midst of implementation. To support the work of the

service, it is vital to have a range of effective options of pharmacotherapy available to support smokers accessing the service to quit, including e-cigarettes. Nicotine vapes are effective cessation aids and are recommended as a first choice stop smoking aid with an evidence rating of A and a quit rate boost of x2. While vaping is not risk-free, the latest review of evidence concludes that vaping, in the short and medium term, is significantly less harmful than smoking cigarettes and poses a small fraction of the risks of smoking. E-cigarettes are not recommended or should not be sold to people who are younger than 18 years old and they should also not be used by non-smokers. If you don't smoke, don't vape.

The ambition is that the continued access to e-cigarettes for people aiming to quit smoking with Living Well Smokefree will contribute to the desired outcome locally, which includes a reduction in overall smoking prevalence in North Yorkshire, especially within priority population groups identified in order to narrow inequalities.

**Further Details**

**1.1 How have stakeholders been involved in this policy/ decision/ proposal? (e.g. a consultation exercise)**

No public consultation has taken place however engagement with potential providers is planned as part of the procurement process.

Each individual accessing Living Well Smokefree receives person-centred and tailored behavioural support provided by trained advisors as part of their journey to quit smoking, and this includes the opportunity to explore which quit aid(s) will best support the person to quit.

**1.2 Will the proposal have a significant effect on how other organisations operate? (e.g. partners, funding criteria, etc.). Please explain briefly**

The procurement process will result in the appointment of the most suitable provider based on the agreed evaluation criteria. As this provision is already in place in North Yorkshire under an existing contract, it is possible that there may be a change of provider which may impact on the incumbent provider. Bids will be evaluated using Price-Quality evaluation criteria.

**1.3 Impact on people with any of the following protected characteristics as defined by the Equality Act 2010, or NYC's additional agreed characteristics**

As part of this assessment, please consider the following questions:

- To what extent is this service used by particular groups of people with protected characteristics?
- Does the proposal relate to functions that previous consultation has identified as important?
- Do different groups have different needs or experiences in the area the proposal relates to?

If for any characteristic, it is considered that there is likely to be an adverse impact or you have ticked 'Don't know/no info available', then a full EIA should be carried out where this is proportionate. You are advised to speak to your directorate representative for advice if you are in any doubt.

**Tick and indicate which protected characteristics are identified as relevant to the proposal (positive, negative, neutral or don't know).**

Protected characteristic	Impact				Comments
	Positive	Negative	Neutral	Don't know	
Age	x		X		E-cigarettes are not recommended or should not be sold to people who are younger than 18 years old. LWSF e-cigarette offer is not currently available to people under

					18 and this would continue under the new contract arrangement hence neutral impact. Young people between 12 and 18 years of age can access Nicotine Replacement Therapy (NRT) to support their quit journey through the service.  For other age groups this proposal would have a positive impact.
Disability	x				
Sex	x				
Race (including GRTS)	x				
Gender reassignment	x				
Sexual orientation	x				
Religion or belief	x				
Pregnancy or maternity			x		LWSF service policy is that e-cigarettes should not be offered to pregnant people, and this would continue under the new contract arrangement hence neutral impact. Pregnant people can access Nicotine Replacement Therapy (NRT) to support their quit journey through the service.
Marriage or civil partnership	x				
<b>NYC's additional characteristics</b>					
People in rural areas	X				The proposed e-cigarette provision includes postal delivery of products which enables easy access to quit aids, including in rural areas where there may be limited local pharmacy and/or service provision to access other forms of quit aid
People on a low income	X				
Carer (unpaid family or friend)	X				
Are from the Armed Forces Community (including veterans)	X				
<b>1.4 To which Part(s) of the Public Sector Equality Duties is the Policy/decision/proposal relevant? Tick and briefly describe.</b>					
<b>General Duties</b>	<b>Yes</b>	<b>No</b>	<b>Details</b>		
Eliminate unlawful discrimination, harassment and victimisation	<input type="checkbox"/>	<input type="checkbox"/>			
Advance equality of opportunity	Y	<input type="checkbox"/>	This proposal will support work in an area where there are known inequalities. Priority population groups such as those living in social housing, those with severe mental illness, people who are homeless and routine and manual workers, will be		

			targeted as prevalence is higher within these groups and leads to poorer health outcomes as a result.
<b>Foster good relations between different groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>1.5 Decision (Please tick one option)</b>			
<b>Decision to recommend this policy/ decision for an Equality Impact Assessment?</b>	Yes		No
<p><b>If the answer is “Yes”, or you indicate a negative impact on any of the characteristics mentioned in the table above, please continue to Section 2 and complete the full Equality Impact Assessment. If the answer is “No”, please give a brief reason here.</b></p> <p>This proposal will support work in an area where there are known inequalities. Priority population groups such as those living in social housing, those with severe mental illness, people who are homeless and routine and manual workers, will be targeted as prevalence is higher within these groups and leads to poorer health outcomes as a result. Pathways and service delivery are specifically designed to ensure a person-centred approach to anyone using the service including those from priority populations. The e-cigarettes procured through this arrangement will only be available via the local stop smoking service Living Well Smokefree as part of an assessment by a trained advisor and treatment pathway with the aim of quitting smoking. For this reason, the majority of people with protected characteristics would experience a positive impact as a result of continuing provision of e-cigarettes as one of a range of quit aids through Living Well Smokefree. Neutral impact is noted for people who are pregnant and under 18s as the e-cigarette offer is not available to them through Living Well Smokefree currently, and it is proposed that this would continue to be the case.</p>			
<b>Signed</b> (Assistant Director or equivalent)	Louise Wallace (DPH)		
<b>Date</b>	23/02/2026		

## Initial Climate Change Impact Assessment (Form created August 2021)

The intention of this document is to help the council to gain an initial understanding of the impact of a project or decision on the environment. This document should be completed in consultation with the supporting guidance. Dependent on this initial assessment you may need to go on to complete a full Climate Change Impact Assessment. The final document will be published as part of the decision-making process.

