ISLINGTON

Public Health
222 Upper St, London N1 1XR

Key Decision Report of the Director of Public Health

	Date: 27 May 2022	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Procurement Strategy for Camden and Islington Community Stop Smoking Service

1. Synopsis

1.1 This report seeks pre-tender approval for the procurement strategy for the Camden and Islington Community Stop Smoking Service in accordance with Rule 2.8 of the Council's Procurement Rules.

1.2 Islington Council wants to procure a service to support residents to successfully stop smoking. Smoking remains the single biggest preventable cause of death and illness. Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation and the highest rates of smoking are consistently found among those who are most disadvantaged. For instance, smoking prevalence in residents in routine and manual jobs is estimated to be 38.6%, which is a stark difference, compared to 11.2% and 16.3% in managerial and intermediate occupations respectively There is a clear evidence base indicating that stop smoking services very effectively help people to give up smoking – smokers supported by an evidence-based support service, are up to four times more likely to quit smoking and sustain their quit attempt than with no help, or over the counter Nicotine Replacement Therapy (NRT) alone. The Camden and Islington Community Stop Smoking Service plays a key role in reducing the health harms caused by smoking which are a significant cause of health inequalities in both Islington and Camden.

2. Recommendation

2.1 To approve the procurement strategy for the Camden and Islington Community Stop Smoking service as outlined in this report.

3. Date the decision is to be taken:

27 May 2022

4. Background

4.1 Evidence demonstrates smokers that are supported by an evidence-based support service, which includes access to medication, are up to four times more likely to quit smoking and sustain their quit attempt than with no help, or over the counter Nicotine Replacement Therapy (NRT) alone. The community stop smoking service model has been informed by an extensive review of services in Camden and Islington completed in 2016. This model has been working effectively since its implementation in 2017 and uses a three-tier approach to support (low intensity through to high intensity) to ensure smokers receive the best support to help them stop smoking.

4.2 In order to provide best value Public Health intend to procure this service jointly with Camden. The service has successfully been delivered as a joint service since 2017.

4.3 The Council is committed to helping more residents stop smoking and reduce smoking related health harms and inequality, as evidenced through the current Health and Wellbeing Strategy. As a result of this commitment, the outcomes for long term conditions have continued to show progress on significant risk factors, notably sustained higher levels of stop smoking success rates compared with London, and an overall continuing decline in smoking rates.

4.4 However smoking remains the single biggest preventable risk factor for poor health and premature death and the harms it causes are not evenly distributed. Smoking is a leading cause of health inequality. People in more deprived areas are more likely to smoke and less likely to quit. Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived. Smoking is increasingly concentrated in more disadvantaged groups and is the main contributor to health inequalities in Islington. Locally, 20.4%[1] of residents registered with an Islington GP and living in the most deprived quintile in the borough are current smokers compared with 14.4% of residents registered with an Islington GP living in the least deprived quintile. Similarly, smoking prevalence in residents in routine and manual jobs is estimated to be 38.6%, which is a stark difference, compared to 11.2% and 16.3% in managerial and intermediate occupations respectively. Some ethnic groups also have higher rates of smoking than the general population. In Islington there are more smokers than average across all the white ethnic groups (21.9% white Irish) and especially high prevalence in mixed white and black Caribbean (26.8%), and black Caribbean ethnic groups (24.2%). Tackling smoking prevalence within Islington supports the council's clear commitment to challenge inequalities.

[1] GP data extract March 2022

4.5 Nicotine addiction through smoking is a long-term condition that starts in childhood and drives health inequalities. Tackling smoking in families and children is part of establishing a good start in life. Smoking also has wider societal impacts, for example, impacting criminal activity through illegal tobacco sales, on employers through sickness absence and productivity, and the cost of cleaning up the environment. Maintaining provision of a community stop smoking service increases the ability of communities to live healthier lives. The service will raise awareness of stop smoking support, work in a non-judgmental way and decrease the stigma that can be associated with seeking help and making unsuccessful quit attempts by encouraging and supporting people to try again.

