

## **‘Time to Stop’ – strengthening smoking cessation in East Haringey**

**Project lead and organisation** - Haringey Public Health Mr Reza Mirnezami & Mr Chet Bhan, North Central London Cancer Alliance / Royal Free London NHS Foundation Trust

**Partner organisation(s) involved** - Haringey Public Health, Haringey GP Federation, Haringey Community Collective, Roy Castle Foundation TBC

**Funding requested (£)** - £170k

**Proposed start and end dates** - January 2027 – December 2028

### **Summary**

This bid proposes a targeted smoking cessation programme in East Haringey, aiming to reduce lung cancer risk and health inequalities through a place-based, community-driven approach. Smoking remains the leading cause of preventable cancer deaths, and Haringey has the highest smoking prevalence in North Central London (17.7%), rising to around 25% in some deprived areas. These patterns are strongly linked to deprivation and lower engagement with existing services.

The project, “Time to Stop,” will deliver a multi-phase intervention combining community engagement, a high-visibility local campaign, and long-term service strengthening. It will focus on culturally tailored outreach to high-prevalence groups (e.g. Turkish and Polish men, people with mental health or substance misuse needs), using trusted community channels, local businesses, and voluntary organisations. The programme will enhance—rather than duplicate—existing services by increasing access, tailoring support, and aligning supply with demand.

The initiative emphasises co-production, behaviour change techniques, and partnership working to ensure sustainable impact beyond the campaign period. Evaluation and data-driven targeting will be embedded throughout to support scalability.

Expected outcomes include reduced smoking prevalence, improved access to cessation services, and reduced inequalities between high- and low-prevalence areas.

## **NCLCA Big Ideas Fund – Expression of Interest**

*Submit by 25 June 2026. Only NCLCA colleagues may submit.*

Questions marked with an asterisk indicate additional guidance on page 2 of this document.

<b>Section 1 – Project Details</b>			
<b>Proposal title</b>	'Time to Stop' – strengthening smoking cessation in East Haringey	<b>Project lead and organisation</b>	Haringey Public Health
<b>Partner organisation(s) involved</b>	Haringey Public Health Haringey GP Federation Haringey Community Collective Roy Castle Foundation TBC	<b>Funding requested (£)*</b>	£170k
<b>Proposed start and end dates*</b>	January 2027 – December 2028		
<b>Section 2 – The Idea</b>			
<b>1. What is the challenge you are seeking to address?*</b>	<p>Lung cancer is the leading cause of cancer death and smoking is the biggest risk factor for lung cancer (accounting for 7 out of 10 deaths.) On average, only 40% of people diagnosed with lung cancer will survive for a year or more after their diagnosis, and this falls to just 5% for people diagnosed at stage 4. Smoking causes at least 15 other cancers. Of the five boroughs in NCL, Haringey has the highest rate of smoking prevalence at 17.7 % in 2024, compared with an England average rate of 13.5%<sup>1</sup>. There is a clear link between deprivation and smoking, reflected in a significantly higher prevalence in the east of the borough, with rates as high as 25% in two PCNs. To reduce smoking rates in the east, there is a need for trusted, targeted, culturally relevant and accessible routes into quitting support for communities least likely to engage with generic services.</p>		
<b>2. What is your proposed project and – at a high level – how would it be delivered?</b>	<p>This is a place-based cancer prevention intervention. We propose a highly targeted and intensive multi-stakeholder smoking cessation campaign in east Haringey, underpinned by the sustainable strengthening of smoking cessation services in the borough. This is about systems change and behavioural change for the long run.</p> <p>It would be delivered across three phases: 1) Engagement and planning (9M), 2) Campaign and outreach (4M) and 3) Sustainability (11M). The long lead-in is part of what makes this project distinct: thorough scoping, concerted partnership-building and meaningful co-production, to ensure messaging is culturally relevant and has real resonance. The campaign would be highly visible, hyper-local, with activities for the whole locality, alongside targeted engagements with specific groups with the highest smoking prevalences (such as Turkish and Polish men, people living in poorer neighbourhoods and residents with mental health or substance misuse needs). Built into and following from the campaign, the project would help to ensure that the supply of smoking cessation opportunities matches demand, and that services are tailored for individual needs. The model would seek to build on and enhance the existing One You Haringey smoking cessation service provided by the GP Federation, not duplicate; intensifying the reach, coordinating pathways and accelerating outcomes within existing infrastructure.</p> <p>NCLCA would support delivery, working closely with the lead partner, Public Health Haringey, and leveraging on the existing work of the GP Federation.</p>		

