

Report to Cabinet

17 July 2024

Subject:	Re-commissioning Sandwell Smoking Cessation Services
Cabinet Member:	Councillor Jacquie Taylor Cabinet Member for Adult Services, Health & Well-being
Director:	Liann Brookes-Smith Director of Public Health
Key Decision:	Yes
Contact Officer:	Mary Bailey Addictive Behaviours Programme Manager mary_bailey@sandwell.gov.uk

1 Recommendations

- 1.1 That approval be given to re-commission local smoking cessation services ensuring future delivery of support for Sandwell residents;
- 1.2 That the Director of Public Health be authorised to commence a procurement process for the provision of a local smoking cessation service to commence 1 April 2025 for a period of 2 years with the option to extend for up to a further 2 years at a budget of £450,000 per annum, with a maximum total of £1,800,000 funded from the Council's annual Public Health Grant over the entire permissible contract term;
- 1.3 That in connection with 1.2 above, the Director of Public Health be authorised to include any future Local Stop Smoking Services and Support Grant monies awarded from central government into the contract value to enable delivery of the national Smokefree Generationⁱ ambitions and that should the current level of Local Stop Smoking Services and Support Grant be maintained, the total possible maximum annual contract value would be £998,413 (£548,413 Local Stop Smoking



Services and Support Grant plus £450,000 Public Health Grant funded). Over the course of the contract (should all 4 years of Local Stop Smoking Services and Support Grant monies be confirmed) that would mean a total maximum contract value of £3,993,652 over the entire permissible 4-year contract term;



- 1.4 That the Director of Public Health be authorised to have final sign off of distribution of the Local Stop Smoking Services and Support Grant (LSSSSG) monies as required by Office for Health Improvement & Disparities (OHID) in line with OHID grant conditions over the grant period covering the following financial years: 2025/26, 2026/27, 2027/28 and 2028/29;
- 1.5 That the Director of Public Health be authorised to enter into a contract with the successful bidder, on terms to be agreed by the Director of Public Health, for the provision of a local smoking cessation service to commence on 1 April 2025 for a period of 2 years to 31 March 2027 with the option to extend up to a further 2 years until 31 March 2029;
- 1.6 That approval be given to make an exemption to the Procurement and Contract Procedure Rules 2024 to allow a contract to be awarded to a successful tenderer in the event that the required minimum number of tenders are not received;
- 1.7 That approval be given to make variations to the Contract up to a maximum of 10% of the Contract value, should they be necessitated, and that authority to approve such Variations be delegated to the appropriate Director of Public Health in consultation with the Cabinet Member for Adult Services, Health & Well-being;
- 1.8 That the Assistant Director – legal and Assurance execute any documentation necessary to give effect to the proposals in these recommendations for the provision of a local smoking cessation service.




2 Reasons for Recommendations

- 2.1 To allow the procurement of a local smoking cessation service. This will ensure that support for Sandwell smokers continues to be available beyond the currently commissioned service which is due to end 31st March 2025.

3 How does this deliver objectives of the Corporate Plan?

	<p>The Best Start in Life for Children and Young People</p> <p>Maximising access and engagement with smoking cessation support enables people (including those affected by other’s smoking) to benefit.</p> <p>Parental smoking is known to have a negative impact on children and young people through secondary smoke and intergenerational lifestyle behavioursⁱⁱ.</p> <p>Furthermore, smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes, including stillbirth, miscarriage, and pre-term birth. Smoking during pregnancy also increases the risk of children developing several respiratory conditions, attention and hyperactivity difficulties, learning difficulties, problems of the ear, nose and throat, obesity, and diabetesⁱⁱⁱ</p> <p>Whilst Sandwell has made progress, it still continues to have a higher than average rate of women who were smoking at the time of delivery (9.8% locally versus 9.1% regionally and 8.8% nationally)^{iv}</p>
	<p>People Live Well and Age Well</p> <p>Smoking is the leading cause of preventable death and disease in the UK. NHS England estimates that there were 74,600 deaths attributable to smoking in England in 2019.^v According to the revised estimate methodology, Sandwell has one of the worst smoking prevalence rates in the country (21% versus 13.4% regionally and 12.7% nationally)^{vi}</p>



	<p>Optimal and accessible treatment options will ensure outcomes including:</p> <ul style="list-style-type: none"> • Reduced demand on primary and secondary health services • Increased life expectancy and quality of life • Reduced health inequalities -smoking prevalence is higher in certain population such as manual workers, those with mental health needs, and the homeless etc • Reduced adverse maternal and infant outcomes
	<p>Strong Resilient Communities</p> <p>HM Revenue & Customs (mid-range) estimates for 2015/16 were that 13% of cigarettes in the UK market were illicit, and 32% of hand-rolled tobacco in the UK market were illicit.^{vii}</p> <p>Ensuring smoking cessation support and ensuring a greater number of smokers can quit helps reduce demand for cheap illicit tobacco and reduced associated criminal supply activity.</p>

4 Context and Key Issues

4.1 Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. The government’s new ‘Stopping the Start: our new plan to create a Smokefree Generation’ plan was published in October 2023^{viii} states that tobacco use remains one of our most significant public health challenges and that smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities.

