LONDON BOROUGH OF CROYDON

DATE OF DECISION	*02/10/2024*	
REPORT TITLE:	**Local Stop Smoking Services and Support Grant – Specialist Provision** **Commissioning & Procurement Strategy Report**	
CORPORATE DIRECTOR / DIRECTOR:	**Marie Snelling, Interim Assistant Chief Executive Officer** **Andrea Fallon, Interim Director of Public Health**	
LEAD OFFICER:	**Carlos Bailey - Senior Contract and Commissioning Officer** **Rachel Carse – Strategic Commissioning Manager Public Health**	
LEAD MEMBER:	**Councillor Yvette Hopley, Cabinet Member for Health and Adult Social Care**	
DECISION TAKER:	**Councillor Yvette Hopley, Cabinet Member for Health & Adult Social Care** .	
AUTHORITY TO TAKE DECISION:	Delegated via the Croydon Tender and Contracts Regulations.	
KEY DECISION?	**Yes**	Key Decision – Decision incurs expenditure of more than £1,000,000 Key Decision Number: 0624HASC
CONTAINS EXEMPT INFORMATION?	**NO**	Public
WARDS AFFECTED:	**All**	

Commissioning and Procurement Strategy

1. Summary of Report

1.1 This report seeks approval to commence the procurement of a new specialist Smoking Cessation service for underserved populations. It will initially focus on Severe Mental Illness (SMI), Substance Misuse and Homeless populations. The service will retain the option to expand its remit to include additional underserved populations over the course of the contract, subject to compliance with the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR)

2. Recommendations

FOR CCB

2.1 The Chair of CCB is requested to approve the recommendations in this report to the Cabinet Member for Health and Adult Social Care.

FOR COPORATE DIRECTOR

2.2 The Interim Assistant Chief Executive Officer is recommended to approve the business case set out at Section 4 & 5 of this report.

FOR CABINET MEMBER

2.3 The Chair of CCB recommends to the Cabinet Member for Health and Adult Social Care in consultation with the Cabinet Member of Finance to:

2.4 Approve the commissioning intentions and procurement strategy (Route to Market, Section 6 of this report), for the commissioning of Croydon's specialist smoking cessation service via the Most Suitable Provider route for a period of four (4) years and three (3) months with an estimated aggregated contract value of £1,385,000 (one million, three hundred eighty-five thousand pounds) and an annual contract value of £320,000 (three hundred twenty thousand pounds).

3. Reasons for recommendations

3.1 The Department of Health and Social Care (DHSC) announced additional Council funding over the next five (5) financial years (2024/25 to 2028/29) for local stop smoking services. The national funding allocation for this provision is £70,000,000 (seventy million pounds) per annum and is committed to for five (5) years from April 2024. Croydon's share of this grant, calculated on

smoking rates within the borough, is £436,814 (four hundred and thirty-six thousand and eight hundred and fourteen pounds) annually.

3.2 It should be noted that this funding was announced under the previous administration and with the change in government there is not a guarantee it will continue for five (5) years. In order to accommodate that uncertainty and allow for flexibility, the Council's standard contract termination terms, enabling termination without cause, will be extended from three (3) months' notice to six (6) months.

3.3 DHSC requires funding must be used to:

- Invest in stop smoking services and support, in addition to, and while maintaining existing spend from the Public Health Grant.
- Build capacity to deliver expanded local stop services and support.
- Build demand for local stop smoking services and support; and
- Deliver increases in the number of people setting a quit date and 4 week quit outcomes.
- Reporting associated activity and financial spend.

3.4 Croydon residents with SMI and residents with complex needs are excluded from the current smoking cessation provision delivered via the Live Well service. This funding provides some capacity to invest in innovation and scale up the service to address the needs of underserved populations. Public Health research has identified a lack of local expertise and infrastructures to deliver a programme that is outcome focused and responsive to local needs.

4. Business Case

Background and Details

National health inequalities context and evidence base

4.1 Population health is highly influenced by social, economic, and political environments and is vulnerable to these system-level changes[1]. In the UK even prior to the pandemic, people were living more years in poor health, gains in life expectancy had stalled, and health inequalities were widening. This has a costly impact on individuals, communities, public services, and the economy[2].

