

Report to:	Cabinet	Date of Meeting:	1 st September 2016
Subject:	Procurement of a Stop Smoking Service	Wards Affected:	All Wards
Report of:	Director of Public Health		
Is this a Key Decision?	Yes	Is it included in the Forward Plan?	Yes
Exempt/Confidential	No		

Purpose/Summary

The purpose of this report is to seek approval to complete a tender exercise to procure a Stop Smoking Service for Sefton. The existing contract with LCH is due to expire on 31st March 2017. The current provider will no longer exist after this time. Existing contracts with individual pharmacies will expire on 31st March 2017.

The replacement contract will be for a 2 year core period, with the option to extend for up to 3 (individual) periods of 12 months. The tender exercise will be required to follow an OJEU Light- Touch Regime Open Procedure, as part of this process; approval will be needed for Chief Officer/Head of Service, to be given delegated authority to award the contract at the end of the tender process.

The new service will manage smoking cessation provision in pharmacy settings, including the management of a Patient Group Directive PGD for Varenicline, in addition to its core service offer.

Recommendations

1. That Cabinet authorises the tender process to procure a Stop Smoking Service for Sefton.
2. That Cabinet authorises the contract period of 2 years from 1st April 2017 to 31st March 2019, with an option to extend for three x one year periods.
3. That the Cabinet authorises the value for the re-procurement at a ceiling price of £420K per annum plus an additional £250K for the supply of pharmaceutical product, product use advice and support in pharmacies
4. That Cabinet gives delegated responsibility to the Director of Public Health to authorise the award resulting from the procurement.

How does the decision contribute to the Council's Corporate Objectives?

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		X	
2	Jobs and Prosperity		X	
3	Environmental Sustainability		X	
4	Health and Well-Being	X		
5	Children and Young People	X		
6	Creating Safe Communities		X	
7	Creating Inclusive Communities	X		
8	Improving the Quality of Council Services and Strengthening Local Democracy		X	

Reasons for the Recommendation:

The existing contract with LCH is due to expire on 31st March 2017. The current provider will no longer exist after this time.

The replacement contract will be for a 2 year core period, with the option to extend for up to 3 (individual) periods of 12 months.

The Stop Smoking service is fundamental to the overall Integrated Wellness Service IWS recently commissioned.

The new procurement creates the opportunity to align the Pharmacy Stop Smoking offer with the Core offer, and remove the management and clinical responsibility for the pharmacy contribution from the council.

The new procurement will enable the core service to effectively manage the complete offer (pharmacy and core) to ensure that there is appropriate smoking cessation support for all residents across Sefton.

Alternative Options Considered and Rejected:

Continue to contract with individual pharmacies to provide low level support and supply of pharmaceutical products to assist smokers who wish to quit. *Management support and clinical risk lies with the Council, unnecessarily.*

Have a Pharmacy offer only. Pharmacies are not effective in supporting less motivated, more challenging and most at risk clients to quit. Some pharmacies will only supply pharmaceutical drug support, not motivational support.

Have a Core service offer only. The budget for the core service has already been reduced by almost 50% for 2016/17, resulting in a more targeted service for the most vulnerable clients, including pregnant women, people with poor mental health and people

living in the most deprived areas. The pharmacy element provides lower level support for more motivated clients to ensure coverage across all areas. The pharmacy element also provides the drug and supply of pharmaceutical support.

The implications of deciding not to procure a stop smoking service would be:

- The contract with LCH will expire resulting in no service provision for local residents. If permission is not granted then there will not be enough time to complete the tender process.
- An increase in smoking prevalence and potential longer term increase in poor health.
- An increased demand on health and social care services if prevention and harm reduction support does not exist.

What will it cost and how will it be financed?

(A) Revenue Costs

There will be no additional revenue cost. The current contract is agreed at the existing budget for 2016/17 of £665k per annum (which includes £250k for pharmacy drug and supply). The existing budget has already been reduced by c£500k in 2016/17 to ensure approved budget savings are met. The replacement contract will be contained within the existing budget.