4.2 According to the revised estimate methodology, Sandwell has one of the worst smoking prevalence rates in the country (21% versus 13.4% regionally and 12.7% nationally)^{ix}
 The national strategy ambition is to achieve Smokefree status by 2030 (‘Smokefree’ is defined as having a smoking prevalence of 5% or less).



4.3 Furthermore, the impact from smoking in Sandwell is particularly pronounced compared to regional and national levels of harm: Sandwell has a higher than national rate of smoking related deaths (261.1 versus 202.2 deaths per 100,000 population), as well as faring worse across a number of other smoking related measures including smoking attributable hospital admissions and emergency admissions for COPD^x.

4.4 The landscape for smoking cessation service delivery continues to evolve with challenges and opportunities as follows:

- The Government's commitment to achieving Smokefree status has meant additional funding is available to Local Authority Public Health teams to bolster local smoking cessation provision via the 'Local Stop Smoking Services and Support Grant' starting from 2024/25 until 2028/29^{xi}
- Illegal tobacco and vapes remain easily accessible and prevalent locally: increasing tobacco excise taxes and prices is the single most effective and cost-effective measure for reducing tobacco use, however the availability of very cheap illegal tobacco and vapes (with demand further fuelled by cost of living increases), effectively undermines such measures
- Increasing use and accessibility of electronic cigarettes (with an established evidence base as a harm reduction and cessation aid) offers the potential to engage more smokers who may struggle with more traditional quit-aids and offer potential for more self-help options
- Changes to service delivery continued from covid arrangements including more remote and digital based delivery methods offer more varied and personalised options to help smokers access quit support
- The NHS Long Term Plan has prioritised preventative action and sets out intentions for the NHS contribution to tackling tobacco dependence for hospital inpatients, pregnant women and long-term users of mental health services.



- The current model of provision focusses on engagement with high-prevalence smoker groups (who tend to be concentrated in more disadvantaged groups). The approach has shown the importance of securing system-wide partnership commitment and sustained workforce development delivery

4.5 **Current Position**

4.6 The current smoking cessation support service is now delivering into its permissible one-year extension period which ends 31st March 2025. The current service delivery model is available to anyone in Sandwell aged over 12 years and consists of two distinct elements:

- Health inequalities reduction service: a specialist engagement and treatment service focussing on harder to reach high-prevalence populations. This often includes more extensive face to face delivery and outreach support options. The focus is to initially reduce harm and build motivation over the longer term to eventually quit.
- Universal service: a self-help digital support option directed at those already inclined to quit and with the necessary access/resource to do so

4.7 Current performance of the existing service shows that whilst we have been able to penetrate more entrenched and traditionally under-engaged smoking populations to quit, this has been at the expense of our overall smoking support offer across the wider population – as such our overall quit rate has reduced to considerably lower than the national average (2,090 quitters per 100,000 population locally compared to a rate of 2,998 per 100,000 population nationally). Whilst we must not underestimate the importance of supporting these harder to reach high prevalence populations towards longer term health outcomes and reducing health inequalities within our local population, we must also ensure our universal offer is maximised towards Smokefree Generation ambitions to reduce our overall smoking prevalence.



- 4.8 Furthermore, whilst the current model of delivery accommodates for the use of vapes as a harm reduction /quit aid, it does not take into account the increasing use of vapes amongst those who have never smoked. Some such individuals who have initiated onto vapes and continue to vape long-term, feel the need for support in relation to their vaping behaviour, and this is something that the current model of delivery does not address.
- 4.9 The current service model has an annual maximum budget of £450,000 with the payment model consisting of a combination of block payment (50%), and payment by result (50%) for every quitter achieved. Expenditure against the budget for 2022/23 was £439,098.00
- 4.10 Having consulted with residents and partners about future smoking delivery, respondents felt there is still a high level of need in relation to smoking cessation support. Respondents felt support is best delivered in a variety of mediums including face to face as well as digital access options. Respondents felt that a vaping cessation offer should also be made available, and that support should be made available from a range of community and primary care venues.
- 4.11 In summary, learning from the current contract has shown:
- a need to maintain an enhanced support offer for our more entrenched and traditionally under-engaged smoking populations who face additional and substantial barriers to quitting
 - a need to ensure a visible and accessible universal offer for all other smokers directed at those already inclined to quit and with the necessary access/resource to do so
 - a need to ensure provision using the full range of delivery mediums to suit individual preference and need including face to face, phone, online and digital support intervention options



