

---

**Decision Maker:** EXECUTIVE

**20<sup>th</sup> May 2024**

**With pre-decision scrutiny from Executive, Resources & Contracts Policy Development and Scrutiny Committee on 20<sup>th</sup> May 2024**

**Decision Type:** Non-Urgent Executive Key

**Title:** GATEWAY REPORT FOR THE PROCEED TO PROCUREMENT FOR A SPECIALIST STOP SMOKING SERVICE

**Contact Officer:** Gillian Fiumicelli, Head of Disease Prevention  
Tel: 020 8461 7789 E-mail: gillian.fiumicelli@bromley.gov.uk

**Chief Officer:** Dr Nada Lemic, Director of Public Health

**Ward:** All

---

## 1. REASON FOR REPORT

- 1.1 This report outlines the proposed procurement for a Specialist Stop Smoking Service for individuals in Bromley who require support to quit smoking. Permission is sought to commence the procurement of the Service in accordance with the arrangements set out in this report to commence the Service on 1<sup>st</sup> April 2025. Contracts with a whole life value of £1m and above require Executive approval prior to proceeding to procurement.
- 1.2 A pilot project, Smokefree Bromley, is currently being delivered by Solutions4Health. This contract went live on 1<sup>st</sup> January and is due to end 31<sup>st</sup> December 2024 with expected extension to 31<sup>st</sup> March 2025.
- 1.3 It is proposed this service will be funded jointly from the substantive Public Health grant plus the ring-fenced Stop Smoking Grant from the Department of Health and Social Care (DHSC). The DHSC Stop Smoking Grant is available annually until March 2029. The ring-fenced Stop Smoking grant allocation is reassessed annually in accordance with estimated smoking prevalence rates in LBB. Therefore, authorisation is sought to design a service with a degree of flexibility to enable Chief Officer approval of subsequent variation to the scope and value of the Smoking Cessation Service contract in line with the requirements of the grant.

---

## 2. RECOMMENDATION(S)

2.1 **Executive, Resources & Contracts Policy Development and Scrutiny Committee** are asked to review and provide any comment prior to the report proceeding to Executive for decision.

2.2 Executive is recommended to:

- i. Approve the commencement of a tender process for a Specialist Stop Smoking Service for a four year contract commencing 1<sup>st</sup> April 2025, at an estimated annual value of £472,889 (estimated whole life value of £1,891,556).
- ii. Note that the proposed annual contract value is made up from £200k from the substantive Public Health Grant together with approximately £272,889 DHSC ring fenced annual grant until 2029 which will be adjusted on an annual basis according to Bromley's estimated smoking prevalence
- iii. Approve delegated authority to Chief Officer in consultation with the Portfolio Holder to draw down and authorise the annual allocation of the DSHC Stop Smoking Grant for the life of the contract and to vary the scope and value of the contract accordingly subject to the grant conditions specified by the DHSC.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Public Health Grants and Contracts benefit vulnerable adults
- 

## Transformation Policy

1. Policy Status: Existing Policy: Policy Paper, Stopping the Start: our new plan to create a smokefree generation, DHSC Nov 2023
  2. Making Bromley Even Better Priority
    - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence, and making choices.
    - (4) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
- 

## Financial

1. Cost of proposal: Whole life value £1,891,556 (Estimated) (£472,889 per annum). Due to the possible variation in amount of the ring-fenced grant to be provided each year this amount may change each year. However, is not expected to be significantly different due to low estimated starting prevalence set by OHID (Office for Health Improvement and Disparities).
  2. Ongoing costs: Baseline of £200k per annum from the Public Health grant (with additional grant uplift if available, once ring fenced grant is finished).
  3. Budget head/performance centre: Nada Lemic, Public Health
  4. Total current budget for this head: £1,922k per annum
  5. Source of funding: Two sources of funding until March 2029, the Public Health Grant and Department of Health and Social Care (DHSC) ring fenced stop smoking grant of approximately £272,889 per annum
- 

## Personnel

1. Number of staff (current and additional): N/A
  2. If from existing staff resources, number of staff hours: N/A
- 

## Legal

1. Legal Requirement: Non-Statutory - Government Guidance [Local stop smoking services and support: guidance for local authorities - GOV.UK \(www.gov.uk\)](#) Policy Paper, Stopping the Start: our new plan to create a smokefree generation, DHSC Nov 2023 [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](#)
  2. Call-in: Applicable:
- 

## Procurement

1. The procurement will be carried out using the Competitive Procedure allowed for within the Health Care Services (Provider Selection Regime) 2023 ('the Regulations'). The Contract will be awarded to a single provider
- 

## Property

1. Summary of Property Implications: None

---

### Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:  
A Specialist Smoking Cessation Service will benefit individuals, communities, and the environment.

