SURREY COUNTY COUNCIL

CABINET

DATE: **27 NOVEMBER 2018**

REPORT OF: **MR TIM OLIVER, LEAD CABINET MEMBER FOR PEOPLE**
CHARLOTTE MORLEY, CABINET MEMBER FOR CORPORATE SUPPORT

LEAD OFFICER: **HELEN ATKINSON, EXECUTIVE DIRECTOR – PUBLIC HEALTH SURREY COUNTY COUNCIL & HEARTLANDS**

SUBJECT: **APPROVAL TO AWARD A CONTRACT FOR THE PROVISION OF A STOP SMOKING SERVICE**

COMMUNITY VISION OUTCOME: **PEOPLE**

SUMMARY OF ISSUE:

Effective stop smoking services have a positive effect on the health and wellbeing of Surrey residents and prevents the need for more intensive and costly interventions from health, social care and the wider public service sector.
The provision of an effective stop smoking service has an active role in supporting the Council's Vision for Surrey in 2030 and is also a key priority within the NHS 10 Year Plan that focuses on prevention. Tobacco control and the provision of stop smoking services are key to improving health and wellbeing and focus on the most vulnerable communities which is strongly reflected in the Community Vision for Surrey in 2030. The stop smoking service supports the ambition for 'People' and 'Place' by encouraging everyone to have a great start to life with smokefree pregnancies and helping people live healthy and fulfilling lives by helping adults and young people to quit smoking. Providing a stop smoking service supports residents to make good choices about their wellbeing. The targeted, prioritised service model will help to reduce the health inequalities caused by smoking, ensuring that no one is left behind. This service is a core component of the Surrey Health and Wellbeing Strategy, currently being refreshed as part of the work we are doing to deliver the Surrey 10 year plan.

Funded via the ring fenced Public Health Grant, the budget for this service has been reduced following the reduction in the overall grant distributed by the Department of Health. The Council is aiming to maintain a quality service that targets those residents most in need of support within the financial resource available. The Council's statutory responsibilities for Public Health services are set out in the Health and Social Care Act 2012. This includes a duty to improve public health and provide facilities for the prevention or treatment of illness such as provision of smoking cessation services.

The service will deliver evidenced-based interventions that include a combination of behavioural support for 6-12 weeks and access to licenced pharmacotherapy. The support provided by the service will be flexible and will be tailored to service users' needs including via support online.

The service will be delivered in Surrey from local bases such as community hubs and libraries and will provide apprenticeship opportunities to young people in Surrey whilst delivering efficiencies for Public Health services.

This Cabinet report seeks approval to award a contract to Thrive Tribe to commence on 1 April 2019. The recommended contract delivers best value for money and meets the needs of service users in Surrey.

Due to the commercial sensitivity involved in the contract award process, the scoring summary and value for money details have been circulated as a Part 2 report.

RECOMMENDATIONS:

It is recommended that a contract is awarded for the provision of a stop smoking service to Thrive Tribe. Full financial and value for money details are provided in the Part 2 report.

The contract will be for three years from 1 April 2019 with an option to extend for an additional three years in one year intervals.

REASON FOR RECOMMENDATIONS:

The existing stop smoking contract will expire on 31 March 2019 and an extension is not possible. A full tender process, in compliance with the requirement of Public Contract Regulations and Procurement Standing Orders, has been completed and the recommendations provide best value for money for the Council following a thorough evaluation process.

Helping smokers to quit now reduces the cost of care in the future. The Care Act 2014 requires councils with social care responsibilities to put in place preventive measures designed to reduce the need for care and support in the future. Helping smokers quit now means that they are less likely to require paid for care in the future[1].

DETAILS:

Business Case

1. Smoking remains the biggest cause of mortality and morbidity in Surrey. It costs the Local Authority, local businesses and the NHS an estimated £258.8 million to society in Surrey every year[2]. The costs of caring for current and former smokers with long term conditions is estimated to be £23.5 million. The total cost to the NHS every year in Surrey is £54.4 million.

   Other estimated costs associated with smoking related fires include £155,000 to Surrey Fire and Rescue Service and costs associated in dealing with 29 tonnes of discarded smoking related street litter every year[2].

[1] ASH Local Stop smoking services (2015)http://ash.org.uk/information-and-resources/local-resources/councillor-briefings-new/
[2] ASH Ready Reckoner http://ash.lelan.co.uk/

2. Between 2014 and 2016, there were 4,431 deaths attributable to smoking in Surrey[3]. In 2016/17, there were 8,044 hospital admissions due to smoking[3].

3. It is estimated there are over 100,000 adult smokers in Surrey. Whilst Surrey has seen a reduction in the adult smoking prevalence (10.9% of the population in 2017[4]), smoking remains high amongst certain priority groups (see point 28, bullet 3), for example those in routine and manual occupations (25.7% in 2017[4]). Smoking is the single biggest cause of health inequalities resulting in people who are the worst off experiencing poorer health and shorter lives.

4. The National Tobacco Control Plan for England (2017)[5] has a clear vision to create a smokefree generation and includes the provision of high quality local stop smoking services as a key priority for reducing health inequalities and improving the health of local populations[6].