4.2 Smoking, obesity, physical inactivity, and excessive alcohol consumption are responsible for around 30% of the disease burden and are associated with the major causes of morbidity and mortality. These behaviours are influenced by complex interactions between a persons' social, economic, and environmental

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[1] Understanding the sustainment of population health programmes from a whole-of-system approach | Health Research Policy and Systems | Full Text (biomedcentral.com)

[2] Addressing the leading risk factors for ill health | Health Foundation

circumstances[3]. There is a robust evidence base for interventions that can facilitate changes in these behaviours and support people to adopt healthier lifestyle choices, whilst also improving access to wider health and social support

4.3 People from our most deprived communities are more likely to smoke, have greater levels of dependency and are less likely to quit than those in more affluent areas. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society £21 billion annually[4],[5]. Covid has also impacted on people's levels of activity, according to the Active Lives Adult Survey May 2019/20[6] Report and lockdown measures led to unprecedented decreases in activity levels. The pandemic has also had a disproportionately negative impact on those from Asian (excluding Chinese) and Black backgrounds.

National context of smoking issues

4.4 Smoking: Smoking is the single largest preventable cause of these health inequalities and is responsible for about half the difference in death rates in men by socioeconomic status. Smoking prevalence is higher in people with mental disorders, who experience disproportionate associated harm to their physical health. Smoking cessation results in improved physical and mental health but requires immediate dose reduction of certain psychotropic medications to prevent toxicity[7].

4.5 People with mental health conditions have a significantly shorter life expectancy than the general population, and smoking is the primary cause of this gap. One-third of all cigarettes smoked in England are smoked by individuals with a mental health condition[8]

Local context of smoking issues

4.6 Around 13.5% of people aged 18 and over in Croydon are current smokers, 14.3% are adults in routine and manual occupations[9]. In 2021, there were 5,001 live births in Croydon[10]. Smoking rates in pregnancy are decreasing in Croydon (5.1% or 189 women smoking at time of delivery) but is still higher than the London region of 4.6%.

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[3] Everest G, Marshall L, Fraser C, Briggs A. Addressing the leading risk factors for ill health: A review of government policies tackling smoking, poor diet, physical inactivity, and harmful alcohol use in England. The Health Foundation; 2022 (https://doi.org/10.37829/HF-2022-P10).

[4] Health matters: harmful drinking and alcohol dependence - GOV.UK (www.gov.uk)

[5] Health matters: smoking and quitting in England - GOV.UK (www.gov.uk)

[6] Sport England. Active Lives Adult Survey May 2019/20 Report

[7] Taylor DM, Barnes, TRE, and Young AH. The Maudsley Prescribing Guidelines in Psychiatry. 14th Edition. John Wiley & Sons, Incorporated. 2021. Pages 856-859.

[8] https://www.gov.uk/government/publications/health-matters-smoking-and-mental-health/health-matters-smoking-and-mental-health

[9] Smoking Profile - Data - OHID (phe.org.uk)

[10] Child Health Profiles (phe.org.uk)

4.7 Approximately 18.4% of adults aged 16+ in Croydon are estimated to have a common mental disorder (i.e. any kind of anxiety or depression)[11].

4.8 In 2014/15, the smoking prevalence in adults (18+) with severe mental illness (SMI) was approximately 37.7%, which is similar to rates across London (38.9%) and England (40.5%).

4.9 In South West London there are 17,751 patients identified with Severe Mental Illness (SMI). This equates to 96 per 10,000. For Croydon there are 5,457 patients identified with SMI which equates to 116 per 10,000[12].

4.10 In 2022/2023 24.6% of adults with a long-term mental health condition reported as smokers[13]. This is not significantly different to the England rate of 25.1%[14].

4.11 In 2019/20 the smoking prevalence in adults aged 18+ admitted to treatment for substance misuse - alcohol and non-opiates was reported as 62.7%[15], which is in the middle quintile for England.

4.12 In 2019/2020 the London smoking prevalence in adults (18+) admitted to treatment for substance misuse - alcohol was reported as 49.4%, with the best in England being 34.7%[16] and the worst being 71.9% . While Croydon-specific data for alcohol-related admissions is not provided, London's smoking prevalence among adults in alcohol misuse treatment is quite high.

4.13 Croydon has an estimated 388,563 residents, however, there is inequality in life at birth of 9.2 years for men and 6.5 years for women (from the least deprived to the most deprived area). In 2021/22, about 15.5% (12,390) children under the age of 16 were living in relative low-income households.