---

### Impact on the Local Economy

1. Summary of Local Economy Implications:  
A Specialist Smoking Cessation Service will reduce the burden on social care. It will ease the pressure on the NHS. Locally, productivity will be increased, and absenteeism reduced. The health of the local community and the workforce will be improved and there is the potential for the Council to reduce expenditure on adult social care.

---

### Impact on Health and Wellbeing

1. Summary of Health and Well Being Implications: Smoking kills. It causes disability and death throughout the life course. It causes many cancers and accelerates heart disease (the biggest single cause of deaths overall). Non-smokers including children are exposed to the risks of second-hand smoke. Reducing the number of people in Bromley who smoke will have a direct impact on the health and wellbeing of residents and help them to live longer more productive lives where they can contribute directly to the local economy and community.

---

### Customer Impact

1. Estimated number of users or customers (current and projected): This service will be available to all smokers in Bromley which is estimated to be 19,200. However, it is recognised that not all will require the service of a Specialist Stop Smoking Service. An estimated 2000 people per year will engage with the service with an estimated 40% (800) successfully quitting at 4 weeks per year.

---

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: N/A

### 3. COMMENTARY

- 3.1 The Government has made a reduction in the initiation of smoking a key priority, through the publication of the policy paper 'Stopping the start: our new plan to create a smokefree generation' in October 2023 [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/stopping-the-start-our-new-plan-to-create-a-smokefree-generation). The document lays out a route to prevent addiction to smoking before it starts, to support smokers to quit and to stop vapes being marketed to children. This procurement is part of that initiative and aligns fully with the public good this seeks to achieve and has been made possible by the grant that accompanies this policy.
- 3.2 South East London Integrated Care System (SEL ICS) has recognised the value of stopping smoking in preventing disease and ensuring health by including smoking as one of South East London's 'Vital Five' population health priorities, discussed in the SEL ICS strategic priorities [Integrated Care Strategic Priorities for 2023-28 \(selondonics.org\)](https://www.selondonics.org/)
- 3.3 Furthermore, this service meets the council's corporate strategy objective of 'Making Bromley Even Better', specifically under Ambition 2 where smoking amongst Bromley residents is mentioned as point of focus. According to the strategy the prevalence of smoking in Bromley is 14%, around the average for London and just below national rates. The service also contributes directly to the Health and Wellbeing Strategy 2024-2029, namely Priority 2 Improving health and wellbeing of adults, and Priority 3 Disease prevention and helping people to stay well.

#### Summary of Business Case

- 3.4 A pilot Stop Smoking Service, Smokefree Bromley, went live in January 2024. The pilot service was funded through the DHSC ring-fenced grant and the Public Health Grant.
- 3.5 The pilot Stop Smoking Service is ensuring readiness across the health and care system for the comprehensive Stop Smoking Service.
- 3.6 The DHSC ring-fenced grant is available for 5 years from April 2024 to March 2029. It is based on annual estimated smoking prevalence. The grant allocation will be reassessed annually to reflect estimated smoking prevalence rates.
- 3.7 The estimated smoking prevalence by DHSC for Bromley in 2024/2025 was 6%. This may be an underestimation of smoking prevalence in Bromley which was assessed to be 11.9% in 2022-23 according to Quality Outcome Framework data from General Practice (GP). Data sources will be examined during 2024-25 to support this commissioning exercise to increase understanding of the smoking population in Bromley and share this information with DHSC.