If you have any additional queries, which are not covered by the guidance please email [climatechange@northyorks.gov.uk](mailto:climatechange@northyorks.gov.uk)

<b>Title of proposal</b>	E-cigarette procurement – 2026 to 2029
<b>Brief description of proposal</b>	<p>We are currently in the second of five planned years of additional investment of £70million for local stop smoking services across England to support people to stop smoking in an effort to achieve a 5% national prevalence by 2030.</p> <p>Utilising the funding to meet the target in North Yorkshire, significant expansion, and enhancement of the Living Well Smokefree (LWSF) service is being implemented. To support the work of the service, it is vital to have a range of effective options of pharmacotherapy available to support smokers accessing the service to quit. Nicotine vapes are effective cessation aids and are recommended as a first choice stop smoking aid with an evidence rating of A and a quit rate boost of x2. While vaping is not risk-free, the latest review of evidence concludes that vaping, in the short and medium term, is significantly less harmful than smoking cigarettes and poses a small fraction of the risks of smoking. E-cigarettes are not recommended or should not be sold to people who are younger than 18 years old and they should also not be used by non-smokers. If you don't smoke, don't vape.</p> <p>The purpose of this proposal is to seek approval for a procurement process to ensure continuity of the provision of e-vouchers for e-cigarettes and associated products to help people in North Yorkshire to quit smoking through the Living Well Smokefree service. The selected company will provide access to e-cigarettes and associated products via a voucher scheme for smokers who choose to adopt this method of quitting.</p> <p>The ambition is that the continued access to e-cigarettes for people aiming to quit smoking with Living Well Smokefree will contribute to the desired outcome locally, which includes a reduction in overall smoking prevalence in North Yorkshire, especially within priority population groups identified in order to narrow inequalities.</p> <p>This is a continuation of the current provision and therefore it is anticipated that the impact in terms of climate change will be neutral/minimal due to an e-cigarette offer already being in place in Living Well Smokefree. Since the last</p>

	procurement for provision of e-cigarettes was undertaken, the Government has introduced a ban on the sale and supply of single-use (disposable) vapes, effective from 1 June 2025, under <a href="#">The Environmental Protection (Single-use Vapes) (England) Regulations 2024</a> . However, this does not change the impact for the e-cigarette offer accessed through Living Well Smokefree, as only reusable, rechargeable and refillable devices will be provided and this is also the case with the current provision.
<b>Directorate</b>	Health and Adult Services
<b>Service area</b>	Public Health
<b>Lead officer</b>	Scott Chapman – Service Manager: Living Well Smokefree
<b>Names and roles of other people involved in carrying out the impact assessment</b>	Mark O'Brien – Living Well Smokefree Team Manager Naomi Smith – Head of Health Improvement Dr Victoria Turner – Public Health Consultant (Health Protection) – review

The chart below contains the main environmental factors to consider in your initial assessment – choose the appropriate option from the drop-down list for each one.

Remember to think about the following;

- Travel
- Construction
- Data storage
- Use of buildings
- Change of land use
- Opportunities for recycling and reuse

<b>Environmental factor to consider</b>	<b>For the council</b>	<b>For the county</b>	<b>Overall</b>
Greenhouse gas emissions	No effect on emissions	Increases emissions	Increases emissions
Waste	No effect on waste	No effect on waste	No effect on waste
Water use	No effect on water usage	No effect on water usage	No effect on water usage
Pollution (air, land, water, noise, light)	No effect on pollution	No effect on pollution	No effect on pollution
Resilience to adverse weather/climate events (flooding, drought etc)	No effect on resilience	No effect on resilience	No effect on resilience
Ecological effects (biodiversity, loss of habitat etc)	No effect on ecology	No effect on ecology	No effect on ecology
Heritage and landscape	No effect on heritage and landscape	No effect on heritage and landscape	No effect on heritage and landscape

If any of these factors are likely to result in a negative or positive environmental impact then a full climate change impact assessment will be required. It is important that we capture information about both positive and negative impacts to aid the council in calculating its carbon footprint and environmental impact.

<b>Decision (Please tick one option)</b>	Full CCIA not relevant or proportionate:	x	Continue to full CCIA:	
<b>Reason for decision</b>	<p>Greenhouse gases – e-cigarettes do not involve combustion in the way that smoking cigarettes does, and therefore use of e-cigarettes directly has a negligible impact on production of greenhouse gases, and switching from a conventional cigarette to an e-cigarette should have a positive impact. However through this proposal to re-procure e-cigarettes and as a result of scaling up delivery of Living Well Smokefree in line with Smokefree Generation targets to reach more people, it is anticipated that there will be an increase in the number of people accessing e-cigarettes, resulting in a small increase in emissions from postal delivery of these products to clients and production of the devices.</p> <p>As part of the tender process for procuring an e-cigarette provider, potential suppliers will be asked to detail how they will ensure (where possible) that products are recyclable and/or sustainable to support the Council’s commitment to Net Zero.</p> <p>Waste - only reusable, rechargeable and refillable devices will be provided. See above regarding legislation change. LWSF are in discussion with colleagues from the Environment Directorate at NYC regarding the production and distribution of information about the safe disposal of e-cigarettes.</p> <p>Review by and advice from Dr Vic Turner, Consultant in Public Health (Health Protection including Climate Change) – comments factored into overall screening assessment and guidance that a full CCIA is not proportionate in this case.</p>			

<b>Signed (Assistant Director or equivalent)</b>	Louise Wallace (DPH)
<b>Date</b>	23/02/2026

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