Proposed Service

4.14 Smoking is the single largest preventable cause of multiple health inequalities, particularly relevant in Croydon.

4.15 Smoking prevalence is higher in certain populations:

- homeless
- alcohol and drug misuse problems
- severe mental illness

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[11] Common Mental Health Disorders - OHID (phe.org.uk)
[12] SWL Susi sharepoint correct as May 2024
[13] Smoking Profile - Data - OHID (phe.org.uk)
[14] OHID Fingertips April 2024
[15] Smoking Profile - Data - OHID (phe.org.uk)
[16] Smoking Profile - Data - OHID (phe.org.uk)

4.16 These populations are underserved, with studies finding that rather than being less motivated to quit smoking, individuals in these populations find it more difficult and require more support[17].

4.17 The current evidence base, NICE guidelines and learning from existing tobacco dependency services treating people with complex needs shows that to best support the needs of these populations, a specialist service should be commissioned and include:

- Services delivered by dedicated stop smoking advisors with mental health, homelessness and drug & alcohol expertise.
- Stop smoking advisors work underpinned by trauma informed practice.
- A structured approach to cutting down (harm reduction) offered where clients are not in a position to initiate an abrupt quit.
- Behaviour change support where client is not ready for quitting or harm reduction.
- Clients supported back into the service following a relapse. Not excluded from treatment if they have experienced multiple failed quit attempts.
- The SMI Stop Smoking Adviser responsible for liaising with the client's primary care / MH specialist regarding intention to quit and ongoing medication management and monitoring withdrawal symptoms.
- NRT and pharmacotherapy available prior to quitting.
- Clients offered up to 12 sessions with the flexibility to provide more, or less as required. Each session lasting a minimum of 30 minutes.
- Health and care services, to people who might not otherwise have access to or engage with existing services, provided in a mobile way in the locations where people are, for example in temporary accommodation facilities and in day centres.
- People experiencing homelessness with multiple health or social care needs not excluded from services because of restrictive eligibility criteria.
- Outreach services, treating referral and walk-ins.
- Very Brief Advice (VBA+) training for referral agency staff.

4.18 Very Brief Advice on Smoking, known as VBA, is an intervention delivered by health and social care practitioners that triggers quit attempts. VBA is recommended by NICE as evidence-based and cost-effective.[18]

4.19 The service will encourage referrals from the following services, whilst also facilitating VBA+ training for appropriate members of staff:

- South London and Maudsley NHS Foundation Trust (SMI)

[17] On-the-path-to-ending-smoking-DPH-briefing.pdf (ash.org.uk)
[18] https://www.ncsct.co.uk/library/view/pdf/VBA.pdf

- Rainbow Health Centre (homelessness)
- Change Grow Live (substance misuse)
- Primary Care services
- Voluntary and community groups

4.20 The DHSC additional grant allows the commissioning of this service to run for five years from 2024/25 to 2028/29. However, unspent grant monies will be reclaimed annually by DHSC. As the grant funding is currently due to cease at the end of 2028/29 and the service is due to begin in Quarter Four 2024/25 this results in a contract length of four years and three months.

4.21 The future of the service will depend on the proven effectiveness of the delivery. Data captured during the course of this work should support the argument for continuation of this service to underserved populations. This could be either via continued central government funding or increased Public Health grant funding .

4.22 In addition to the conditions associated with a Section 31 ring-fenced grant[19], there are four main conditions attached to funding in the first year of this programme:

- Invest in stop smoking services and support, in addition to, and while maintaining existing spend from the Public Health grant.
- Build capacity to deliver expanded local stop smoking services and support.
- Build demand for local stop smoking services and support.
- Deliver increases in the number of people setting a quit date and 4 week quit outcomes, reporting associated activity and financial spend.

4.23 The primary indicators for success over the course of this programme are quit dates set and four week quits (reporting through associated activity and financial spend). Conditional targets could be built into grant agreements in future years.

Mayor's Business Plan Outcomes and Supporting Priorities

4.24

Outcome 1: Priority 1:	Get a grip on the finances and make the Council financially sustainable
Outcome 1: Priority 3:	Strengthen collaboration and joint working with partner organisations and the voluntary, community and faith sectors.

[19] https://www.legislation.gov.uk/ukpga/2003/26/section/31

Outcome 1: Priority 4:	Ensure good governance is embedded and adopt best practice.
Outcome 2: Priority 3:	Support the local economy and enable residents to upskill and access job opportunities.
Outcome 5: Priority 2:	Work closely with health services and the VCFS to improve resident health and reduce health inequalities.