#### Service Profile / Data Analysis / Specification

- 3.8 Full design and specification of the service will be based on standards and guidance from both National Institute of Health and Care Excellence (NICE), and National Centre for Smoking Cessation and Training (NCSCT) for the provision of a specialist stop smoking service. It will also build upon the successes and learning generated during the Stop Smoking Pilot currently in place since January 2024 but is expected to be more comprehensive. The service model will be tailored to meet Bromley's needs, through stakeholder and resident engagement.
- 3.9 The aims of the Specialist Stop Smoking Service will include the following:

- To stimulate more quit attempts by providing more smokers with advice and swift support
- To link smokers to the most effective interventions to quit
- To encourage the use of behavioural support schemes designed to encourage smokers to quit
- To build capacity through partnership work and using a Making Every Contact Count/very brief advice approach
- To strengthen partnerships across the healthcare systems and support all healthcare professionals to talk to patients about smoking cessation.
- Utilise resources from complimentary funding streams to boost capacity e.g. Swap to stop scheme which provides vape starter kits funded separately by DHSC (Two year scheme)

3.10 The Specialist Stop Smoking Service will include specialist behavioural support plus provision of appropriate medication to address nicotine addiction, e.g., nicotine replacement therapy (NRT), prescription medication and/or starter kits for vaping. This combination of behavioural support and medication is supported by evidence as the most effective method to quit smoking. Behavioural support should be available via a variety of methods to suit the client. This is expected to include face to face or digital options.

3.11 The service will be expected to advertise its service widely particularly targeting populations with higher rates of smoking. The service will be expected to work closely with the NHS, care, and voluntary sector to ensure appropriate accessibility and pathways are available into the service and that appropriate client management is enabled. Self-referral for residents into the service should also be available to maximise accessibility. The service is expected to act as an expert resource in Bromley through the provision of training.

3.12 The service will make use of innovation to promote smoking cessation and the use of digital applications to support smoking cessation interventions. Social media will be used to promote the service and ensure a greater reach.

3.13 Performance of the service will be assessed against key performance indicators reported to the Commissioner as part of regular contract monitoring. It is an expectation that the service will submit data on numbers of successful quitters to NHS Digital for national monitoring and evaluation. The service will work with partners to ensure data collection and submission is comprehensive. It will align with existing monitoring standards and indicators to ensure best practice and allow for comparison across the system.

3.14 Service outcomes will include the following data set against Key Performance Indicators based on the national Russell standard for expected outcomes for stop smoking services:

- Total number of individuals referred into the service
- Total number of individuals setting a quit date
- Total number who have successfully quit (not smoking from days 15 to 28 following the quit date)
- Total number who have successfully quit at 12 weeks
- Total number who did not quit
- Further breakdown of data by population group will also be included to ensure those at highest risk and in population groups with higher levels of smoking are engaging with the service.
- Method of quitting will be measured to compare numbers using Nicotine replacement therapy, medication, or vape starter kit or a combination of these.

Service outcomes will be monitored quarterly for the duration of the contract.

3.15 DHSC has modelled the following projections for Bromley however this will not be performance managed and is a guide for local authorities. The numbers are for those people who set quit

dates. However, this is for guidance only for the government to achieve its smokefree aim. These figures will not be performance monitored by DHSC.

National Goal Increase	Smoking Population Proportion	1 Year figure (Goal*Smoking Proportion)	5 Year Figure	Y1 (25%) Increase	Y2 (50%) Increase	Y3 (125%) Increase	Y4 (150%) Increase	Y5 (150%) Increase
193,908	0.390%	1,403	7,017	351	702	1,754	2,105	2,105

3.16 The service specification will include expected number of people setting quit dates and those who have quit.

### Options Appraisal

3.17 Options for commissioning include:

#### Option 1. Do nothing and do not commission a stop smoking service.

This would be detrimental to the health of Bromley residents and adverse costs of smoking to the Bromley economy. The DHSC funding would need to be returned as Bromley would not be deemed to have complied with the ring-fenced grant conditions.

#### Option 2. Commission a Specialist Stop Smoking Service.

This would provide a much-needed service for people in Bromley, who are addicted to nicotine and need support to stop smoking. It would meet wider council objectives for enhancing the health and wellbeing of residents. The service would be commissioned for 4 years which would cover the length of time the additional ring-fenced grant is available.

### Preferred Option

3.18 Option 2 is recommended to procure a Specialist Stop Smoking Service that is based on local need and evidence of effectiveness, also ensuing best value for Bromley.