4.6 As stated, the current service model was developed after extensive engagement with stakeholders, including residents and health professionals. The model, which incorporates research from University College London, is flexible and has been successful, with more than half of all smokers who accessed support, stopping smoking after four weeks and a high percentage remaining smoke-free at 12 weeks. Notably, the model has been very successful in supporting those identified as highly addicted smokers to sustain quit attempts. For instance, among patients with chronic obstructive pulmonary disease (COPD), a group who, because of the amount they smoke and the length of time they have been smoking for, find quitting extremely challenging, the service has achieved four-week quit rates of over 60% and 12-week quit rate of 50%, which is excellent for this cohort. Working with Whittington Hospital respiratory clinicians who make smoking cessation a core treatment for these patients, the service achieves exceptionally high quit rates at 78%.

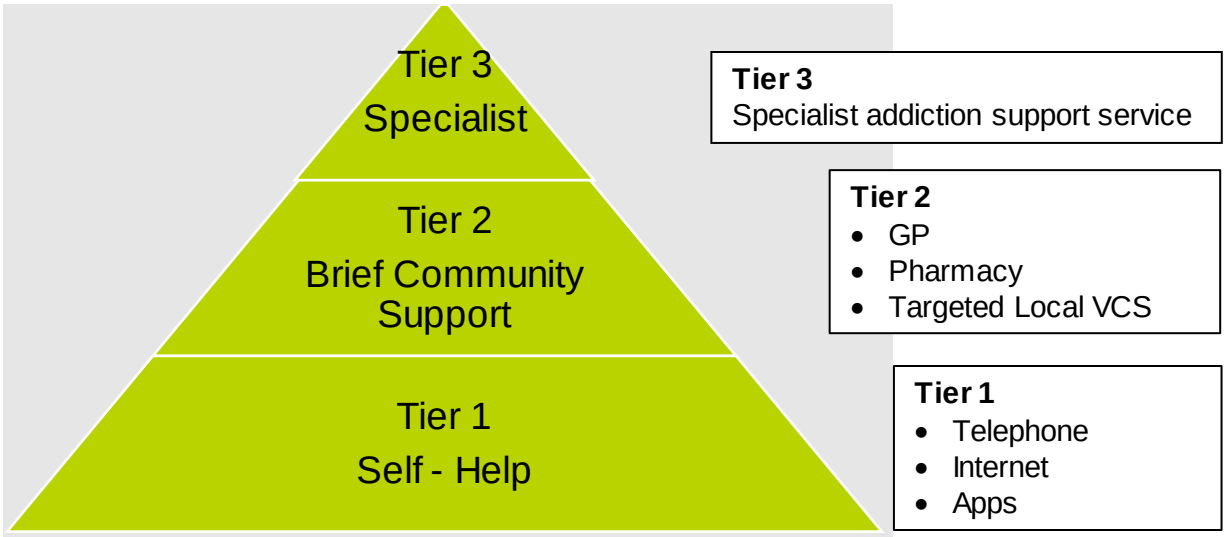
4.7 The tiers of the service can be defined as:

Tier 1 offers self-support through online or app-based information and printed media to those smokers who want to quit without face-to-face support. There is a cohort of smokers who are interested in stopping smoking, do not want professional help, but need easy access to advice, tips and motivation on how to quit. Camden and Islington contribute to a pan-London smoking cessation transformation programme led by the Association of Directors of Public Health, which delivers economies of scale through mass public advertising campaigns, digital and remote services and research and evaluation. The Camden and Islington community stop smoking provider will ensure their online resources link into the London programme to encourage more quit attempts among this cohort of smokers and will maximise the research and intelligence from the programme to further promote local services.

Tier 2 offers brief support with appropriate medication provided by trained professionals in community settings. This includes a minimum of two face-to-face sessions with a trained stop smoking advisor, but the frequency and intensity of the intervention is tailored to individual needs. For convenience, sessions can be conducted via video chat or by telephone. This model uses a central Tier 2 hub that trains professionals to provide the service, offers ongoing support, guidance and governance to GPs and pharmacies and deals with payments to each per quit. We propose that this tier continues with the GP and pharmacy stop smoking services that we currently have, as feedback from residents is these services are accessible and work for many. The new provider will also offer this level of support in partnership with targeted specific voluntary and community sector (VCS) groups that are at the centre of their communities, thus maximising the use of our community assets.

