

Report seeking authority to procure a new tobacco dependency service

Date: 25th May 2022

Report of: Head of Public Health (Healthy Living)

Report to: Director of Public Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

- Every year in Leeds, nearly 1,000 people die and around 5,500 over the age of 35 are admitted to hospital from a condition attributed to smoking. It is the lifestyle factor that impacts the most on reduced life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease. The impact of tobacco is greatest in the most deprived areas of the city, not just on people who smoke but also on their families and communities, with smoking accounting for up to nine years of the gap in life expectancy between richest and poorest.
- Approval is being sought to procure a new service to support people who are tobacco dependent to give up smoking.
- This will support the health priorities within the Best Council Plan, namely:
 - Reducing health inequalities and improving the health of the poorest fastest
 - Supporting healthy, physically active lifestyles
 - Working as a system to ensure people get the right care, from the right people in the right place

Recommendations

The Director of Public Health is recommended to:

- a) approve authority to proceed with a competitive procurement process, as outlined in this report and in line with Contract Procedure Rules (CPRs) 3.1.7, to procure a suitable provider/consortium to deliver a new tobacco dependency service, for a period of 5 years commencing 1st April 2023 (with an option to extend for a period of up to 36 months in any combination) with a budget of £728,600 per annum (£5,828,800 for the overall contract period).
- b) Approve the use of 100% quality tender evaluation criteria, in accordance with Contract Procedure Rules (CPRs) 15.2 (b).

- c) note that a report will be submitted for approval at the end of the procurement process to approve the contract award, which will be a direct consequence of this key decision and will therefore be a significant operational decision at most, which will not be subject to call in.

Why is the proposal being put forward?

- 1 Tobacco dependence is a chronic, relapsing clinical condition that prematurely kills at least half of people who smoke, and is the single biggest preventable cause of ill health and mortality, killing more people than alcohol, obesity, road accidents and illegal drugs combined. Smoking is seen as a medical condition that can be treated, rather than as a lifestyle choice.
- 2 There are currently around 122,000 people in Leeds who smoke, and every year nearly 1,000 people die and around 5,500 are admitted to hospital from a condition attributed to smoking. It is the lifestyle factor that impacts the most on reduced life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease. The impact of tobacco is greatest in the most deprived areas of the city, not just on people who smoke but also on their families and communities, with smoking accounting for up to nine years of the gap in life expectancy between richest and poorest.
- 3 Smoking is also costly to those who smoke, using a significant proportion of their often-limited disposable income, and having a significant negative effect on individual earnings and employment prospects. People who currently smoke are 5% less likely to be employed than people who do not smoke and people who have smoked long-term are 7.5% less likely to be employed. Furthermore, it is estimated that 32% of households with a person who smokes fall below the poverty line, many of which will contain families, and if those people were to quit nearly 7,000 of households in Leeds experiencing poverty could be lifted out of poverty through income returned to the household.
- 4 In the wider context smoking is a major contributor to the amount of litter in our environment, household fires and days lost at work due to smoking related sickness and reduced productivity. All these factors place a significant economic burden on both the public and private sectors.
- 5 The proposed Leeds ambition is to reduce smoking prevalence by a minimum of 0.5% per annum (at least 2,500 fewer people who smoke) by 2030, contributing to the proposed England national ambition of reducing prevalence to 5%.
- 6 Leeds has a history of providing a high-quality community tobacco dependence service which was first established in 1999, and has made good progress. At the start of the millennium our estimated smoking rates were 33% and by 2019 these had more than halved to 15.3%; however, this remains above the national rate of 13.9%. Despite the current service achieving higher than average quit rates at 4 weeks, the rate of decline in smoking prevalence has decelerated in recent years, and whilst the decline has been seen across all areas of the city, the gap in prevalence between the richest and the poorest communities remains.
- 7 Tobacco dependency provision is currently delivered via the council-commissioned Integrated Healthy Living Service contract, which expires on 31st March 2023. However, this proposal is for the commissioning of a new service that is dedicated to tobacco dependency. Alternative commissioning arrangements are being considered for the provision of other aspects of the service (weight management and other linked activity) to ensure improved alignment with the city integrated weight management pathway.
- 8 The new service shall provide a range of evidence based advice, guidance, information, self-help tools, activities and interventions to help people to successfully and permanently stop

smoking. The core elements of the intervention will be the provision of time-limited behavioural support and pharmacotherapy. Quit status will be verified through carbon monoxide readings after four weeks, and will be followed up after 12, 26 and 52 weeks to establish long-term change. The service will prioritise those living in deprived areas of Leeds, in order to help reduce health inequalities.