- a need to continue access to e-cigarettes as a harm reduction/ intermediate quit aid
- a need to develop a support offer for those who have initiated onto vapes and feel the need for support in relation to their vaping behaviour
- ensuring a support offer that is culturally responsive to meet the needs of all smokers and communities. This will involve working with community groups using a community asset-based approach

4.12 Future Provision

4.13 In mirroring the national Smokefree 2030 ambition, a focus on increasing the number of smokers setting a quit date and reducing smoking prevalence is essential. This will require a support offer that can work with and across the system (including statutory, non-statutory, community organisations and residents). It is therefore felt that a service model is needed that is flexible both in terms of its methods and approaches to reach all current smokers, as well as flexible in terms of how service users can access support.

4.14 The proposed future service model will therefore deliver the following elements:

- a specialist engagement and treatment service focussing on harder to reach high-prevalence populations who face substantial barriers to quitting. This will entail more extensive face to face delivery and outreach support options. The focus is to initially reduce harm and build motivation over the longer term to eventually quit.
- a universally available support offer focussing on those already inclined to quit and with the necessary access/ resource to do so. This will entail less intensive delivery utilising self-help digital support options alongside nicotine replacement products. This service element will only succeed by its ability to connect with, and market the offer to the relevant audience -as such excellent communications and marketing will be a vital service requirement.



- a support offer for those who have initiated onto vapes and require support in relation to their vaping behaviour
- 4.15 All the above proposed service elements will consist of a combination of behavioural support and pharmacotherapy (the provision of nicotine replacement therapies where indicated such as nicotine patches, gums, inhalers, e-cigarettes etc). The support offer will ensure provision via a full range of delivery mediums to suit individual preference and need including face-to-face, phone, online and digital support intervention options. The service approach must be culturally responsive to meet the needs of all smokers and communities. Towards this, the service will need to work closely and in partnership with local voluntary and community groups
- 4.16 The service will not be responsible for delivery or management of prescription-only smoking medications – these remain available via General Practice. As such the service will ensure operational pathways with local General Practices to ensure anyone indicated for prescription-only smoking medications are referred and co-case managed as necessary.
- 4.17 In light of the potential additional funding afforded from the Local Stop Smoking Services and Support Grant (LSSSSG)^{xii} (each year of funding to be confirmed on an annual basis) we propose that such monies be used to simply increase the scale and capacity of the proposed future service model elements outlined in 4.14 resulting in an increased number of quitters (rather than delivering anything materially different or additional). This will help ensure we have a core offer that meets all needs (should additional LSSSSG monies not be made available in future). More details on the funding arrangements detailed in section 4.18 onwards



4.18 Funding

4.19 The budget to be funded from the Public Health Grant for the proposed model will be £450,000 maximum per annum. This will be a block payment with an annual target requirement of 700 quitters (please see section 4.24 for more details on targets). It is proposed that the service commence on 1st April 2025 for a period of 2 years with the option to extend for up to 2 years at a budget of £450,000 per annum. The total maximum amount inclusive of the optional 2-year extension period to be funded from the Public Health Grant would therefore be £1,800,000.00.

4.20 In addition to Public Health Grant funding, the national 2030 Smokefree Generation ambition also comes with additional grant funding covering the financial years 2024/25 to 2028/29.^{xiii} The funding is to support Local Authorities to deliver expanded stop smoking services and to increase the number of people setting a quit date and successfully quitting.

The Local Stop Smoking Services and Support Grant (LSSSSG) awarded for 2024/25 was £548,413.

Each year of grant award is subject to annual confirmation and local authorities are required to meet certain criteria to be eligible:

- local authorities must maintain existing spend on stop smoking services
- local authorities ensure they maintain this level of funding throughout the whole grant period (2024/25 to 2028/29)

The proposed future budget outlined in 4.19 would ensure both these criteria are met.

Should the current level of LSSSSG be maintained over the remaining grant period, the total possible maximum annual contract value would be £998,413 (£548,413 plus the maximum Public Health Grant funded amount of £450,000). Over the course of the contract (should all 4 years of potential LSSSSG grant monies be confirmed) that would mean a total maximum contract value of £3,993,652.