### Costing options

3.19 There are several options for costing models by which the Specialist Stop Smoking Service could be commissioned.

No.	Costing option	Impact
1.	Block Funding Only	Provides security for the Provider however does not allow flexibility for variation in the budget, or financial reward for good performance
2.	Block funding plus element of incentive payments for achievement of targets	Provides security for the Provider and financial reward for good performance. However, this model does not provide flexibility of scope of service to manage variations in the budget
3.	Part block funding, part cost and volume (payment by results) funding	Less security for the Provider so a realistic block figure should be offered to attract potential bidders. However, this model would provide flexibility to vary the target of the cost and volume element, according to the variation in available budget. A unit price per quitter would be set based on KPI's set.
4.	All Cost and Volume	This would be unattractive to Providers as there would be no financial security to cover their overheads. Likely to put off potential bidders.

3.20 The recommendation for the costing model would be Option 3, to part block fund and part cost and volume. It is proposed that the block contract would form at least two thirds of the budget to be attractive to potential providers. Above that, payment would be made on an agreed unit price per participant to allow for flexibility to set different target number of quitters dependent on the budget available each year.

#### 4. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

##### 4.1 Estimated Value of Proposed Action:

Value for 4 years (estimated): £1,891,556 (£472,889 per annum).

##### 4.2 Other Associated Costs: None

##### 4.3 Proposed Contract Period: Four Years commencing 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2029,

##### 4.4 Procurement Strategy:

4.4.1 The procurement will be carried out using the Competitive Procedure allowed for within the Health Care Services (Provider Selection Regime) 2023 ('the Regulations'). The Contract will be awarded to a single provider

4.4.2 A two stage process utilising the criteria set out in the Regulations will be used:

###### Basic Criteria:

1.	Ability to pursue a particular activity
2.	Economic and Financial Standing
3.	Technical and Professional Ability

###### Key Criteria:

1.	Quality and Innovation
2.	Value
3.	Integration, Collaboration and Service Sustainability
4.	Improving Access, Reducing Health Inequalities, and Facilitating Choice
5.	Social Value

4.4.3 A timetable for the procurement is set out below:

Stage	Target Dates
Issue Tender Documents	
Return Date for Return of completed tenders	
Evaluation of Submissions	
Executive Decision	
Contract Award	
Mobilisation	
Contract Commencement	1 <sup>st</sup> April 2025

4.4.4 To ensure a quality provider is selected, the procurement will include a minimum threshold score of 5 on a 10 point evaluation matrix will be applied to all scores. This will ensure that the successful provider has the relevant experience and knowledge to provide the service.

4.4.5 Evaluation of submitted tenders will be based on 60% price and 40% weighting. Relevant financial checks will be undertaken to ensure financial sustainability.



## 5. MARKET CONSIDERATIONS / IMPACT ON LOCAL ECONOMY

- 5.1 There are a number of providers in the marketplace which should provide a degree of healthy competition for the delivery of a stop smoking service in Bromley.
- 5.2 The Public Health Department will work with potential providers partners and key stakeholders in a market engagement exercise to ensure a robust and competitive procurement process.
- 5.3 A provider who has knowledge of LBB and/or the South East London Integrated Commissioning Board would be welcomed.
- 5.4 Across England, smoking places a significant burden on the NHS and social care sector, estimated to be £1.9 billion and £1.1 billion respectively. In 2019/20 alone, an estimated 448,031 NHS hospital admissions were attributable to smoking. Each month, up to 75,000 GP appointments can be attributed to smoking, which is equivalent to over 100 appointments every hour. Smoking increases the burden on social care, as smokers need care on average 10 years earlier than they would otherwise have. Economically, estimates suggest that the total costs of smoking in England are over £17 billion. This includes a £14 billion loss to productivity per year through smoking related lost earnings, unemployment, and early death. Smokers have an absenteeism rate 33% higher than non-smokers and take an extra 2.7 sick days per year
- 5.4 In 2022, ASH (Action on Smoking and Health) estimated that smoking costs Bromley £94.1 million annually. This included £72 million in lost productivity, a burden of £13 million on the health service, £7 million on the social care sector, and £1.5 million in fire-related costs. In addition, smoking results in the need to process over 12 tonnes of waste annually, and 5 tonnes discarded as street litter. This all places a significant burden on local authority services. Therefore, successful smoking cessation will not only result in better health outcomes for individuals but will free up significant resources for NHS and council services across Bromley.

