

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	Procurement Approval for the Stop Smoking Service		
Report of the Director of Public Health			
PART- EXEMPT	For Decision		
Wards Affected: ALL	Key Decision: Yes		
Report Author: Sarah Blair, Public Health Programmes Manager	Contact Details: Tel: 0208 227 3781 Email: Sarah.Blair@lbbd.gov.uk		
Sponsor: Matthew Cole, Director of Public Health			
Summary: <p>Approval is sought from the Health and Wellbeing Board to commence the procurement process relating to the re-tendering of the Stop Smoking Service.</p> <p>The current Stop Smoking Service contract will cease on the 30 September 2013. Delegated authority has been given to extend the present contract till the 31st January 2014. This covers the procurement period with an additional month built into the extension period to account for any delays that may occur.</p> <p>It is the intention of Public Health to undertake a procurement process and appoint a new provider of the service to start on the 1st January 2014. There will be a phased implementation of the process for the period January to March 2014, with the service becoming fully operational in April 2014.</p> <p>The procurement of the new service is being led by Corporate Procurement (Elevate) and is being done in conjunction with the London Borough of Havering (LBH), the London Borough of Barking & Dagenham (LBBB) is leading on the procurement process. Each authority will have separate contracts and be responsible for their own contract monitoring. The contract will be let for 39 months with provision for a further extension of one year, subject to confirmation of future years' funding and satisfactory performance.</p>			
Recommendation(s) The Health and Wellbeing Board is asked to:			
<ol style="list-style-type: none">1. Approve the procurement process (jointly with the London Borough of Havering) for the Stop Smoking Service for the duration (including the option to extend the contract for up to one year) and upon the terms set out in this report.2. Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer to award the contract to the successful contractor upon conclusion of the procurement process.			

Reason(s):

Smoking is the largest single cause of preventable morbidity and premature death. In addition to nearly 80,000 deaths in England each year, smoking is responsible for an enormous but otherwise avoidable burden of disease particularly cancers, respiratory disease, cardiovascular disease and reproductive problems. Statistics indicate that about 20% of adults in England smoke, but this varies significantly by local area. Smoking is especially important in Barking & Dagenham because the borough has a higher prevalence (23%) than the London average (18.9%).

The objectives of the Stop Smoking Service will be to:

- Decrease the risk of chronic disease, disability and death associated with smoking through the provision and promotion of population wide stop smoking services.
- Reduce the prevalence of smoking in Barking and Dagenham
- Reduce health inequalities between communities and population groups resulting from differences in smoking prevalence, particularly between routine and manual groups and the population as a whole.
- Support smokers who live or work both in LBBD to quit smoking.
- Promote smoke free living and reduce the likelihood of young people taking up smoking.
- Reduce smoking prevalence among young people.
- Reduce smoking during pregnancy

1. Introduction

- 1.1 The LBBD is seeking approval from the Health and Wellbeing Board for the procurement strategy and process set out in this report to re-tender the Stop Smoking Service.
- 1.2 The current service will cease on the 30th September 2013. However delegated authority has been given to extend the present contract till the 31st January 2014.
- 1.3 There will be a phased implementation with the service becoming fully operational in April 2014.
- 1.4 The procurement is being done in conjunction with the LB Havering; however LBBD will be the lead organisation for the procurement process. Each borough will have separate contracts and will each be responsible for their own contract monitoring.
- 1.5 The contract will be let for 39 months with the option to extend for up to one year at the sole discretion of the Council.

2.0 Tendering Process

- 2.1 The following draft timeline for procurement of the 2013/14 Smoking Cessation contract has been prepared in conjunction with Corporate Procurement (Elevate):

Process Step	Timeline	Responsible Party
Review MOU and Kick Off Meetings	01/07/13 – 31/07/13	LBBD Public Health LBBD Procurement LB Havering Public Health
TUPE Data Collection and Pre Consultation	01/08/13 – 30/09/13	NELFT
Agree Service Specification, Payment Model and Draft form of wording for the contract	01/08/13 -24/09/13	LBBD Public Health LBBD Procurement LB Havering Public Health
Draft Evaluation Criteria for approval by LBBD and LBH Public Health	30/08/13 – 11/09/13	LBBD Procurement
Construct Project on LBBD E-tendering Portal	14/09/13 – 24/09/13	LBBD Procurement
Publish Advert	25/09/13	LBBD Procurement
Receive Expressions of Interest	16/10/13	LBBD Procurement
Issue Tender Pack	17/10/13	LBBD Procurement
Response Return Deadline	07/11/13	LBBD Procurement
Technical Evaluation and Mediation	08/11/13 – 15/11/13	LBBD Public Health LBBD Procurement LB Havering Public Health
Commercial Evaluation	08/11/13 – 11/11/13	LBBD Procurement
Draft Award Report	18/11/13	LBBD Procurement
Approve Award Report	19/11/13 – 28/11/13	LBBD Public Health LB Havering Public Health
Tender Award	29/11/13	LBBD Procurement

Process Step	Timeline	Responsible Party
Mobilisation (inc TUPE)	01/12/13	LBBB Public Health LB Havering Public Health
Commencement of Service	01/01/14	LBBB Public Health LB Havering Public Health

2.2 Advertising

2.2.1 The advert pertaining to the procurement will be advertised in the following:

- BRAVO the Council's IT Platform for advertising Council Contracts.
- Supply2health
- Supply4london

2.2.2 The advertisement will be alerted to any potential providers.

3.0 Length of Contract

3.1 The contract will be for the period January 2014 to March 2017 (that is 39 months) with the possibility of an extension for a period of up to a further year.