Tier 3 offers specialist support with appropriate medication to highly addicted smokers who may have complex needs, such as respiratory disease or mental illness, may find it harder to quit and can benefit from an intensive face-to-face intervention and behavioural support. Smokers need to commit to a minimum of six weekly sessions, with further sessions over a longer period of time offered if required and flexible support in between sessions tailored to the individual. Additional support is available for those who are housebound. Group sessions will also be delivered through this tier. The new provider will offer this level of support with highly trained specialist stop smoking advisers and optimum medication.

Integrated across all tiers is an effective approach to marketing and promoting the service.



4.8 The pandemic has impacted our Camden and Islington stop smoking services due to lockdown-imposed restrictions and the changes implemented in community health services. Compared to 2019-20, the overall number of people quitting in Islington reduced by 23% in 2020-21. This was primarily due to lack of service access in GP and pharmacy settings. In contrast, the community stop smoking service increased their reach and achieved 28% more quits in 2020-21 compared to the previous year. The rates of people achieving a successful quit also increased.

4.9 The model has further adapted to take account of the COVID pandemic; this has resulted in some valuable modifications that have had positive feedback from service users. For instance, prevented from providing a face-to-face service, the service adapted its delivery to increase the resident offer for ongoing support via telephone and digital means, with medications delivered by post to their home address. These modifications have had positive feedback and we will take the learning from them when producing the new service specification. As part of our service user engagement work we will be asking residents about the impact of these changes and preferences for different types of delivery e.g. use of technology compared with standard face to face support.

4.10 Since the service went live five years ago, the prevalence of vaping has also further increased. Nationally the proportion of adults who vape (use e-cigarettes) continues to increase, with 3.6 million people in 2021 reporting use. Many ex-smokers report using them to stop smoking and prevent relapse and vaping is considered a harm reduction method in national guidelines.

Considering how vaping is further incorporated into the service model will be part of our market engagement work.

4.11 An important approach to service delivery is ensuring a targeted approach with those groups in whom quitting smoking will have particularly high benefit. We are currently undertaking a deep dive analysis to look at how prevalence, access to stop smoking services and successful completions vary by different groups. Initial analysis is indicating the following targeted groups:

- Those with cardiac and respiratory conditions.
- Pregnant women.
- Groups where we know smoking prevalence is particularly high and smoking related outcomes poor, such as those with mental health conditions, and people working in manual roles or living in the most deprived areas of the borough.
- Parents of children admitted to hospital because of asthma/viral wheeze.
- Engagement with drug and alcohol service users has identified a gap in smoking cessation input. Opportunities to stop smoking alongside drug and alcohol abstinence will be developed as one of our social value indicators.
- Lesbian, gay, bisexual and transgender (LGBT) people.

We will use updated ethnicity and other demographic data to inform the requirements of the service model.

4.12 We want to continue to provide a community stop smoking service because offering residents a specialist service that gives them access to stop smoking medications (such as Nicotine Replacement Therapy (NRT)) in combination with behavioural support remains the most effective way for individuals to successfully stop smoking and to reduce smoking prevalence and harms within the community. As well as there being direct benefits for the individual, there are further benefits for the wider community including children and other household contacts and others who may be exposed to the effects of 'second hand' smoke.

4.13 The service model has proven to be effective in delivering ongoing improvement in terms of engaging target communities and delivering higher numbers of validated smoking quits across users and settings. Continuing this work will support wider work to reduce health inequalities and improve outcomes amongst some of our most vulnerable residents. The service will be free and available to anyone who lives, works or studies within the boroughs. It will work intensively to engage and provide appropriate services to groups with higher smoking rates and those who experience a particularly high burden of smoking related harms.

4.14 Commissioning the service will provide opportunities to change the smoking behaviours of the local population and encourage more quit attempts. It will also help support achievement of the vision for London to become the first smoke free city in England by 2029.

