

Divisions Affected - All

Delegated Decision by Cabinet Member for Public Health, Inequalities and Community Safety

1st October 2024

Budget approval for provision of a Local Stop Smoking Public Health Service in Oxfordshire

Report by Director of Public Health and Communities

RECOMMENDATION

The Cabinet Member is **RECOMMENDED** to:

- a) **Approve the budget for and authorise the Director of Public Health to commence the procurement of a Local Stop Smoking Service, Public Health Service in Oxfordshire**
- b) **Delegate authority to the Director of Public Health in consultation with the Head of Legal and Deputy Monitoring Officer and Section 151 Officer, to award and complete the contract for a Local Stop Smoking Service Public Health Service in Oxfordshire as referred to in this report following the conclusion of a procurement exercise pursuant to the Council's Contract Procedure Rules.**

Executive Summary

1. Smoking tobacco is the single biggest cause of preventable illness and death in England – up to two out of three people who smoke lifelong die of smoking.
 2. Overall prevalence of smoking is in decline both nationally and locally. Most recent local prevalence data for Oxfordshire suggests 11.2% of Oxfordshire adults smoke (circa 60,000 residents). We continue to see higher rates of smoking in key population groups. Around 25.7% of those working in routine and manual occupations and 36.4% those living with a serious mental illness smoke¹.
 3. People who quit smoking with the support of high-quality local stop smoking service (LSSS) have at least triple the success with quitting, compared to no support.
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4. Central government has issued funding via a Section 31 grant, to all local authorities in England, ring fenced to initiatives and services to increase the number of people accessing stop smoking services: until 2028-29. Oxfordshire is set to receive £795,255 per annum. A requirement of receipt of this funding is maintaining 2022/23 spend on specialist stop smoking services, which for Oxfordshire was £375,000 per annum.
5. The current contract ends on 30th June 2025. It provides a three-tiered approach with only target groups receiving full quit support. The new service will be open to all, have increased capacity to support more people to quit and will include enhanced targeted support to communities with highest smoking prevalence.
6. The new contract needs to commence from **1st July 2025** to avoid a break in service provision. The current providers are aware of the contract end date and the need to re-procure services and there is sufficient time to procure and award a new contract. It is anticipated that the invitation to tender will be published 1st November 2024, with evaluation completed by early March, and contract award by 1st April 2025 followed by a mobilisation phase.
7. The new contract value will be approximately **£1,017,000 per annum**, comprising £642,000 from the Section 31 grant funds and the required addition of £375,000 from the Public Health Grant. The initial contract term is proposed to be 3 years and 9 months, with the option for the Council to extend by up to a further 24 months in aggregate.
8. The contract value will be over £500,000 and therefore is required to be entered in the Forward Plan, in accordance with the Access to Information Rules. This is a key decision and one that is delegated to the Cabinet Member for Public Health to take, consistent with overall Council policy to deliver agreed strategy/plans within the area of responsibility and within approved budgets.

Background

9. Smoking tobacco is the single biggest cause of preventable illness and death in England – up to two out of three people who smoke lifelong, die of smoking. It is a major risk factor for many diseases, including various cancers, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking still accounts for 1 in 6 of all deaths in England, and there are huge inequalities in smoking and smoking related deaths. Reducing smoking rates is the single biggest thing we can do to improve the nation's health.
10. For many, smoking is not a lifestyle choice. Research over the last 5 years shows most people who smoke want to quit, but cannot due to an addiction to nicotine that started in their teenage years. Over 80% of people who smoke started before they turned 20, many as children. They have had their choices taken away by addiction, and their lives will be harmed and cut short by an addiction they do not want.

11. The current Stop Smoking Service in Oxfordshire provides 3 levels of support. The new service will be open to all people who smoke, providing smoking cessation support and appropriate pharmacology to all whom requires it.