- 9 It will also be part of a system-wide approach for the city, which is developing in response to new investment for the city. Funding through the NHS Long Term Plan and Yorkshire Cancer Research is seeing the provision of tobacco dependency advisors in maternity services and to engage secondary care and mental health in-patients. There is also a new community pharmacy scheme for people to continue support after being discharged from hospital. Partners are discussing options for areas of collaboration in order to create an integrated provision that is easy to navigate for service users and referrers, and that makes best use of resources. The provider of the new contract will be required to play an active role in this.
- 10 Approval is being sought for a contract of 5 years plus an extension of up to 36 months (to be taken in any combination). This is because:
- it would demonstrate commitment to city health priorities and would link with the 2030 targets for reducing smoking prevalence.
 - this is a preventative service which reduces the burden on the wider health system
 - it provides stability to the provider and clients, and reduces disruption to service delivery and access
 - staff recruitment and retention will be easier as a result of longer terms of employment, greater job security and opportunities for development
 - it reduces the need for both LCC and potential bidders to resource a more frequent procurement cycle.
- 11 Approval is also being sought to go out to tender with a fixed budget and set the evaluation criteria at 100% quality, rather than using the price-quality separated approach, in accordance with Contracts Procedure Rules 15.2 (b). This is because:
- There is an imperative to maximise the service capacity, given the level of need in the city and the anticipated increase in demand that will result from the new provision in secondary care (namely direct referrals between the services, those no longer eligible for the hospital provision such as post-natal women, friends and family of those engaging with hospital provision, and people who cannot or do not want to use the community pharmacies).
 - A saving has already been made, given that the budget available is approximately 14% lower than the amount currently spent on tobacco dependency provision.
 - The level of spend is low when benchmarked with other areas.

What impact will this proposal have?

Wards Affected: All

Have ward members been consulted? Yes No

- 12 The service will contribute to reducing smoking prevalence, and in particular reduce the inequality between different parts of the city. Access to the service by groups and communities where smoking prevalence is higher will be monitored throughout the contract.

Key Performance Indicators will include the number of people setting a quit date, achieving 4-week quits and having quits verified through carbon monoxide readings and longer term follow up will be a key feature of the service monitoring.

- 13 Interventions which support people to stop smoking offer an immediate return on investment, as well as offering medium- and long-term returns. According to the National Institute for Clinical Excellence (NICE), every £1 spent on smoking cessation saves £10 in future health care costs and health gains.
- 14 The Social Value Toolkit will be embedded within the procurement and contract management processes in order to identify and measure the additional outcomes being delivered.
- 15 An Equality Diversity Cohesion Integration screening has been completed and is attached. There are no issues to be addressed.

What consultation and engagement has taken place?

- 16 The Executive Member for Public Health and Healthy Lifestyles was consulted on the proposal on 5th May 2022 and was supportive.
- 17 Public Health Programme Board has also given its support to this approach.
- 18 A paper concerning options for the various strands of the tobacco dependency provision in the city has been presented to the Healthy Adult Board.
- 19 Discussions are ongoing with partners in the wider healthcare system about how this service will be part of the new collaborative approach.
- 20 Procurement and Commercial Services have been consulted about the procurement approach.

What are the resource implications?

- 21 The budget for this procurement is £728,600 per annum, with a total of £5,828,800 if all extensions are taken. There is provision within the Public Health revenue budget for this.
- 22 It is recognised that the council is in a challenging financial position. As such, the contract would be awarded on the basis that efficiencies may be required in future, which would be the subject of a contract variation, and would include standard break clauses.
- 23 The new service will continue to be closely contract managed to ensure robust performance monitoring takes place and value for money is being achieved for the Council.

What are the legal implications?