4.15 Further engagement work is currently underway to seek the views of residents who are smokers (including those who might have tried to stop smoking in the past or think they may want to stop in future) and ex-smokers. Additionally, we are working with current providers to review the impacts, both positive and negative, of how services adapted delivery with residents and communities since the pandemic started to ensure learning from this is adapted into the model going forward.

We are undertaking a deep dive analytical review to ensure our approach to targeting those groups who are most impacted by smoking continues to align with local need.

4.16 Estimated Value

Funding will come from the Public Health budget. Across Islington and Camden the total annual contract value will be £664,300 equally split between the two boroughs (£332,150 per borough). The intention is to go to market with a six-year contract (four years, with an option to extend for up to a further two years). The lifetime value of the procurement (for the six-year contract) will be £3,985,800. This is shared equally between Camden and Islington making the borough specific value £1,992,900 over the contract lifetime.

The current service spend (2021-22) is at £664,300 per annum - £332,150 per borough. The spend on this service for the last two years (2020-21 – 2021-22) is £1,328,600.

There is a good evidence base that supports investment in smoking cessation as a way of reducing costs elsewhere in health and social care. The health cost of smoking comes with an enormous economic cost. Each year smoking is estimated to cost Islington £79.46 million. These costs include: £65.98 million from unemployment reduced earnings and premature death, £8.76 million in NHS treatment costs for illness caused by smoking and £3.39 million in local authority social care costs to meet need caused by smoking. (Ash, 2022)

4.17 There are identified cost pressures within the service which would make any reduction in budget difficult. The existing service offer had to adapt its ways of working to be able to continue to deliver stop smoking support to residents and achieve quits during the pandemic. Shifting more service delivery from face-to-face to telephone has reduced some costs in the short term as advisors have worked more from home, however some other changes have contributed to higher costs. Elements of this change will likely influence the future operational model. However in order to meet the access and service needs of residents there is a need to provide more face-to-face delivery of services as we come out of the pandemic – which has financial implications in terms of finding suitable community sites to deliver services from.

The national availability of medication as part of tier 2 and tier 3 support has changed during the last two years, due to factors such as pandemic-driven changes in delivery and a national shortage of Varenicline (Champix) caused by disruptions in the manufacturing process. As a result, the provider's costs for Nicotine Replacement Therapy have increased significantly. These costs pressures are likely be ongoing and to impact the new contract.

A further cost pressure is likely to come as a result of implementation of the NHS Long Term Plan which has placed tobacco dependency treatment at the heart of the NHS agenda. The plan envisages that by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. This includes acute and mental health inpatients and maternity services. Hospitals across Camden and Islington will directly receive allocated funds starting in 2022. Although the work will pump-prime much needed intensive support in a hospital setting, there is an expectation that this will result in a greater number of referrals into community stop smoking services while people sustain their quit attempts as they come out of hospital, as well as a requirement for community stop smoking services to increase information flows to and from NHS providers. It will therefore have direct impacts on the activity of the community service and will require some flexibility on the part of the new provider in terms of

how they work to meet the demand and absorb the new workload. We will use further details that emerge to inform the requirements of the service model as necessary.

4.18 Benchmarking of stop smoking services is challenging as the approach taken varies from borough to borough and is impacted by prevalence of smoking and the complexity of those that do smoke. However, when the outcomes achieved across Islington and Camden are compared to other parts of North Central London and London as a whole, our achievements are good. Comparison of the quits achieved per 100,000 smokers shows that both Islington and Camden are out-performing London and England.

It should also be recognised that residents continue to suffer detrimental impacts of smoking – with Islington's rate of smoking attributable deaths (240 per 100,000) being significantly higher than the equivalent rate in London (171 per 100,000) and England (202 per 100,000). The estimated smoking rate among adults in Islington has much reduced over time, but the rate remains significantly higher compared with London and England averages.