5 Outcomes Required

5.1 As part of the new contract applicable National Standards, Local Standards and KPIs will be embedded within the service specification.

5.2 The aim of the service is as follows:

- Contribute to the reduction in health inequalities and to increase life expectancy in the borough by actively targeting specific priority groups.
- Reduce differences in healthy life expectancy between communities by targeting services at residents at the greatest risk of poor healthy life expectancy.
- Contribute to the reduction of preventable ill health by reducing heart disease, stroke, and some cancers.
- Service should be universal and accessible, whilst still having a targeted approach to those with multiple needs.

5.3 Performance management of the programme will be based on the Public Health Outcomes Framework (PHOF) and behaviour change outcomes related to the lifestyle behaviour: smoking.

5.4 The service will seek to achieve:

- Reduction in the number of people who smoke.
- Increase in the number of people setting a quit date.
- Increase in the number of 4 week quit outcomes.

5.5 An example of the KPIs are below.

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	0.624%	1,210	6,050	303	605	1,513	1,815	1,815

Current Rate (as reported in SSS)	Year 1 Total	Year 2 Total	Year 3 Total	Year 4 Total	Year 5 Total
237	540	842	1,750	2,052	2,052

	Key Performance Indicators for the Service	Target
1.	Number (%) of enrolled participants are provided with a tailored personalised care plan	100%
2.	Number (%) of enrolled participants are invited to provide feedback at the end of the intervention	100%
3.	Number (%) of staff receive training specific to their role in the service.	100%
4.	Number (%) of all participant data is recorded, analysed and reported in line with local agreements.	100%
5.	Number of people accessing the service in a 12 month period.	1000
6.	Number of people eligible for the 1-1 service.	
7.	Number of people opting into the 1-1 service in a 12 month period.	
8.	Number (%) of participants in the service their outcome is recorded	100%
9.	Number (%) of participants demographic details are recorded	100%

	Key Performance Indicators Smoking Cessation	Target
1.	Number (%) of participants achieve a quit at 4-weeks	<60%
2.	Number (%) of participants achieve a quit at 12-weeks	35%
3.	Number (%) of participants at a 4-week quit have a validated CO reading	85%
4.	Number (%) of participants are offered/direct supply of stop smoking medication	100%
5.	Number (%) of participants provide feedback	20%
6.	Number (%) of participants enrolled in the service set a quit date	100%
7.	Number (%) of participants enrolled in the service are from the target groups: Severe Mental Illness	TBC
8.	Number (%) of participants enrolled in the service are from the target groups: Substance Misuse	TBC
9.	Number (%) of participants enrolled in the service are from the target groups: Homelessness	TBC

6 Route to Market

6.1 The proposed tender process will be carried out with support from Corporate Procurement in line with the Tenders and Contracts Regulations 2024 and compliance with the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR), which came into force on January 1st 2024. This replaced the previous procurement rules for NHS and local authority funded health care services

6.2 In keeping with the intent of the 2023 Act, the PSR has been designed to introduce:

- a flexible and proportionate process for selecting providers of health care services (so that all decisions can be made with a view to securing the needs of the people who use the services, improving the quality of the services, and improving the efficiency in the provision of the services)
- the capability for greater integration and collaboration across the system, while ensuring that all decisions about how health care is arranged are made transparently
- opportunities to reduce bureaucracy and cost associated with the current rules.

6.3 Public Health intelligence informs that as the prospective service is a specialist provision for underserved populations South London and Maudsley NHS Foundation Trust (SLAM) is the only service locally that offers this support for mental health patients. Change Grow Live (CGL) currently commissioned by Public Health can also deliver this level of support for people with drug and alcohol dependencies, but once again no community offer. There is currently no smoking cessation support on offer for people who are experiencing homelessness (including refugees and asylum seekers). Both of these organisations will likely provide submissions for the tender, covering all three populations.

6.4 In dialogue with Corporate Procurement, due to the limited number of organisations able to provide the service locally, the Most Suitable Provider Process was agreed upon to award the contract.

6.5 This approach allows awarding a contract directly to the most suitable provider without a competitive process, as the relevant authority can identify the most suitable provider, based on market insight and taking into account the ‘likely providers’ and all information available at the time.

6.6 The Authority will submit for publication on the UK e-notification service a notice of intention to follow the Most Suitable Provider Process in accordance with the information set out in Schedule 5 of the PSR.