The contract will include provision for variation and early termination by the Council for convenience in the event of further reduction in funding and the requirement for the Council to achieve an overall balanced budget.

(B) Capital Costs

Not applicable

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial		
Legal		
Human Resources		
Equality		
1.	No Equality Implication	<input type="checkbox"/>
2.	Equality Implications identified and mitigated	<input checked="" type="checkbox"/>
3.	Equality Implication identified and risk remains	<input type="checkbox"/>

Impact of the Proposals on Service Delivery:

Effective management of a more integrated model will result in a more efficient and effective service directed at those local residents in most need of support. The service will form a core part of the overall IWS offer.

The pharmacy contract will be managed via the core provider, reducing the demand for management and clinical support on the Council.

What consultations have taken place on the proposals and when?

The Head of Regulation and Compliance has been consulted and comments have been incorporated into the report (LD3525/16)

The Head of Corporate Resources has been consulted and comments have been incorporated in the report (FD4242 /16)

A review of the current Stop Smoking service has taken place to inform decision making.

Regular consultation and engagement with the current provider is taking place.

A review of the pharmacy contracts has taken place to inform the decision making.

Meetings with the Local Pharmaceutical Committee (LPC) lead have taken place to discuss the proposed way forward.

Implementation Date for the Decision

Following the expiry of the "call-in" period for Cabinet Member Report

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Background Papers:

None

1. Background

All the statements contained in the background information are evidenced based. For a list of references see appendix 1.

- 1.1. Smoking is widely recognised as a large contributor to poor health and early death. National trends show that overall prevalence of tobacco smoking has declined since the 1990's, from 27% to 19% in 2014, however in contrast, rates amongst vulnerable population groups have not fallen.
- 1.2. Smoking rates amongst people with a mental health condition are significantly higher than in the general population estimated at 40%, resulting in high mortality rates compared to the general population. Therefore quitting smoking is particularly important for this group since smoking is the largest single contributor to their 10-20 year reduced life expectancy.
- 1.3. Smoking in pregnancy causes 2,200 premature births, 5000 miscarriages and 300 perinatal deaths every year. It is estimated that across England 12% of pregnant women smoke at the time of giving birth, however across some regions and social groups this can be as much 20%.
- 1.4. Estimated smoking prevalence across the whole of Sefton is 15.4%; however, this masks much higher prevalence in some of Sefton's most deprived wards, where up to 50% of people smoke tobacco.
- 1.5. The Sefton Stop Smoking service budget reduced by almost 50% for 2016/2017 which resulted in the development of a more targeted service, prioritising pregnant women, people experiencing poor mental health and people living in areas of greatest disadvantage.
- 1.6. Smoking Services are an effective and evidenced based intervention combining motivational support and pharmacological therapy and we know that smokers who are supported by Stop Smoking services are much more likely to quit 53% and remain quit after 12 months (15%) compared to people quitting alone (4%) at 12months.
- 1.7. Trends in smoking have changed with some people opting to reduce smoking before going on to quit and we know that if Nicotine Replacement Therapy (NRT) and motivational support is also provided, this group is more likely to go on to quit. The current service has adapted to support those people who wish to quit via a harm reduction approach. In 2015, 538 people reduced consumption by 50% and 347 (64%) of these went on to set a quit date.
- 1.8. The popularity of e-cigarettes has contributed to the decline in tobacco smoking nationally, and there is growing evidence to suggest that e-cigarettes is the most popular choice to aid quitting, it is also known that combined with behavioural support from stop smoking services, quit success rates can be greatly improved.
- 1.9. Public Health England have stated that although not completely risk free, e-cigarette use is significantly less harmful than tobacco smoking, with no evidence of harm to bystanders. Therefore Public Health England recommends that stop smoking services should offer support to people who

are using e-cigarettes in a quit attempt. Sefton Stop Smoking service is piloting this approach in year.