	Camden	**Islington**	**London**	**England**	**NCL average**	**Best in London**
Quitters per 100,000 smokers	2648	2785	1643	1670	1662	Hammersmith & Fulham 6014, Westminster 5038
Quit rate %	59	58.4	58	59	50	Croydon 66, Hammersmith & Fulham 66, Lambeth 66
Prevalence adults 18+ (Estimates from APS[2], 2020) %	9.3	18.9	11.1	12.1	12	Richmond 6.2 Harrow 6.5 Barnet 6.8

The University College London work referenced previously sets out an illustrative costing model for commissioners to consider against each of the three tiers. Using this model as a benchmark and taking account of local adult smoking prevalence, the budget allocated locally to stop smoking services aligns with costing model estimates.

4.19 Timetable

The current contract ends on 31 March 2023. A new contract needs to be in place for 1 April 2023. There are no statutory deadlines associated to this contract.

Key milestones	**Indicative Date**
Market engagement, and consultation	Feb-May 2022
Approval to procure	May 2022
Publish contract notice	June 2022
Deadline for submission	August 2022
Evaluation	August 2022
Approval of contract award	October 2022
Transition to the new arrangements - mobilisation period	November 2022 –

[2] Annual Population Survey

	March 2023
Contract start date	1 April 2023

4.20 Consultation

For this procurement we have developed an engagement strategy and have sought to hear the views of Camden and Islington residents who are smokers (who might have tried to stop smoking in the past or think they may want to stop in future) and ex-smokers.
We are using social media, an on-line survey, face-to-face and online group events to gather views to help inform a 'refresh' of the stop smoking service specification before the contract goes out to tender. We are working in partnership with community organisations, communications colleagues and other stakeholders to organise and facilitate information gathering. We are canvassing the views of people who have engaged with the current commissioned service.

4.21 Options appraisal
The following options have been considered

- Option 1: Do nothing
- Option 2: Insource the service
- Option 3: Redesign the service to be deliver at an individual borough level
- Option 4: Retender a service based on a model similar to that in place currently

Option 1: Do nothing.
The current contract comes to an end on the 31st March 2023. There is a clear evidence base around the importance and effectiveness of community stop smoking services. Due to the significant impact that smoking has in terms of the inequalities gap in both Camden and Islington we would not want to be without any smoking cessation support service.

Option 2: Insourcing the service.
An insourced service is unlikely to be able to provide the same level of cost-effectiveness as an established provider in this area, who could also hit the ground running. In addition to sourcing suitable premises, recruiting specialist stop smoking advisors and providing the appropriate professional supervision, the service would require clinical safety oversight to be provided by a medical clinical lead and on-going access to medical and advisory support.

Due to the prescribing involved in delivery of smoking cessation there would be a significant amount of clinical governance and oversight that the council would need to take on to ensure the development and delivery of a safe, quality assured service. The infrastructure required is not in place and would result in a significant amount of work and risk, both in establishing and maintaining this. Furthermore, the service would take time to build capacity and would therefore need a much longer period of mobilisation than the option for outsourcing.
This option would require a significant financial investment by the council and would also expose the council to risk related to the medication requirements of the service (including storage and prescribing) and associated clinical governance.

Option 3: Redesigning the service to provide separate and different models within each of the two boroughs.

Given the success of the current model and considering the investment made in it to date (including the resident and stakeholder consultation and service redesign exercise) this would represent inherent waste in efficiencies and cost effectiveness, it would be less attractive to providers. It is likely that the resultant services would be diminished in size and therefore the reach and the needs of many of the residents of each borough would go unmet. Working across the two boroughs offers several benefits in terms of partnership working and support as a number of important partners such as University College London Hospital (UCLH) and Camden and Islington NHS Foundation Trust work across both boroughs. Having a joint service has meant there has been the capacity to do useful in-reach work such as providing clinics on site; it has also meant more consistent pathways and innovation.

Option 4: Retender a service based on a model similar to that in place currently.
Review of performance data and service user feedback indicates that over the past five years, even through the pandemic lockdown, the service delivery model has been an adaptable and robust one. The service has met ambitious targets set for achievement across a range of settings, in fact exceeding community orchestrated four week quit targets during lockdown. With the service model now established within the two boroughs, commissioners will continue to work with the successful provider to ensure the service develops, taking on board learning from the pandemic and further adapting to meet the needs of groups in who smoking prevalence is particularly high or where the benefits of quitting are greatest. The service will continue to bring efficiencies through co-commissioning across the two boroughs.