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	<p>Additionally, we would seek to involve private sector businesses (such as large supermarkets, along with barber shops and cafés), VCSEs in Haringey and community pharmacies.</p> <p>We will use data and community insight to target localities and audiences, and apply behaviour change approaches, such as community-based health coaching. We would embed from the outset a robust monitoring and evaluation framework, to demonstrate the potential for scale-up and replication, and wider system impact.</p>
<b>Section 3 – Impact &amp; Strategic Alignment</b>	
<b>3. Which <u>NCL strategic objectives</u> and/or National Cancer Plan ambitions does your project align with?</b>	<p>SA1. Improve survival, focusing on early diagnosis and prevention SA4. Reduce health inequalities across our whole population SO1.c Reduce smoking rates</p> <p>National Cancer Plan Action 10. We will give citizens more tools to manage their cancer risk: tailored prevention and support e.g. access to smoking cessation and weight management services, and prehabilitation</p>
<b>4. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?</b>	<p>We would expect the project:</p> <ol style="list-style-type: none"> <li>1. To bring about a measurable reduction, over time, in the number of people who smoke in East Haringey (e.g. sustained quits)</li> <li>2. To develop a more robust and diverse offer in Haringey’s smoking cessation services</li> <li>3. To forge new, lasting partnerships, including with ‘unlikely partners’, such as private sector businesses, which bring additional resources</li> <li>4. To reduce the inequality gap between East Haringey and lower-prevalence areas</li> </ol>
<b>Section 4 – Resources</b>	
<b>5. What do you see as the likelihood of attracting external funding?</b>	<i>Conversation with Roy Castle Foundation – potential for engagement and comms and/or evaluation support, possibility of some match funding).</i>
<b>6. High-level indication of how the budget would be used*</b>	<p>0.5 WTE Project Manager (Haringey Public Health or Haringey Community Collective) x 24M = £50k Grants to VCSE groups x 4 = £80k Media agency and public awareness assets = £25k Early engagement activities and evaluation = £15k</p>
<b>Section 5 – Anything Else</b>	
<b>7. Is there anything else you would like to flag?</b>	<p>This project is about system coordination; the forging of lasting new partnerships for more effective outcomes. And it is about tackling smoking among populations for whom it is an embedded cultural norm and/or coping mechanism. The project has an explicit health inequalities angle.</p> <p>Other elements that could be integrated, for further discussion:</p> <ul style="list-style-type: none"> <li>▫ Making Every Contact Count during and beyond the project</li> <li>▫ Proactive contact with smokers who have undergone lung cancer screening but declined quit support or been referred for urgent suspected cancer but then given the all-clear</li> <li>▫ Wider roll-out of the model to other parts of NCL, including promotion of lung cancer screening</li> </ul>

## Additional Guidance on Completing this EOI

### General

- All EOIs must not exceed 2 pages.
- Please submit to [uclh.nclcanceralliance@nhs.net](mailto:uclh.nclcanceralliance@nhs.net) by 25<sup>th</sup> June 2026.
- Only NCLCA colleagues may submit.

### Section 1 – Project Details

- Our current expectation is that we will fund a small number of projects from a total funding pot of ~£600k.
- Proposed end date for the project must be no later than March 2029.

### Section 2 – The Idea

- Question 1 - Describe the problem or unmet need. Include relevant data or evidence where possible.

### Section 4 – Resources

- Question 6 - e.g., staffing, clinical time, technology, evaluation, overheads. Precise costings are not required at EOI stage.

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<sup>i</sup> QOF prevalence 2024

BG

Bezuayehu Gubay



The unmet need should be clearer: the issue is not just high smoking prevalence, but the need for **trusted, targeted, culturally relevant and accessible routes into quitting support** for communities least likely to engage with generic services.

23 June 2026, 10:50



EAST, Jane (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST)

How can I frame this without appearing to disparage the existing smoking cessation services?

24 June 2026, 17:10

Another comment is in progress

BG

Bezuayehu Gubay



Fine but aligning the three phases with current strategic terminologies to stand out: **insight, co-production and mobilisation; intensive campaign and outreach; and sustainability (scale-up/integration)** with emphasis that it will **strengthen, not duplicate**, existing One You Haringey services and other local endeavours

23 June 2026, 10:55



EAST, Jane (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST)

Sorry, too many words

24 June 2026, 17:23