

Report to:	Cabinet	Date of Meeting:	25 July 2019
Subject:	Procurement of Sefton Specialist Stop Smoking Service		
Report of:	Head of Health and Wellbeing	Wards Affected:	All
Cabinet Portfolio:	Health and Wellbeing		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

The purpose of this report is to seek approval to complete a tender exercise to re-procure Sefton Specialist Stop Smoking Service for Sefton which is due to expire on 31st March 2020. The procurement exercise will include a remodel of the current service in line with latest evidence and local need.

The replacement contract will be for a 3-year core period, with the option to extend for up to 2 (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 The procurement will be based on MEAT (Most Economically Advantageous Tender) taking into consideration a balance between quality and cost.

Delegated authority is also sought for the Director of Public Health (in conjunction with the Cabinet Member) to award the remaining subsequent extension options if any future extensions of this contract are deemed appropriate and offer value for money.

Recommendation(s):

1. That the Director of Public Health be authorised to conduct a procurement exercise for Sefton Stop Smoking Service, with a view to entering into a contract for a maximum of 5 years comprising an initial 3 year period with an option to extend for up to 2 periods of 12 months.
2. That the Director of Public Health, in consultation with the Cabinet Member for Health and Wellbeing, be granted authority to award the Contract resulting from the procurement and to award any extension thereof.

Reasons for the Recommendation(s):

The current contract is due to expire in March 2020.

Public Health would like to develop the service model to be more responsive to the changing needs of local people in Sefton. This would enable include greater action around

smoking in pregnancy, smoke free homes and an improved offer for young people who smoke or vape in Sefton.

The Stop Smoking service is fundamental to the overall Integrated Wellness Service LWS

Alternative Options Considered and Rejected: (including any Risk Implications)

1. To extend the contract for a further 1 years by exercising the additional option within the current contract. This option is rejected because of the continued review around smoking priorities, and the need to vary the contract to reflect those priorities.

What will it cost and how will it be financed?

(A) Revenue Costs

The current contract is funded from within the services base budget for which sufficient provision exists. The new contract will similarly be contained within this budget and includes pharmacy drug and supply. The contract will include provision for a Smoking in Pregnancy Midwife, which is currently being funded separately from one off monies. The Stop Smoking budget was reduced by c£500k in 2016/17 contributing to Council budget savings, resulting in the development of a specialist service, targeting the most vulnerable smokers in Sefton.

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-there are no capital costs associated with this proposal

Implications of the Proposals:

<p>Resource Implications (Financial, IT, Staffing and Assets):</p> <p>Met within existing Public Health budget allocation.</p>
<p>Legal Implications:</p>
<p>Equality Implications:</p> <p>There are no equality implications. / The equality Implications have been identified and mitigated. / The equality Implications have been identified and risk remains, as detailed in the report.</p> <p>(Please delete as appropriate and remove this text)</p>

Contribution to the Council's Core Purpose:

(Please give a brief description of how the proposals set out in the report contribute towards the following Council's Core Purpose. Insert 'not applicable' where required.

Protect the most vulnerable: x
The service targets Sefton's most vulnerable smokers, including people living in socio economic deprivation, people experiencing poor mental health and pregnant women.
Facilitate confident and resilient communities: x
The service provides support in local communities, carries out outreach in Sefton's most deprived areas.
The service provides training and support for partners to build capacity around smoking cessation through brief intervention and low-level advice.
Commission, broker and provide core services: x
Place – leadership and influencer: n/a
Drivers of change and reform: n/a
Facilitate sustainable economic prosperity:n/a
Greater income for social investment: n/a
Cleaner Greener:n/a

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD5700/19) and Head of Regulation and Compliance (LD4824/19) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Consultation stakeholders is planned and will include, service users and partners.

Implementation Date for the Decision

Immediately following the Committee / Council meeting.

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Appendices:

There are no appendices to this report

Background Papers:

None

1. Introduction/Background

1.1 Prevalence

Estimated smoking prevalence across the whole of Sefton is 12.4%; however, this masks much higher prevalence in some of Sefton's most deprived wards, where up to 50% of people smoke tobacco and therefore exposed to more concentrated risk from harm. Smoking related deaths in Sefton are significantly worse than the rest of England equating to 574 deaths per year.

Smoking remains by far the single biggest preventable cause of death and illness in England and the single most important driver of health inequalities. Smoking is much more common amongst unskilled and low-income workers than amongst high earners. The more disadvantaged a person is, the more likely they are to smoke and suffer smoking related illness and premature death. Smoking rates are also higher amongst people experiencing poor mental health, prisoners, looked after children and LGBT people.

Smoking is transmitted across the generations in a cycle underpinned by social norms, familiarisation and addiction. In poorer communities, young people are more exposed to smoking behavior, more likely to try smoking and once hooked find it harder to quit.