The benefits of this option are:

- A three-tiered model offering the correct level of support depending on the resident's needs, stage of change/readiness to quit and greater choice of service.
- Making greater use of our community assets in terms of training those from VSC organisations to support people who want to quit smoking.
- Maintains the existing GP and Pharmacy options which residents tell us are important.
- Ensures innovation and supports service improvement e.g. thorough apps, online support and telephone support.
- Addresses the long term entrenched smokers with a unique approach to smoking addiction.
- Brings greater value for money as each tier is more targeted to specific groups resulting in greater success rates in people quitting.

An integrated service across Camden and Islington has been shown to facilitate economies of scale in both commissioning and provision. The larger contract size is thought likely to make this contract attractive to a wider range of providers. It would also improve choice for Camden and Islington residents in terms of where they can access services, as well as in the range of services offered. In addition, contract management will be more efficient through a reduced number of contracts and providers.

4.22 Collaboration

The service will be a collaboration between Islington and Camden Councils, which has proven to be an effective way of delivering community stop smoking services. It has facilitated innovation, enabled a range of diverse work such as in-reach clinics at hospital sites and has increased resident choice, with residents able to access services across both boroughs.

Wider collaboration across North Central London has been considered however is not thought viable as the approach to smoking cessation provision is very different elsewhere in NCL, as is the smoking prevalence.

The specification for the service will make it a requirement for the provider to support collaborative working that is planned across the Integrated Care System (ICS) footprint, in particular around improving hospital stop smoking pathways. The service provider will also be expected to work in collaboration with the pan-London stop smoking work to ensure we maximise London wide resources and campaigns.

4.23 Key considerations

The social value priorities for the purpose of this procurement are as follows:

- **Access to jobs for residents and training**: Provision of volunteering opportunities in Camden and Islington for residents to build their skills so they can work in this or other sectors. As part of the volunteering opportunity the service provider will provide, at no cost to the resident, training required to become a Level 2 smoking cessation advisor. Thereby providing volunteers with the opportunity to gain a qualification that could support them in gaining paid employment. Through market engagement we have explored the viability of the provider offering apprenticeships within the service. These will be sought during the latter half of the contract by which time the service should be well embedded within the boroughs and be favourably positioned to make this contribution.
- **Improving Communities**: Hiring local community venues to deliver services and for training events will support building the community and voluntary sector.
- **Advertising jobs locally:** Any vacancies in the service will be expected to be advertised on Islington's iWorks website and Camden's website 'Good Work Camden'.
- **Working in partnership with the Council to engage residents in health interventions.** We will expect the provider of the service to be committed to working collaboratively with existing local organisations, demonstrating social value delivery through partnerships. Specifically, the provider will be asked to work with drug and alcohol services to:
    - Commit to train and engage with drug and alcohol service user groups to support development of stop smoking peer advisors.
    - Provide (at no cost) Carbon Monoxide (CO) monitors for substance misuse peer support groups once established.

4.24 Payment of the London Living Wage (LLW) has been a requirement of this contract to date and will continue to be a condition of the contract.

4.25 We intend delivery of this contract to support Islington Council's ambition to become a zero-carbon borough by 2030. The specification will require the provider to specifically address this as part of their service delivery. For instance, the contract will ask the provider workforce, wherever possible, to travel into and within the borough by bicycle or public transport thereby reducing carbon emissions that would originate from use of a personal motorised vehicle. This will apply when delivering stop smoking interventions or training from community venues. The increase in virtual working and virtual service access will be encouraged where this works for residents. We expect the provider to deliver stop smoking treatment using remote options where convenient and appropriate for residents - reducing the number of journeys around the borough to access the service whilst continuing to provide an evidence-based, quality service.

4.26 TUPE will apply and the current provider will be asked to provide TUPE information in line with the statutory timeframe for provision of this information.

4.27 Evaluation

This procurement is being conducted in accordance with the Public Contracts Regulations 2015. The procurement is subject to the light-touch regime under Section 7 Social and Other Specific Services. Under Regulation 76, the Council is free to establish a procedure, provided that procedure is sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators (service providers).