- 24 This is a Key Decision since the total value of the contract (including potential extensions) is £5,828,800 and is therefore subject to Call In. It was published on the List of Forthcoming Key Decisions on 14th April 2022.
- 25 This report does not contain any exempt or confidential information under the Access to Information Rules.
- 26 The total contract value over the eight years including the possible extensions will exceed the procurement threshold for Health and Social Care which stands at £663,540. Whilst the service is not subject to the “full” regulations but to the “Light-Touch Rules Regime” under the regulations, there is still a requirement to advertise this opportunity via the council’s YORtender portal and the Find a Tender Service to ensure an open competitive tendering exercise.

- 27 There is minimal risk of challenge, since the proposed approach is to award this contract through an open and competitive procurement process.
- 28 Subsequent decisions arising from this report, for example the decision to award the contract, will be treated as a consequence of this Key decision and will therefore be treated as a significant operational decision at most, which will not be subject to call in.

What are the key risks and how are they being managed?

- 29 A risk register will be established as part of the re-procurement process and this will continue to be managed and updated. Significant risks will be reported to the Public Health Programme Board.
- 30 A mobilisation period has been built into the procurement timetable to ensure that the service can be fully mobilised before the contract start date
- 31 This procurement will enable a continuity of provision that addresses a key public health priority. The risks are the same as with any procurement, such as TUPE, the potential loss of existing experienced, skilled and trusted staff members and a transition period in which the service has to build trust, confidence and reputation amongst in-scope populations. This will be managed through a Project Team throughout the procurement and mobilisation process, and then through robust a contract management process.
- 32 If this decision is not approved, the current service will fall out of contract on 31st March 2023, causing significant risk to the Council and its providers. There is an evidenced need for this service and should it not continue to be delivered beyond the expiry of the current contract, this would significantly affect the Council's ability to address smoking prevalence in the city.
- 33 Requirements relating to information governance and the processing of personal data will be included in the specification and monitored through contract management processes including a Quality Management Framework.

Does this proposal support the council's 3 Key Pillars?

Inclusive Growth

Health and Wellbeing

Climate Emergency

- 34 This service will contribute to Best Council Plan's health priorities, namely:
- Reducing health inequalities and improve the health of the poorest fastest
 - Supporting healthy, physically active lifestyles
 - Working as a system to ensure people get the right care, from the right people in the right place
- 35 Furthermore, it will support the Leeds Health and Wellbeing Strategy priority of "A stronger focus on prevention".
- 36 The proposal is also relevant to the Best City for Health and Wellbeing element of Leeds' Inclusive Growth Strategy, notably:
- Working in partnership to improve the health of the poorest the fastest
 - Supporting healthy, active lifestyles to enable people of all ages to fully realise their social, educational and economic potential.
- 37 The service will operate from a number of sites to ensure easy access for service users, and therefore minimising the need to travel and encouraging the use of public transport. This helps to reduce carbon emissions and environmental pollution which contributes to city actions to better manage air quality.

- 38 The type of interventions provided are aimed at improving health and well-being, including the prevention of hospital admissions which helps ensure we better manage our use of resource intensive (and high footprint) health and care services.
- 39 The service specification will require that the service undertakes to meet all legislation, guidance and good industry practice in environmental management and the objectives of the Council's sustainability policies. Officers from Adults and Health work with the provider through the established contract management process to ensure the service is proactively seeking to minimise its carbon footprint and thereby support the Council in achieving its ambition to be carbon neutral by 2030.

Options, timescales and measuring success

a) What other options were considered?

- 40 The option of making use of the final extension available on the contract was considered. This was rejected given the need to implement budget savings.
- 41 Continuing with the current integrated service model but on a smaller scale was disregarded in order to prioritise reducing smoking prevalence.
- 42 Maintaining a specialist approach was favoured over moving to a primary care one as the current practice has worked well in Leeds.
- 43 There is also the option of ending the provision once the current contract expires. However, given the relatively high rate of smoking prevalence within Leeds, there is still a need to be met.

b) How will success be measured?

- 44 The contract will include a Performance Framework for the purpose of monitoring service delivery and outcomes. This will reflect the aims listed in paragraph 11 above.

c) What is the timetable for implementation?

- 45 If approval is given, the intention is to go out to tender in June 2022. Approval to award the contract will be sought in September 2022, which will allow for a mobilisation period before the new contract starts on 1st April 2023.

Appendices

- 46 None

Background papers

- None