Smoking is so corrosive to individual, family and community health that any success in reducing smoking in disadvantaged groups has knock on benefits for the wider determinants, not least poverty. (*ASH, Health Inequalities and Smoking 2016*)

1.2. Sefton Stop Smoking Service

Sefton Council have contracted Solutions 4 Health to deliver a specialist stop smoking service for Sefton. This was for a contract period of 2 years with 3 plus one year options from April 2016.

The service provides an evidence-based specialised support service for people wanting to give up smoking, or reduce harm with a view to quitting in the longer term.

The service is 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 and to contribute to Sefton's Living Well Sefton Service (LWS) by:

- Acting as a specialist spoke, to assist residents across all age groups to stop smoking
- Offering stop smoking advice and providing a range of free, person centred, interventions using behaviour change techniques and motivational interviewing to tailor health, wellbeing and lifestyle support
- Providing support and training to all those involved in encouraging and supporting people to reduce harm and stop smoking.
- Focusing specifically on health inequalities and on improving health and wellbeing outcomes for residents of the borough and improve the health of the poorest.

1.3 Performance

Overall the service (specialist service and pharmacy offer) received slightly fewer referrals between April 2018 – 31st March 2019, compared to the previous year. However, the service achieved a higher quit rate 58% compared to 48% for the same period. The quit rate for the service reached 61% compared with pharmacies at 38%.

2634 people were referred to the Stop Smoking Service between April 2018 – 31st March 2019. Of all those referred, 1837 people set a quit date and a further 539 people adopted a harm reduction approach. Of the people who set a quit date 58% (1060) people went on to quit smoking

Of those referred, 50% (1318) came from health inequality areas with 1034 people from the top 10% most deprived wards. 45% of people who set a quit date were from health inequality areas. 490 (58%) people who quit smoking were from health inequality areas.

Amongst people experiencing poor mental health who accessed the service (569), 54% went on to quit, this compares to a quit rate of 38% the previous year.

Amongst pregnant women who accessed the service (88) 63.4% went on to quit, a further 43 adopted a harm reduction approach. Whilst the quit rate is good and reflects the quality of the service, it masks the ongoing challenge of engaging women. 224 women were referred, however, only 39% accessed the service.

For some smokers, reducing consumption with a view to a longer term quit is preferred. Of the 539 people who adopted this approach, 62% (334) reduced their consumption by 50% and 142 people went on to set a quit date. Of those, 78% went on to quit.

Of the people who chose to harm reduce, 59% came from high inequality areas, 38% experience poor mental health and 8% were pregnant. Interestingly, 314 people had never accessed the service previously.

This harm reduction approach has proved effective when working with more complex smokers, which has been the focus of the specialist service since commencement.

2.1 Areas of Deprivation

The service has targeted service promotion within areas of deprivation with a view to reaching people, who have never previously accessed the service. This has been supported by the introduction of a mobile unit 'Wellness on Wheels' which is used to set up stop smoking support sessions in communities, workplaces and at events. The service is now more flexible offering support in venues and at times that suit local people, includes evenings and weekends.

The service has prioritised working with community partners, delivering brief advice training to staff and strengthening referral processes. The service has updated its communication methods to include social media, interactive website and online chat to provide round the clock support.

It is acknowledged that for some people who find it more difficult to quit, a harm reduction approach is more effective, staff have been supporting many people this way, resulting greater uptake amongst routine and manual workers.

2.3 Smoking in Pregnancy

Smoking pregnancy is a complex issue with many challenges. The service has worked tirelessly with Southport and Ormskirk and Liverpool Women's maternity units to improve the number and quality of referrals in to the service. As a result, the numbers of referrals have increased but not significantly. Public Health is working to address smoking in pregnancy at a regional level.

2.4 Mental Health

The service has worked closely with MerseyCare to improve smoking support for people who experience poor mental health. A data sharing agreement has been established and training has been provided for staff. People experiencing poor mental health continue to be a priority group .

2.5 Pharmacies

Solutions for Health have taken over management of the pharmacy contracts including the provision and governance of pharmaceutical support. This includes the introduction of a new database which will capture additional information and reduce lost to follow ups and improved quit rates. Tariffs have been revised prioritising outcomes for clients rather than activity. SLA's have been established and new pharmacies signed up to ensure good coverage across the whole of Sefton.

- 22 Pharmacies providing Level 2 Services (advice and support to quit)
- 42 Pharmacies Supplying Champix under the PGD

A full review of the pharmacy offer is underway and will inform future modelling.

4.0 Next Steps

To re-specify the Specialist, Stop Smoking service to reflect the changing need of Sefton residents who smoke or who experience smoke filled environments. This will be informed by reviewing the latest evidence and best practice, local prevalence including inequalities, consultation findings and service review. Key areas for development include;

- Better provision for children and young people in Sefton, including those who already smoke or vape and those at risk of smoking in the future.
- Dedicated resource to tackle smoking in pregnancy
- Smokefree places