This procedure is based on the open procedure but with the option for an element of negotiation (if required). All economic operators (service providers) who successfully express an interest will automatically be invited to tender and have access to the tender documents.

The council reserves the right to award the contract on the basis of initial tenders without negotiation, and also not to make an award of contract at all.

Proposed award criteria: price 30% and quality 70% (including 20% social value).

Quality award criteria	**Weighting (%)**
Service Delivery	20%
Social value	20%
Approach to networking and working in partnership with a range of stakeholders	15%
Inequalities and social exclusion - Targeting hard to reach groups	10%
Mobilisation/Implementation plan	5%

4.28 Business Risks

Risk	**Impact**	**Mitigation strategy**
Insufficient bids. If there are no providers willing to provide services as specified within budget envelope it may reduce the quality of service we can deliver and hence impact on the model.	Reduced scope for competition.	Approach providers for whom it would be feasible and realistic to deliver the service in Camden and Islington. Ensuring market engagement event to test the market.
If a different provider (to the current one) is awarded the contract, there is a risk of service disruption.	Disruption to existing service users and referrers. May need a longer period for mobilisation.	Officers will work with the current service provider to support residents who start their programme with Breathe to fully complete the programme with them, or, for those requiring a longer-term quit programme, develop a clear transition and handover plan. Officers will ensure clear communication for referrers regarding any changes to service provision and will work with the clinical commissioning group (CCG) to ensure that this is reflected within the

		wider stop smoking pathways across North Central London (NCL). The procurement timetable has factored in a four-month mobilisation period to support transition to a new service.
Financial viability of contracts.	Providers may be concerned about the financial viability of the service.	Market engagement events are planned to give potential providers the opportunity to input and provide feedback to the proposed approach. Commissioners have been reviewing potential financial pressures and how these can be managed within the specification.
Tiered Approach. Using a tiered approach can cause a service to become fragmented.	The service pathway is confusing and it is challenging to provide the right service at the right time.	Commissioners have reviewed the previous approach which contracted the tiers within 2 lots and realised this was challenging to deliver. The new service will be commissioned as one complete service making a more integrated system with KPIs delivered for the whole service.

4.29 The Employment Relations Act 1999 (Blacklist) Regulations 2010 explicitly prohibit the compilation, use, sale or supply of blacklists containing details of trade union members and their activities. Following a motion to full Council on 26 March 2013, all tenderers will be required to complete an anti-blacklisting declaration. Where an organisation is unable to declare that they have never blacklisted, they will be required to evidence that they have 'self-cleansed'. The Council will not award a contract to organisations found guilty of blacklisting unless they have demonstrated 'self-cleansing' and taken adequate measures to remedy past actions and prevent re-occurrences.

4.30 The following relevant information is required to be specifically approved in accordance with rule 2.8 of the Procurement Rules:

Relevant information	**Information/section in report**
1 Nature of the service	This is an evidence-based stop smoking service that will use support and medication to help residents to successfully stop smoking. See paragraph 4.1
2 Estimated value	The estimated value per year is £664,300 per annum split equally over the two boroughs. The agreement is proposed to run for a period of four years with an optional extension of up to two years. See paragraph 4.16
3 Timetable	June 2022 - Advert

	August 2022 - Evaluation October 2022 - Award 1 April 2023 - Contract start See paragraph 4.19
4 Options appraisal for tender procedure including consideration of collaboration opportunities	Options as outlined in this report See paragraph 4.21
5 Consideration of: Social benefit clauses; London Living Wage; Best value; TUPE, pensions and other staffing implications	As outlined in this report. See paragraph 4.23 – 4.26
6 Award criteria	Price 30% quality 70% (including social value 20%) The award criteria price/quality breakdown is more particularly described within the report. See paragraph 4.27
7 Any business risks associated with entering the contract	Mitigations are in place to manage the main risks associated with insufficient market interest and the disruption that would be caused by a new provider. See paragraph 4.28
8 Any other relevant financial, legal or other considerations.	See paragraph 5.1 – 5.4

5. Implications

5.1 Financial implications:

Across Islington and Camden the total annual contract value will be £664,300 equally split between the two boroughs (£332,150 per borough). The current service spend (2021-22) is at £664,300 per annum - £332,150 per borough. The proposed contract does not represent an increase in spend from levels established in 2016.