## 6. SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES

- 6.1 Smoking cessation services play a crucial role in promoting public health and wellbeing. The social value can be described in the following ways:
- i. Health impact**
    - Reducing tobacco- related diseases  
Smoking cessation services help individuals to quit smoking, thereby reducing the incidence of tobacco related diseases such as lung cancer, heart disease and respiratory disorders.
    - Preventing disability and death  
By supporting people in quitting smoking, smoking cessation services contribute to preventing disability and premature death caused by tobacco addiction.
  - ii. Economic Impact**
    - Cost saving  
Smoking cessation is a cost-effective intervention. By preventing tobacco-related illnesses, it reduces the burden on healthcare systems and saves substantial healthcare costs.
    - Productivity gains  
Quitting smoking helps individuals to experience improved health, leading to increased productivity and reduced absenteeism.
  - iii. Community Wellbeing**
    - Smoke Free Environments  
A smoking cessation service will advocate for smoke-free environments benefiting not only individuals but the whole community including children.
    - Collaboration and Networking

Partnership work and collaboration creates a supportive, borough wide network for addressing smoking cessation.

- 6.3 Bromley's Health and Wellbeing Strategy aims to achieve real and measurable improvements in the health and wellbeing of residents. A specialist smoking cessation service will contribute to achieving this aim.
- 6.4 To adhere to the LBB Sustainable Procurement Policy, the implications of the Social Value Act 2012 will be included in the service specification and the tender process. This is also a requirement of the Provider Selection Regime. The Council expects its service providers to support Bromley's Net Zero Action Plan with the ambition to be a carbon neutral council by 2027.
- 6.5 The Provider will be expected to be conversant with the key principles of the Social Value Act and consider the environmental, social, and economic implications of delivering this service. The Provider will be expected to comply with all relevant legislation and regulatory requirements.
- 6.6 The following social value outcomes and indicators will be included in the service specification:

Economic outcomes:

REF	OUTCOME	EXPECTATION
EC1	Create and sustain jobs for local people	The Provider will seek to recruit local residents to work in the service where possible and practicable
EC3	Promotion of opportunities to work with social enterprise partnerships, voluntary and community sector organisations and small and medium sized enterprises	The provider of the service

Social outcomes:

REF	OUTCOME	EXPECTATION
S1	Consider equality and diversity in the provision and operation of services including a workforce that is representative of the communities we serve where relevant and proportionate	Equal access to services is essential. Services must be available across the borough and operated by staff that reflect LBB's community. The provider is expected to maximise its digital capital to achieve greater reach without disadvantaging or excluding marginalised communities.
S3	Promote the safeguarding and welfare of children, young people and vulnerable adults	The Provider must have a robust safeguarding policy and procedure for children, young people, and vulnerable adults
S4	Improving the health and wellbeing of local residents including employees	The service will improve the health of local residents.

Environmental outcomes:

REF	OUTCOME	EXPECTATION
EN2	Efficient use of resources by minimising waste	The Provider will provide evidence of minimising waste including recycling policies and their use of digital records and paper free offices where possible

EN3	Reduce energy and fuel consumption in the provision of the service	The Provider will be expected to encourage staff to reduce fuel consumption and to promote sustainable and active travel. Services provided must be accessible by public transport for services The Provider will be committed to improving energy efficiencies in their estates and settings used to deliver the service
-----	--	--

5.8 Social Value will be monitored for the life of the contract period. The impact will be tracked through quality indicators and reviewed at quarterly monitoring meetings.

**7. STAKEHOLDER ENGAGEMENT**

7.1 A consultation survey to ascertain the views of the public will be undertaken in May and June 2024, to inform the scope of the Specialist Stop Smoking Service.

7.2 The procurement will be also informed by engagement with a wide range of key stakeholders. This will include: commissioners of stop smoking services from other Public Health teams in South East London; our Bromley colleagues engaged in the Bromley Stop Smoking Steering Group from primary care including GP’s, pharmacists, nurses; secondary care including acute respiratory care, maternity and mental health; plus community services including pulmonary rehabilitation and drug and alcohol services; voluntary sector organisations including Bromley Well; members of the Health and Wellbeing Board and the wider health economy.