Corporate Policies and Priorities

12. This commission aligns with the following **local priorities**:

- (a) Oxfordshire County Council's **Strategic Plan 2023-2025** which includes commitments to tackle inequalities in Oxfordshire, prioritise the health and wellbeing of residents and create opportunities for children and young people to reach their full potential.
- (b) Oxfordshire **Joint Health and Wellbeing Strategy 2024 -2030** has a focus around shifting to prevention, with a focus on preventing the start of smoking through endorsing Oxfordshire being smokefree, using all evidence-based means, including vapes to achieve this and making support known and accessible to all whom need it.
- (c) **Oxfordshire JSNA 2019** highlighted smoking tobacco as the biggest behavioural risk factor attributed to healthy life lost in 2019.
- (d) **The Berkshire, Oxfordshire and Buckinghamshire (BOB) Integrated Care Partnership (ICP) Strategy (2023)** outlines priorities to provide or proactively refer people to services to help them stop smoking, particularly in deprived areas.
- (e) **The Oxfordshire Tobacco Control Strategy (2020-25)** takes a whole system approach across four pillars; prevention, local regulation and enforcement, creating smoke free environments and of most significance here – supporting people who smoke to quit.

This commission aligns with the following **National Priorities and evidence base**:

- (f) **The Smokefree 2030 ambition for England:** In 2019, the government published its green paper on preventative health; here, it announced an ambition for England to become 'smokefree' by 2030 – achieved when adult smoking prevalence falls to 5% or less.
- (g) **Khan Review: making smoking obsolete**, (2022) sets out several recommendations. This included four "critical must dos" for the Government.
- (h) **Stopping the Start: New plan to create a smokefree generation - Tobacco and vapes Bill** by former government. This is set to continue to be prioritised by new Government giving strong signals of continued commitment to becoming smokefree following recommendations in the Khan report.
- (i) **Local Stop Smoking Service and Support: Commissioning, Delivery and monitoring guidance (2024)** outlines a range of best practice including striving for a stop smoking. Effective local commissioning of stop smoking support will require investment in motivating quit attempts through public health communication campaigns and outreach. It will also ensure that stop smoking support can be provided at scale, and that those who have the greatest challenges with quitting have access to intensive support.

- (j) **NICE** Guidance (NG92) commissioning and outcomes guidance.

13. Financial Implications

The contract value is expected to be approximately £1,017,000 per annum in line with the funding assigned for this contract. The contract term will be 3 years 9-months with a maximum extension of 24 months (in aggregate). If the contract was extended to its maximum term, thus lasting 5 years and 9 months, the total contract value would be approximately £5,847,750.

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14. Legal Implication

The Council has a statutory obligation to “take such steps as it considers appropriate for improving the health of the people in its area” (s2B National Health Service Act 2006 (“NHS Act 2006”) as amended by s12 Health and Social Care Act 2012).

The Contract will be tendered in accordance with the requirements of the Public Contracts Regulations 2015 as amended by the Health Care Services (Provider Selection Regime) Regulations 2023.

Comments checked by: Marina Lancashire, Solicitor Contracts & Conveyancing Marina.Lancashire@Oxfordshire.gov.uk

15. Staff Implication

The Live Well Promote and Prevent Team will carry out the procurement process. Procurement and Legal staff time will also be required to complete the procurement to the timescales of service commencement on 1st July 25.

16. Equality and inclusion implications

Anyone who smokes and would like support to quit would be eligible for this service, with additional support i.e. longer access to behaviour change support or peer support, made available for those with a higher prevalence of smoking – i.e. routine manual workers, those with long-term conditions, including mental health, severe mental health illness, pregnant women– list not exhaustive.

17. Sustainability Implications

Bidders will need to describe how they will provide social value that will benefit local communities within Oxfordshire, in accordance with the Council’s social value policy.

18. Risk Management

If we do not proceed with this procurement, there will be no contractual mechanism for providing Stop Smoking Support to individuals who current smoke.

The key risks identified for this commission are:

- (k) There is strong interest in the commission, evidenced by the market engagement. This showed a number of different approaches to potential delivery, so ensuring these matches the need for Oxfordshire will be key in evaluation of the full competitive tender.
- (l) There is a risk of uncertainty of year-on-year government funding (Public Health Grant and in Section 31 Grant). This will be mitigated as far as possible through contractual terms and conditions, including a break clause and / or a right for the Council to reduce services if funding is cut.
- (m) TUPE of staff and transfer of care of existing clients if the tender is awarded to a new provider. A minimum 3-month implementation period and plan will be required to allow TUPE to be completed.

19. Consultations

Statutory consultation is not required for this proposal. However, we have drawn insight from relevant activity to inform this work.

A market engagement exercise was undertaken in August 2024 which demonstrated that there is interest from several different organisations in tendering for the new contract.

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