See NHS Statutory Guidance for further description of the PSR process.[20]

7 Options Considered, Risks and Recommended Option:

	Option	Advantages	Disadvantages	Risks

[20] NHS England » The Provider Selection Regime: statutory guidance

1.	Do nothing	• None	• Continuing not to address the smoking cessation needs of the underserved vulnerable populations. • Continued level of demand on health services with related cost, lower life expectancy and reduced quality of life for the underserved vulnerable populations. • Failure to provide services associated with the Public Health ring-fenced grant. • No alternative provision for this service maintains the current lack of support for these populations.	• Reputational damage for not attempting to address meeting the smoking cessation needs of underserved vulnerable populations. • Complaints due to no provision. • Health inequalities of underserved vulnerable Croydon populations continue to be impacted detrimentally.
2.	Provide additional service though Live Well smoking cessation scheme.	• Live well contract already in place.	• Will have to slot into the existing contract, with little scope for change. Would not allow the flexibility required to address the needs of underserved populations and to amend targeted populations over the course of the contract. • Complexity of client group would require staff to have considerable clinical training, which Live	• Risk of funding covering already existing smoking cessation services, which is prohibited by grant requirement restrictions. • May not allow for the targeted support for underserved populations due to level of staff training.

			Well staff do not have.	
3.	Undertake a Provider Selection Regime procurement process. **Recommended**	• Ability to address the smoking cessation needs of the underserved vulnerable populations. • Expected long term reduction in continued level of demand on health services, with related costs, improved life expectancy and quality of life for the underserved vulnerable populations. • Ability to provide services associated with the Public Health ring-fenced grant requirements. • New PSR provides a more flexible procurement options. • New PSR also provides a quicker tender process, which results in less staffing hours required and therefore less staff costs.	• Possible delays in procurement process due to new procurement process (PSR) being run for the first time by the Council. (see mitigation in Risk Table – Paragraph 13)	• Grant funding was announced under the previous administration and with the change in government there is not a guarantee it will continue for five (5) years. In order to accommodate that uncertainty and allow for flexibility, the Council's standard contract termination terms, enabling termination without cause, will be extended from three (3) months' notice to six (6) months.

8. Overview of Supply Market and Market Engagement

8.1 The current Public Health and Commissioning evidence base would suggest that, within the supply market, there are currently a limited number of organisations who could provide the service locally. In accordance with the Provider Selection Regime 2015 and the Most Suitable Provider statutory guidance, it has been identified that there are currently a limited number of local organisations capable of providing the required service. To ensure compliance with the principles of fairness, transparency, and proportionality, a

market engagement event will be held to inform potential providers of the upcoming procurement opportunity.

8.2 The purpose of this event is to ensure that all suitable providers, including those who may not be immediately identified, are aware of the procurement process and have equal access to participate. This engagement will support informed, fair decision-making in line with the Most Suitable Provider process, ensuring that the selected provider offers the best value in terms of quality, efficiency, and meeting the needs of the local population.

9. Contract Management Approach

9.1 The provider will be expected to demonstrate how they will contribute to the relevant Public Health outcomes. They will work collaboratively with the Commissioner to agree key performance indicators, and performance thresholds.

9.2 The provider will be required to provide monthly data requirements.

9.3 The provider will be required to attend quarterly contract meetings with the commissioner/Public Health and to produce quarterly update reports and undergo an annual evaluation, which includes information on:

- Outcomes / KPIs to be agreed
- Programme expenditure
- National and local standards
- Governance
- Staffing and Training

9.4 As part of the contract management approach, the Commissioner will also engage with relevant stakeholders e.g. SLAM, Rainbow, CGL, Primary Care, Voluntary and Community groups.

9.5 Underpinning the contract management approach will be the following principles: Transparency, Communication, Co-production, Partnership and Accessibility.

Preferred Procurement Process

10.1 The procurement will be carried out in line with the PSR. The procurement of this service will fall under the Most Suitable Provider Process regulation 10 (1-15)[21]

10.2 The PSR sets out the 5 criteria that all suitable providers should be assessed against, these criteria can then be given weightings depending on the importance of each criteria for the service to be procured.

10.3 Providers who are identified as being the Most Suitable Providers, or those that express an interest will be given a questionnaire covering the basic minimum requirements set out by the PSR and in line with Croydon's Policies and a set of method statement questions falling under each key criteria.