2. Introduction

- 2.1. Sefton Council is looking to contract with a provider to develop and operate a flexible, Specialist Stop Smoking service that will form part of the Integrated Wellness Service (IWS) for Sefton residents.
- 2.2. The Stop Smoking Service will contribute to Sefton's Integrated Wellness Service (IWS) to provide a range of free, person centred, interventions; using behaviour change techniques and motivational interviewing to tailor health, wellbeing and lifestyle support and interventions to the population of Sefton, delivered in the heart of our communities. .
- 2.3. Acting as a specialist spoke for the IWS, the Stop Smoking service will assist residents across all age groups to stop smoking. The service will reduce the number of smokers through access to high quality, evidenced based stop smoking opportunities within local community settings across Sefton. The service will be driven to achieve a reduction in smoking prevalence in adults who require the most support, including people with poor mental health, pregnant women and people living in areas of greatest deprivation.
- 2.4. The service will provide professional advice and training to IWS partners who are involved in encouraging and supporting people to reduce harm and stop smoking in Sefton.
- 2.5. The wider IWS service will actively raise the profile of the Stop Smoking Service and the importance of giving up smoking, including Smokefree activity, through community engagement and health promotion techniques.
- 2.6. Health Trainers aligned to the Stop Smoking Service will provide triage and assessment function for the specialist service, to ensure that people needing help and advice to get the most appropriate and timely intervention.
- 2.7. Health Trainers will also assess and support people to access the wider IWS offer, providing some case management of clients wishing to make behaviour change without the need for specialist input.

3. Pharmacy Settings

- 3.1. The specialist service is enhanced by stop smoking support within pharmacy settings collectively offering free help and advice to all smokers who live, or are registered with a GP, in the borough of Sefton.
- 3.2. Pharmacies provide lower level support than the specialist service suitable for clients who are more motivated to quit.
- 3.3. Pharmacies supply pharmaceutical products (NRT) to assist smokers who want to quit. This includes clients who are case managed through the specialist service.
- 3.4. Pharmacies also assess suitability for clients and supply Varenicline (Champix) if appropriate. It is expected that the new provider will manage the

pharmacy contracts including the Verenicline PGD, removing clinical risk to the Council and releasing capacity.

4. Stop Smoking Service Aims

- 4.1. The Stop Smoking Service will contribute to the overarching aims of the IWS to improve and protect the health and wellbeing of the population of Sefton and improve the health of the poorest fastest. The service will focus specifically on health inequalities and on improving health and wellbeing outcomes for the residents of the borough.

5. Outcomes

- 5.1. The Stop Smoking Service will contribute to the outcomes of the IWS and provide all clients with the opportunity to engage in positive behaviour change activities and improve their confidence to achieve their wellbeing goals.

- Clients are able to access appropriate wellbeing services across Sefton that are proportionate to need.
- Clients are able to access support for their health and wellbeing needs through agreed referral routes and pathways in a flexible manner that responds to their needs and preferences, overcoming barriers including communication, mobility and cultural issues.
- High levels of client/user satisfaction across all services, interventions and programmes
- Quality and continuous service improvement
- A contribution to helping people stay well and living independently for longer, without reliance on additional support such as social care and the NHS
- High levels of client /user engagement and participation in the monitoring of services

- 4.2 The Stop Smoking service will also be expected to demonstrate the following outcomes.

- Smoking Quits across Sefton
- Smoking quits from people living in the 20% most deprived wards
- Smoking quits from people living in the 10% most deprived
- Harm reduction amongst smokers who are not yet ready to quit
- Long term quits amongst people who are supported to harm reduce
- Quits amongst people who have a diagnosed mental health issue
- Quits amongst pregnant women
- Increased smoking cessation capacity through training of intermediates to deliver stop smoking advice and support across Sefton

- 4.3 The service will be managed through systematic programme planning including key performance measures and milestones.