**8. IMPACT ASSESSMENTS (INCLUDING VULNERABLE ADULTS AND CHILDREN) AND CUSTOMER IMPACT**

8.1 An impact assessment will be conducted as part of the procurement process.

**9. TRANSFORMATION/POLICY IMPLICATIONS**

9.1 National policy is driving this procurement. In 2019, the Government announced its ambitious goal for England to become ‘smoke-free’ by 2030. This achievement will be realised when the adult smoking prevalence falls to 5% or less. The commitment to this smoke-free ambition was reiterated in early March 2023. The plan is to prevent addiction to smoking before it starts, support smokers in quitting, and prevent vapes from being marketed to children. The ultimate goal is to create a smoke-free generation that smokes neither cigarettes or vapes. In October 2023, legislation was proposed to prohibit children born on or after January 1<sup>st</sup>2009, from legally buying cigarettes in England. This measure would effectively raise the smoking age by one year annually until it applies to the entire population.

9.2 This service meets the council’s objectives within ‘Making Bromley Even Better’, specifically under Ambition 2, where smoking amongst Bromley residents is mentioned as point of focus.

9.3 The service contributes directly to two of the three Priorities set out in the Health and Wellbeing Strategy 2024-2029, namely: Priority 2 Improving health and wellbeing of adults; and Priority 3 Disease prevention and helping people to stay well.

9.4 The Public Health team in Bromley will be working closely with Trading Standards, schools, and other partners to support the implementation of these wider policy objectives.

## **10. IT AND GDPR CONSIDERATIONS**

- 10.1 Personal data must be processed in accordance with the requirements of the General Data protection regulation (GDPR) and the UK Data Protection Act 2018.
- 10.2 The Council, as part of its on-going commitment to sustaining a progressive approach to data protection and information management, requires the following to be considered and evidenced:
- Privacy by design and by default – the Council shall undertake a Data Protection Impact Assessment and manage all residual risk
  - The Council must ensure that the contract and any information sharing agreement have robust clauses obligating adequate technical and organisational measures to secure personal information
  - As a data processor, the Provider must support the Council in responding to Freedom of Information and Subject Access requests
  - The Council must ensure that there is an appropriate exist strategy in relation to information retention requirement and transfer with the provider of the pilot service where necessary.

## **11. STRATEGIC PROPERTY CONSIDERATIONS**

- 11.1 There are no property considerations.

## **12. PROCUREMENT CONSIDERATIONS**

- 12.1 This report seeks Approval to proceed to procurement for a Specialist Stop Smoking Service. The Service will commence on 1<sup>st</sup> April 2025 for a period of four (4) years with an approximate whole life value of £1,891,556 (£472,889 per annum).
- 12.2 As there are no thresholds set out in Health Care Services (Provider Selection Regime) 2023 ('The Regulations'), the procurement will utilise the Competitive Procedure allowed for under the Regulations. Officers must ensure that there is a formal record of the Decision Making process in accordance with the guidance set out in the Regulations.
- 12.3 The Council's specific requirements for authorising proceeding to procurement are covered in 1.3 of the Contract Procedure Rules, with the need to obtain the formal Approval of the Executive following Agreement of the Portfolio Holder, the Chief Officer, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance for a procurement of this value.
- 12.4 In accordance with Contract Procedure Rule 2.1.2, Officers must take all necessary professional advice.
- 12.5 In compliance with the Council's Contract Procedure Rule 3.6.1, this procurement must be carried out using the Council's nominated e-procurement system.
- 12.6 A Notice for Competitive Tender must be published on the Find A Tender Service to formally advertise the opportunity to potential bidder in accordance with Schedule 8 of the Health Care Services (Provider Selection Regime) 2023.
- 12.7 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

### **13. FINANCIAL CONSIDERATIONS**

- 13.1 The whole life value will be £1,891,556, over 4 years. The annual contract value will be £472,889 approximately. This figure includes £200K from the substantive Public Health Grant plus the DHSC ring fenced stop smoking grant of approximately £272,889 per annum calculation, adjusted each year according to Bromley's estimated smoking prevalence.