The contract length is for six-years (four years, with an option to extend for up to a further two years). The lifetime value of the procurement (for the six-year contract) will be £3,985,800. This is shared equally between Camden and Islington making the borough specific value £1,992,900 over the contract lifetime.

There are inherent cost pressures operating in this contract. These cost pressures need to be monitored closely, working in tandem with other providers such as the NHS community providers and hospital trusts. The contract has adapted to remove some of the inherent risks to the provider such as payment fluctuations by ending the Payment by Results (PbR) elements. This should give some stability to the providers to allow for effective cost planning.

In the event of the provider failing or insurmountable costs materialising then Public Health will need to meet any pressures through any growth money allocated to the Public Health grant, savings/efficiencies elsewhere, and further collaborations with partner agencies for additional funding.

5.2 Legal Implications:

This report seeks approval for the procurement strategy for a community stop smoking service. The council has a duty to improve public health under the Health and Social Care Act 2012, section 12. The council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living. The council has the power to enter into contracts with providers of such services under section 1 of the Local Government (Contracts) Act 1997.

The Executive may provide Corporate Directors with responsibility to award contracts with a value over £2 million using revenue money (council's Procurement Rule 16.2).

The proposed contract will be for an initial period of four years with an option to extend for a further period of up to two years, so the maximum contract term is six (6) years. The annual value of the proposed contract is £664,300 which will be equally split between Islington and Camden, being £332,150 each annually.

The estimated total contract value over the maximum term of six years is £3,985,800. Therefore, the proposed services being procured are subject to the light touch regime set out in the Public Contracts Regulations 2015 (the Regulations). The threshold for application of the light touch regime is £663,540. The value of the proposed contract is above this threshold so it must be procured with advertisement in the Find a Tender Service and with compliance of the Regulations. The council's Procurement Rules also require that this proposed contract be subject to a formal competitive tender process.

The proposed procurement strategy using the open procedure with an element of negotiation is in compliance with the principles underpinning the Regulations and the council's Procurement Rules.

On completion of the procurement process, the contract may be awarded to the highest scoring tenderer subject to the tender providing value for money for the council.

5.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

An environmental assessment report was completed and has been agreed. The environmental implications of this contract have been assessed as limited by the Energy Services team.

5.4 Equalities Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public

life. The council must have due regard to the need to tackle prejudice and promote understanding.

An Equalities Impact Assessment Screening Tool has been completed and approved by the Fairness and Equality Team. There are no negative impacts on protected groups associated with this procurement.

The tender process will require tenderers to demonstrate their organisation's active awareness of equality and diversity issues surrounding the activities of their business as part of the selection stage. The award stage will include a specific quality question on inequalities and social exclusion.

6. Reasons for the decision: (summary)

6.1 To provide an evidence-based community stop smoking service in Islington, which has been co-designed with residents. The service will allow residents the full spectrum of support depending on their level of need and readiness to stop smoking, which also offers value for money.

7. Record of the decision:

7.1 I have today decided to take the decision set out in section 2 of this report for the reasons set out above.

Signed by:

Director Public Health Date

Appendices

- Appendix 1: Approved Equalities Impact Assessment Screening Tool

Background papers: None.

Report Author: Charlotte Ashton / Nina Job
Tel: 07879 496616 / 07907 979565
Email: Charlotte.ashton@islington.gov.uk / nina.job@islington.gov.uk

Financial Implications Author: Thomas Cooksey
Tel: 020 7527 1867
Email Thomas.cooksey@islington.gov.uk

Legal Implications Author: Janine Paver
Tel: 020 7527 3322
Email: Janine.paver@islington.gov.uk

Appendices

Appendix 1: Approved Equalities Impact Assessment Screening Tool

SSS EQIA Screening Tool 2 Feb (reviewed)