4.21 It is proposed that the Local Stop Smoking Services and Support Grant (LSSSSG) be used in addition to the Public Health grant block payment to incentivise delivery beyond the standard Public Health block funded target of 700 quitters each year. The LSSSSG grant shall therefore be awarded on a payment by results basis for any quitters achieved over and above the standard Public Health block funded target of 700 quitters each year. Please see section 4.25 for further details on targets.

4.22 Should all or any of the annually allocated Local Stop Smoking Services and Support Grant not be spent (given its payment will be based on quit delivery activity levels), then the Council will work with the central government grants team in respect of reprofiling /re purposing applicable use of the grant in line with the grant terms and conditions.

4.23 The Council may also wish to utilise an amount of the Local Stop Smoking Services and Support Grant monies (a maximum of £100,000 per annum) towards community development and coproduction approaches to ensure the success of the newly proposed smoking cessation service model.

4.24 Targets

4.25 The contract targets will work to increase numbers quitting and therefore reduce Sandwell's smoking prevalence (currently 21%). Previous contract delivery achieved approximately 700 quitters per annum.

This new contract, inclusive of additional Local Stop Smoking Services and Support Grant (LSSSSG) monies, will therefore aim to double the number of quitters to 1,400 per annum given the potential combined contract value should LSSSSG grant continue to be awarded.

In an attempt to incentivise maximum quit delivery, any quits achieved over and above the standard Public Health block funded target of 700 quitters will be paid using LSSSSG grant monies on a payment per quit basis.



Should LSSSSG grant monies not be made available during any period of the contract term, the standard Public Health block funded target of 700 quitters remains.

Targets stipulating who the service engages (i.e. populations who face additional barriers to accessing support) will be as important as total numbers achieved.

4.25 In order to ensure we have services to deliver towards the Smokefree Generation ambition it is therefore proposed that Cabinet authorise a procurement process for the provision of a local smoking cessation service as described. Bids from providers will be assessed according to structured criteria weighted on the basis of a 60:40 quality to price ratio, amendments to the standard ratio was agreed by the Head of Procurement on 9th April 2024.

5 Alternative Options

5.1 Do not approve the procurement of smoking cessation service provision beyond 31st March 2025. This will impact health outcomes (not just of smokers themselves but the health of others through secondary harms) and further exacerbate health inequalities for our most disadvantaged groups within the borough. This would be inadvisable given the impact across the wider health and care system due to smoking.

6 Implications

Resources:	Financial, staffing, land/building implications: The proposed contract will be funded from the Public Health grant at an amount of £450,000 per annum. The total maximum amount inclusive of the optional 2-year extension period to be funded from the Public Health Grant would therefore be £1,800,000.00. Amounts have been incorporated into the Public Health financial planning for the appropriate periods.
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	<p>Additionally, national Local Stop Smoking Services and Support Grant (LSSSSG) grant funding is likely to be made available during the term of the contract. When such funds are made available, the intention is to use these to increase the number of local quitters achieved towards Smokefree Generation ambitions. The LSSSSG grant awarded for 2024/25 was £548,413.</p> <p>Should the current level of LSSSSG grant be maintained over the contract term, the total possible maximum annual contract value would be £998,413 (£548,413 plus the maximum Public Health Grant funded amount of £450,000). Over the course of the contract (should all 4 years of potential LSSSSG grant monies be confirmed) that would mean a total maximum contract value of £3,993,652.</p>
<p>Legal and Governance:</p>	<p>Legal implications including regulations/law under which proposals are required/permitted and constitutional provisions:</p> <p>Under the Health & Social Care Act 2012, Sandwell Council (Public Health team) has undertaken responsibility for commissioning of smoking cessation support services since 2013.</p> <p>The contract for smoking cessation services falls under the purview of The Health Care Services (Provider Selection Regime) Regulations 2023.</p> <p>There is no minimum financial threshold for compliance with the PSR and the contract will be awarded in accordance with both the Provider Selection Regime and the Council's Procurement and Contract Procedure Rules.</p> <p>The proposed route to market will be via the Competitive Process route.</p> <p>In view of the value of the contract, Rule 8.8 of the Council's Procurement and Contract Procedure Rules states that a minimum of three tender submissions would be required. In the event that the required</p>