- 4.4. In order to provide a fully integrated wellness service offer, the Stop Smoking Service will work collaboratively with IWS colleagues and other partners at a strategic and operational level. This will include a variety of

universal and specialist service providers, third sector and community organisations.

4.5. The Stop Smoking service provider will develop meaningful and productive partnerships and collaborative arrangements. Partners will include, but are not limited to:

- Sefton community and voluntary groups CVS
- Active Sefton
- Third Sector organisations including voluntary, faith and community groups
- General Practice, Primary Health and Social Care Services
- Housing Providers
- Mental Health Services
- Midwifery Services
- Job Centre Plus
- Probation Services
- Citizens Advice Bureau
- Substance Misuse
- Healthy Child Programme
- Other NHS family: including Acute Trusts, CCG; Community Trusts
- Smoking quits from people living in the 20% most deprived wards
- Smoking quits from people living in the 10% most deprived
- Harm reduction amongst smokers who are not yet ready to quit

6. Service Transition and Development

5.1 Sefton Council wishes to minimise the impact on existing clients of any change in service provision and requires a seamless transition between existing services and the new service.

5.2 The Stop Smoking service provider shall produce a start-up plan that details the take-over and management of the existing service arrangements and the development of a new Service, over the period from contract signature to full operation. Progress against the Start-Up Plan will be monitored during the period from the award of the contract to its full operation at regular meetings.

7. Tender Method

6.1 The Tender opportunity will be advertised in the Official Journal of the European Union (OJEU) under the Light Touch Regime (LTR) part of the 2015 EU Procurement Regulations, Section 7, which relates to Social and other Specific Services.

6.2 The Tender will also be advertised on the Council's E-Procurement portal, The Chest. The Procurement process will be managed using the Chest.

6.3 Submitted tenders will be evaluated using the most economically advantageous offer to the Council. The three stage process of procurement is:

- Stage 1 Selection criteria - covering organisation information, references, financial information, insurance, equal opportunities, health and safety, and professional conduct. This is a pass/fail stage.
- Stage 2 Award criteria – quality (60%), price (30%).
- Stage 3 Award Criteria – Interview (10%) Maximum of three organisations invited to interview.

Proposed Procurement Timeline (Indicative).

16.09.2016	Advertise in OJEU and on The Chest
18.10.2016	Tender response deadline (noon)
19.10.2016 to 14.11.2016	Evaluation of bids
16.11.2016	ITT Evaluation moderation
w/c 21.11.2016	Interviews
02.12.2016 to 13.12.2016	Mandatory Standstill Period
15.12.2016	Chief Officer (Director of Public Health) sign off award
16.12.2016	Award contract and seal contract
16.12.2016 to 31.03.2016	Mobilisation / Implementation / TUPE etc
1 st April 2017	Contract start date

Appendix 1

1. Adult smoking habits in Great Britain, 2014, Opinions and Lifestyle Survey, ONS 2016
Smoking and Mental Health, 2016, ASH
2. Primary care guidance on smoking and mental disorders, 2014, Primary Care Mental Health Forum
3. Royal College of Physicians, Passive smoking and children, 2010 London, Royal College of Physician
4. Smoking Cessation in Pregnancy: A Call to Action , 2013, ASH
Integrated Household Survey, 2014, PHE
5. Smoking Prevalence derived from Merseyside Home Fire Safety Checks, 2015 HFSC)
6. NHS Stop Smoking Services Evaluation, 2016 ASH
7. People who reduce smoking with NRT and motivational support increases future cessation amongst smokers who are unmotivated to quit. ASH 2005, (Carpenter H, Hughes J, Solomon L, Callas P, (2004) Journal of Consulting and Clink Psychology
8. Electronic Cigarettes: A briefing for Stop Smoking Services, 2016, NCST
9. E-cigarettes: The evidence and implications for policy and practice in England, PHE 2015