### **14. PERSONNEL CONSIDERATIONS**

- 14.1 There are no personnel implication for the London Borough of Bromley.

### **15. LEGAL CONSIDERATIONS**

- 15.1 The Provider Selection Regime (PSR) governs the Council's responsibility in which health care services are procured. It replaces the light touch regime under the Public Contracts Regulations 2015. The new PSR is set out in the Health Care Services (Provider Selection Regime) Regulations 2023 (the Regulations). The PSR applies to the arrangement of health care and public health services arranged by Relevant Authorities. Furthermore, the implications of the Social Value Act 2012 will be included in the service specification and the tender process to adhere to the LBB Sustainable Procurement Policy, which is also a requirement of the Provider Selection Regime. The Provider will also be expected to be compliant with the principles reflected in the Social Value Act and also to all relevant legislation and regulatory requirements and to also consider the environmental, social, and economic implications of delivering this service.
- 15.2 The Council also has both an implied and a specific power under section 111 of the Local Government Act.1972 to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.
- 15.3 This Report seeks approval from the Executive, Resources & Contracts Policy Development and Scrutiny Committee to review and provide any comment prior to the report proceeding to Executive for decision. This Report also seeks approval from the Executive to approve the commencement of a tender process for a Specialist Stop Smoking Service for a duration of four years commencing 1<sup>st</sup> April 2025 till 31<sup>st</sup> March 2029. The estimated whole life value of the Contract amounts to £1,891,556 (over the four years period). The annual value of the Contract amounts to £472,889 (inclusive of the £200k from the substantive Public Health Grant plus the DHSC ring fenced stop smoking grant of approximately £272,889 per annum calculation, adjusted each year according to Bromley's estimated smoking prevalence). Approval is also sought for the approval of delegated authority to the Chief Officer in consultation with the Portfolio Holder to authorise the annual allocation of the DSHC Stop Smoking Grant for the life of the contract and to vary the scope and value of the contract accordingly subject to the grant conditions specified by the DHSC.
- 15.4 In accordance with 3.6.1 of the Council's Contract Procedure Rules, all Officers are required to make use of the Council's eProcurement System when carrying out any Contracting activity which has an estimated value of £5,000 and above, unless otherwise agreed with the Head of Procurement.
- 15.5 Under the Council's Contract Procedure Rules, the Councils requirement for proceeding to Procurement is in accordance to CPR 1.3 where the approval of the Executive following Agreement of the Portfolio Holder, the Chief Officer, the Assistant Director Governance and

Contracts, the Director of Corporate Services and the Director of Finance, must be sought for a Procurement of this value.

15.6 In accordance to the Health Care Services (Provider Selection Regime) 2023 ('The Regulations'), a competitive process will be utilized which involves conducting a competitive process to award the contract. Compliance with defined processes to evidence the decision-making, including record keeping and the publication of transparency notices (i.e via a Notice for Competitive Tender which must be published on the Find A Tender Service to formally advertise the opportunity to a potential bidder in accordance to Schedule 8 of the Regulations) will also need to be adhered to.

15.7 Officers should also ensure they comply with all Grant conditions.

## 16. IMPACT ON HEALTH AND WELLBEING

16.1 According to the UK Government, tobacco is the single leading preventable cause of mortality, leading to 64,000 deaths in England each year. Up to two-thirds of smokers die of smoking, and those who start smoking as a young adult lose an average of 10 years of life expectancy. Smoking causes around 1 in 4 of all UK cancer deaths, and substantially increases the risk of cardiovascular disease (CVD).

16.2 Furthermore, smoking is one of the most important preventable causes of disparities in health and a significant contributor to the gap in life expectancy. For some conditions, such as lung cancer and severe COPD, smoking is the main driver and for others, such as premature CVD, smoking is a major factor.

16.2 Therefore, reducing the number of people in Bromley who smoke will have a direct impact on the health and wellbeing of residents, in line with the disease prevention ambitions and priorities set out in both 'Making Bromley Even Better' and the Health and Wellbeing Strategy 2024-2029.

## 17. WARD COUNCILLOR VIEWS

17.1 N/A

<b>Non-Applicable Headings:</b>	Sections 11, 'Strategic Property' and 14 'Personnel Considerations'
Background Documents: (Access via Contact Officer)	