	<p>minimum number of tenders are not received, it is requested that the Cabinet authorise the contract to be awarded without completion of an exemption.</p> <p>That Cabinet also approve Variations to the Contract up to a maximum of 10% of the Contract value, should they be necessitated, and that authority to approve such Variations be delegated to the appropriate Director of Public Health in consultation with the Cabinet Member for Public Health.</p> <p>Regulation 13 of PSR allows for variations above 10% in certain circumstances, should the contract require variation above 10% of the total contract value a contract variation will be completed and submitted for approval.</p> <p>Bids from providers will be assessed according to structured criteria weighted on the basis of a 60:40 quality to price ratio, with 10% of the quality weighting aligning to Social Value.</p>
<p>Risk:</p>	<p>Risk implications, including any mitigating measures planned/taken, health and safety, insurance implications:</p> <p>The corporate risk management strategy has been complied with to identify and assess the risks associated with the decisions being sought.</p> <p>Risk in respect of continuity of service provision from 1st April 2025 has been identified should there be no approval to re-procure.</p> <p>Should the proposal be approved, risks and attendant mitigating actions to control these have been identified. Key risks identified include:</p> <ul style="list-style-type: none"> • a potential lack of tender responses • under performance against expected target levels • ensuring maximum use of any allocated Local Stop Smoking Services and Support Grant (LSSSSG) monies



	There will be further consideration given to risk management as part of the contractual management with the future service provider.
Equality:	<p>An Equality Impact Assessment has been conducted and the proposal has highlighted a potential negative impact on the age protected group. The remote services available may not be accessible for older smokers, specific actions have been detailed to mitigate this impact. Overall the assessment identified that there will be a positive and/or neutral impact on the other protected characteristics.</p> <p>Please see Appendices section for a copy of the Equality Impact Assessment</p>
Health and Wellbeing:	<p>Implications of the proposals on health and wellbeing of our communities:</p> <p>This proposal would result in positive implications for health and well-being. Should the proposal not be accepted, and support is no longer available, there is very likely to be an escalation in smoking related health harms resulting in more demands placed on primary care, hospital admissions and treatment, and social care demands. Not only impacting the health and wellbeing of individuals themselves, but others through secondary harms</p>
Social Value:	<p>Implications for social value and how the proposals are meeting this (for e.g. employment of local traders, young people)</p> <p>Tendering organisations will be required to identify how their organisation creates social value as part of the procurement process, (for example local volunteering and employment opportunities) and this will be one of the criteria for assessing the bids. We would particularly be looking at potential providers' commitment to employing local people to deliver services.</p>
Climate Change:	Implications for climate change outcomes and any potential impact on the environment (e.g. impact on emissions, resource use, or the natural environment):



	<p>The environmental costs of tobacco production and consumption have not been extensively studied, however a growing body of evidence demonstrates that the tobacco industry is having a significant effect on the planet's natural resources and vulnerable ecosystem. Every stage of the tobacco supply chain poses serious environmental consequences, including deforestation, the use of fossil fuels and the dumping or leaking of waste products into the natural environment. Post consumption, cigarette butt littering represents not only a public nuisance but are exerting hazardous and toxic effects on the environment and ecosystems where they end up^{xiv}.</p> <p>By ensuring we can help as many smokers to quit, we will reduce demand for tobacco production and reduce the amount of cigarette related litter and their associated environmental impacts.</p>
<p>Corporate Parenting:</p>	<p>Implications for Corporate Parenting responsibilities:</p> <p>Despite the implementation of smoke-free policies by local authorities and a statutory requirement to promote the health and well-being of looked-after children and young people in England, rates of tobacco use by this population are substantially higher than in the general youth population^{xv}</p> <p>This work will help ensure capacity to support those young people to quit smoking (services deliver for all smokers aged 12+) as well as work towards longer term change around the cultural acceptability of smoking.</p>

7. Appendices

Appendix 1 - Equality Impact Assessments



8. Background Papers

- i <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>
- ii <https://ash.org.uk/resources/view/secondhand-smoke#:~:text=There%20is%20existing%20evidence%20of,increased%20risk%20of%20heart%20disease.>
- iii <https://ash.org.uk/resources/view/smoking-pregnancy-and-fertility>
- iv <https://fingertips.phe.org.uk/profile/tobacco-control>
- v <https://ash.org.uk/resources/view/facts-at-a-glance>
- vi <https://fingertips.phe.org.uk/profile/tobacco-control>
- vii <https://ash.org.uk/resources/view/illicit-trade-in-tobacco>
- viii <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>
- ix <https://fingertips.phe.org.uk/profile/tobacco-control>
- x <https://fingertips.phe.org.uk/profile/tobacco-control>
- xi <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding/local-stop-smoking-services-and-support-funding-allocations-and-methodology>
- xii <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding>
- xiii <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding>
- xiv <https://ash.org.uk/resources/view/tobacco-and-the-environment>
- xv <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924050/>