10.4 The following are the proposed weightings for the key criteria. The price has been agreed by Public Health but within the tender there is a Key Criteria assessment area for Value. This will entail scoring on what the service provides for the set contract cost including any added value.

Key Criteria	Weighting
Quality and innovation	25%
Value	15%
Integration, collaboration and service sustainability	25%
Improving access, reducing health inequalities and facilitating choice	25%
Social value	10%

10.5 The providers responses to the method statements will be scored using a 0-5 scoring matrix and will be assessed by a minimum of three (3) individual evaluators, these scores will then be moderated to give a consensus score for each question, which will then be given a weighted score.

10.6 As the price is a fixed price (related to the value of the grant) this procurement will be carried out with a 100% weighting on the quality element. A condition of the full grant is that any grant monies not spent by the Council are required to be returned to DHSC.

10.7 The provider who receives the highest weighted score will then be recommended as the preferred provider.

[21] The Health Care Services (Provider Selection Regime) Regulations 2023 (legislation.gov.uk)

Proposed Procurement Timetable

10.8

Activity	Estimated End Date
Publish Key Decision Notice	01/08/2024
Draft strategy report	16/08/2024
Draft specification	30/08/2024
Draft evaluation documentation	13/09/2024
Publish strategy report	04/10/2024
Draft evaluation documentation	27/09/2024
Market Engagement Information Event	02/10/2024
Notice of Intention (Tender Issue)	07/10/2024
Assess the suitable providers against the criteria	01/11/2024
Draft Award Report	07/11//2024
Intention to award notice	20/12/2024
Standstill period	06/01/2025
Confirmation of award notice	07/01/2025
Contract signing	17/01/2025
Contract commencement	20/01/2025

10.9 A service specification is currently being developed which will form the first schedule of the contract.

11 Premier Supplier Programme

11.1 To ensure Providers are paid efficiently, joining the Premier Supplier Programme (PSP) will be offered to all providers who participate in the process. This also enables the Council to achieve a reduced price regarding the contract, this will be evaluated within the pricing evaluation. Providers will however have the option to opt out this programme.

12 Real Living Wage

12.1 The service specification will include the requirement that any organisations tendering will pay at least the Real Living Wage (RLW) to staff.

12.2 The Council is an officially accredited Real Living Wage Employer and is committed to ensuring that, where appropriate, contractors and subcontractors engaged by the Council to provide works or services within Croydon pay their staff at a minimum rate equivalent to the RLW rate. Successful contractors will be expected to meet RLW requirements and contract conditions requiring the payment of RLW will be included in the service specification and contract documents.

13. Social Value

13.1 The incorporation of Social Value into Croydon contracts will significantly help the Council to deliver on its strategic corporate and Mayoral priorities and add value for the borough through the following key principles that are highlighted within Croydon's Social Value Policy 2019-2023:

Croydon Social Value Policy

- Continuously enhancing the Council's, suppliers' and partners' awareness, ownership and confidence in embedding, delivering and measuring Social Value through effective communication, training and robust governance practices.
- Mandating Social Value considerations across all commissioning activity, securing measurable, verifiable Social Value outcomes that are relevant and proportionate to the purpose of the services, goods or works being procured or grants being allocated.
- Consulting and engaging with all relevant stakeholders both within and outside the Council and using this insight to continually update both the scope and specificity of Croydon's key Social Value priorities.
- Promoting supplier diversity through our ethical and sustainable procurement practices; particularly focusing on increasing the number of Voluntary Community Social Enterprise's (VCSE's), and Micro Small Medium Enterprise's (MSME's), within the Council's supply chain. This will be achieved by improving the visibility and accessibility of the Council's business opportunities, facilitated through direct engagement, supplier workshops and timely promotion of opportunities.
- Applying a standard weighting for Social Value within the tender process of a minimum of 10% of the Quality Evaluation Assessment

14. Risks

Risk	Description	Rating	Mitigation / Management
Completing the procurement within timescales	Delays in procurement process due to new Provider	Medium	Procurement to seek advice from both Croydon legal and Procurement

	Selection Regime being used for the first time		colleagues in other authorities for best practice. Early informal advice regarding the process under the PSR specific to this procurement has already been sought by procurement colleagues from external partners Browne Jacobson
Provider challenge due to new procurement process	Providers who lose out on the contract may wish to challenge decision	Medium	See mitigation above. Plus fair and transparent decision-making with a robust audit trail.
Mobilisation of service	Contract award provider unable to mobilise service	Medium	Mobilisation plan will be required as part of PSR assessment scoring. Post contract award contract management to ensure provider meets required mobilisation milestones.