4. Evaluation and award criteria

4.1 The evaluation of the tender will be done on quality (60%) and price (40%). The tender will be awarded on the basis of which tenderer demonstrates value for money for the LBBB. The award will be on the basis of the most economically advantageous Tender.

4.2 Prospective tender candidates will be advised of any weightings to be applied to any of the criteria or sub-criteria beforehand. This will enable a fair and transparent approach to be taken. Prior to award of the contract an evaluation of the price will be carried out to ensure that provider organisations tendering for the contract provide value for money and fair and competitive prices that are consistent with the service specification and the services required to be delivered.

5.0 Financial Implications

Financial implications are provided in a separate annex for Board members' confidential consideration under 'Private Business'.

6.0 Legal Implications

Implications completed by: Eldred Taylor-Camara, Legal Group Manager

6.1 This report is seeking the permission of the Health and Wellbeing Board to tender the service contract for the provision of a smoking cessation programme along with the London Borough of Havering. This proposed collaborative procurement is

in line with government efforts to promote collaborative working among public bodies.

- 6.2 The particular service to be procured in this report is classified as a Part B service under the Public Contract Regulations 2006 (as amended) (the "Regulations") and therefore not subject to the strict tendering rules in the Regulations. However in conducting the procurement, the Council still has a legal obligation to comply with the relevant provisions of the Council's Contract Rules and with the EU Treaty principles of equal treatment of bidders, non-discrimination and transparency in procuring the contracts.
- 6.3 The report sets out in paragraph 2.1 the tender timetable for the procurement of this service. The contract is to be advertised in September, with the expectation that expressions of interest will be received in October, and with a view to appointing the successful bidder and awarding the contract in November 2013. The EU Treaty principles noted above generally encourage the advertisement of contracts in a manner that would allow any providers likely to be interested in bidding for the contracts identify the opportunity and bid for the contracts, should they wish to do so. This report states that the following avenues will be used for advertising to potential bidders – Bravo, Supply2health and Supply4london.
- 6.4 In keeping with the Regulations, this report stipulates the evaluation criteria to be used assessing the tenders. As noted in the report this will be on a quality: price ratio of 60:40, while the contract will be awarded to the tenderer that submits the Most Economically Advantageous Tender (MEAT). Officers will need to ensure that they also establish and publish to bidders any sub-criteria and weightings against which the Quality element of bids will be evaluated
- 6.5 In deciding whether or not to approve the proposed procurement of the contract, the Health and Wellbeing Board must satisfy itself that the procurement will represent value for money for the Council.
- 6.6 Contract Rule 13.3 provides delegated authority to the commissioning Director, in consultation with the Section 151 Officer, to approve the award of a contract upon conclusion of a duly conducted procurement exercise, in the absence of direction to the contrary from Cabinet/ the Health and Wellbeing Board.

7.0 Risk Management

- 7.1 The provision of a Stop Smoking Service is not a mandatory service however without a designated service the risk of chronic disease, disability and death associated with smoking through the provision and promotion of population wide stop smoking services will remain large.
- 7.2 Not approving or delaying the appointment of a provider would mean there is no designated stop smoking service provider. The impact of this in the long term will be is that deaths due to smoking will continue to dominate the borough mortality picture.
- 7.3 The impact of not having a specialist smoking service could result in the inability to access the Health Premium in 2015, resulting in a decrease in income from April 2015 and in deaths from smoking remaining higher than necessary.

8.0 Joint Strategic Needs Assessment

Completed by: Dr Sue Levi Consultant in Public Health Medicine

- 8.1 Smoking and stopping smoking are amongst the highest priorities in the JSNA. Around 16% of the population die directly of smoking-related conditions.

9.0 Health and Wellbeing Board

Completed by: Dr Sue Levi Consultant in Public Health Medicine

- 9.1 Decreasing smoking prevalence is a key theme throughout the Health and Wellbeing strategy affecting all age groups and linked to many outcomes. Whilst not the only intervention an efficient stop smoking service is critical to achieving this vital outcome.

10.0 Integration

Completed by: Dr Sue Levi Consultant in Public Health Medicine

- 10.1 An efficient stop smoking service needs close cooperation between the provider and primary care, secondary care and maternity care as well as the voluntary sector and other organisations. In addition, commissioners (Public Health) need to understand the full landscape of delivery.