15 Financial implications

15.1 The service will be wholly funded from the Department of Health and Social Care additional funding grant for local authority stop smoking support. With conditions associated with a section 31 ring-fenced grant.

	Medium- Tern Financial Strategy 4.5 Year Forecast				
	Q4 2024/25 £000	**2025/26 £000**	**2026/27 £000**	**2027/28 £000**	**2028/29 £000**
Revenue Budget Available	**0**	**0**	**0**	**0**	**0**
Expenditure	£105	£320	£320	£320	£320
Grant Funding	(£105)	(£320)	(£320)	(£320)	(£320)

Effect of decision from report	**0**	**0**	**0**	**0**	**0**
Total Value of Contract					£1,385

15.2. Currently Croydon's share of this grant, calculated on smoking rates within the borough, is £436,814 (four hundred thirty-six thousand eight hundred fourteen) annually. Some of the funding in 2024-25 has been used to recruit a commissioner to draft the specification and procure the service. Any grant remaining after procuring the contract will be used to recruit agency posts to provide additional capacity to address demand for local stop smoking services. Contracts will be reviewed annually to ensure the service is delivered within the grant available. Any portions of the Grant not used will have to be returned to DHSC.

15.3. Finance have been consulted and can confirm the impact of the report can be met within existing budgets.

15.4. **Comments approved by Lesley Shields, Head of Finance for Assistant Chief Executive and Resources on behalf of the Director of Finance. (23/08/2024)**

16 Procurement Implications

16.1 The procurement will be carried out in line with the Health Care Services (Provider Selection Regime) Regulations 2023. The procurement of this service will fall under the Most Suitable Provider Process regulation 10 (1-15).

16.2 Approved by: Natalie White, Strategic Procurement Manager for Adults, Children & Health on behalf of the Head of Strategic Procurement and Governance. (Date 21/08/2024)

17 Legal Implications

17.1 The Council has the power to enter into contracts with third parties pursuant to its functions as provided for under section 1 of the Local Government (Contracts) Act 1997. The Council also have the power to do anything that individuals generally may do pursuant to section 1 of the Localism Act 2011.

17.2 Under the Council's Tender and Contracts Regulations the authority to approve the route to market strategy set out in the report is delegated to the Cabinet Member on the recommendation of the Chair of CCB and the authority to approve the business case is delegated to the Corporate Director.

17.3 The Council is under a duty to comply with the relevant procurement legislation. The services are being procured in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023.

17.4 **Comments to be approved by the Head of Commercial Housing and Litigation on behalf of the Director of Legal Services and Monitoring Officer. (Date 06/09/2024)**

18 Equalities Implications

18.1 The Council has a statutory duty to comply with the provisions set out in Section 149, Equality Act 2010. The Council must therefore have due regard to:

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

18.2 The protected characteristics defined by law are race and ethnicity, disability, sex, gender reassignment, age, sexual orientation, pregnancy and maternity, religion or belief, marriage and civil partnership.

18.3 An Equalities Impact Assessment (EQIA) is being completed to ensure that no group within the (Protected Characteristics) is directly or indirectly discriminated against by the proposals in this report.

18.4 The Contract Management Framework is required to work within the framework of the Equality Strategy 2020- 2024. The deliverables in the Equalities Strategy should be incorporated into the Contract Management Framework and policy documents as detailed below:

i. All Council contracts contribute towards delivering our equality objectives

ii. Council contractors are inclusive and supportive of vulnerable groups

iii. Ensure that every strategy, delivery plan, Council contract and staff appraisal has an equality objective linked to it.

iv. That contractors be requested to adopt Croydon's Equality and George Floyd Race Matters Pledges"

18.5 The Equalities Strategy including the Pledges named above, are provided to all bidders during the initial procurement process. Social Value objectives also mirror the Council's commitments to equalities and diversity.

18.6 Comments approved by Ken Orlukwu, Senior Equalities Officer, on behalf of Helen Reeves, Head of Strategy & Policy on 22/08/2024.

19 GDPR Compliance

19.1 A DPIA is being completed and any requirements identified as part of the assessment will be reflected in the tender documents.

19.2 As part of the procurement process, Providers will need to demonstrate they are compliant with all data protection legislation.

20 Appendices

None

21 Background documents

None