5. The Surrey Tobacco Control Strategy 2016-21[7] sets out why and how Surrey need to work together to reduce the harmful effects of tobacco. Delivering a high quality, specialist stop smoking service is included in one of the five local priorities (priority 1):

    1. Helping tobacco users to quit, prioritising groups who have higher rates of use
    2. Help young people to be tobacco free
    3. Establishing 'smokefree' as the norm in homes and across organisations and businesses
    4. Tackle illicit tobacco
    5. Raise the profile of tobacco control

6. Two thirds of smokers say they want to stop smoking[5]. Going 'cold turkey' has proved to be the least effective method to quit[5]. Smokers who use a combination of medication and expert behavioural support are up to four times as likely to stop smoking successfully as those who attempt to quit unaided or with over the counter nicotine replacement therapy[5].

7. Local areas with dedicated stop smoking services have been shown to have higher quit rates than in settings where only health professionals such as GP practices and pharmacies provide support. This is because they are able to offer expert advice and training across the system[8].

8. Local stop smoking services are highly effective and valued by smokers[9]. Stop smoking services make an important contribution to reducing smoking including in less affluent groups[10] as poorer smokers are likely to be more highly

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[3] Local Tobacco Control Profiles https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132888/pat/6/par/E12000008/ati/102/are/E10000030
[4] Local Tobacco Control Profiles https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000008/ati/102/are/E10000030
[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf
[6] Department of Health (2008) *Excellence in Tobacco Control: 10 high impact changes to achieve tobacco control*. DH.
[7] Surrey Tobacco Control Strategy 2016-21 https://www.healthysurrey.org.uk/__data/assets/pdf_file/0010/137539/tc-strategy-134382.pdf
[8] West, R. & Croghan, E. Upgrading stop-smoking service provision, Presentation at UKNSCC 2015
[9] https://www.nhs.uk/smokefree
[10] National Centre for Smoking Cessation and Training. Smoking and Health Inequalities, 2013

dependent. Stop smoking services can greatly improve their chances of quitting successfully. Stop smoking services follow a national guidance and quality framework[15] and services have existed in England for nearly 20 years. The national guidance is underpinned by a strong evidence base and is considered to be the main driver for reducing smoking prevalence[15].

9. Stop smoking services are cost effective. The combination of medication and intensive behavioural support offered by local stop smoking services is among the most cost-effective intervention available in the healthcare sector. Services cost under £1,000 per quality adjusted life year, by comparison, statins to prevent heart disease cost £57,000 per quality adjusted life year[11]. (Quality-adjusted life year (QALY) is the measure of the state of health of a person in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to one year of life in perfect health. It is often measured in terms of the person's ability to carry out the activities of daily life and freedom from pain and mental disturbance).

10. Despite Surrey's low smoking prevalence the high routine and manual prevalence clearly demonstrates the need for a dedicated, specialist stop smoking service that will target smokers who need the most support. Decommissioning the local stop smoking service in Surrey would see significant impact on primary and secondary care and a possible increase in the county's smoking prevalence rates.

11. Current provision:

    The current stop smoking provider, Quit 51 provides stop smoking support in Surrey. They are in their third year of a three year contract. They receive referrals, deliver stop smoking clinics, deliver brief advice and stop smoking advisor training as well as support GPs and pharmacies that also deliver the stop smoking programme.

    The service treated 6,400 smokers between 2016 and 2018 with over 3000 Surrey residents quitting. Over 70% of service users were from priority groups in 2017/18.

Data for Surrey:	**2016/17**	**2017/18**
Number quit dates set	2953	3451
Number of 4 week quits (Quit rate of 47% which is over the Department of Health's recommended quit rate)	1551	1631
% CO screened (Target: 85%)	69%	70%
% of Quit dates set from a priority group (Target 60%)	56%	73%
% treated by Quit 51	58%	74%
% treated by Pharmacy	9%	8%
% treated by GP	33%	18%

[11] NICE Guidance: Stop smoking interventions and services https://www.nice.org.uk/guidance/ng92

Background and options considered

12. The recommended contract award will deliver an evidence-based stop smoking service that meets national guidance. It will be responsive to the needs of key priority groups that have been identified in the Surrey Stop Smoking Service Needs Assessment 2018[13] and steered by national guidance as being particularly at risk of smoking related morbidity and mortality or, in the case of pregnant women, where their smoking can cause harm to others.

13. The service specification has a greater emphasis on reducing inequalities caused by smoking and reducing the difference in smoking prevalence in Surrey amongst certain priority groups. Helping disadvantaged smokers quit is the most effective way to reduce health inequalities. Public Health England (PHE) recommend that commissioners identify their communities most in need and target evidence-based interventions accordingly[12]. Targeted, high-quality stop smoking services are essential to the reduction of health inequalities for local populations.

14. The new service model for Surrey will transform delivery to a targeted approach but reflect the evidenced-based recommendations from the National Institute of Health and Care Excellence (NICE)[11]. Service users will be offered three routes to quit depending on their level of need and whether they are from a priority group. The specification also requires the provider to use digital and online resources to deliver and promote the service. For example, the use of Skype to deliver stop smoking sessions. Service users will also be offered a self-management option where they were will be guided to access existing online support.

    Route 1: Support from specialist service for priority groups (clinics, groups, telephone, online support e.g. Skype, home visits)
    Route 2: Support delivered via GPs and Pharmacies
    Route 3: Self-management route

15. The provider will be required to work in partnership with GPs and pharmacies who also provide the stop smoking programme as part of the wider treatment pathway. Delivery of the stop smoking programme by GPs and pharmacies under the Public Health Agreement will remain and continue as is currently delivered.

16. This contract does not include stop smoking prevention with young people as this is delivered within the Smokefree Surrey Tobacco Control Strategy and Alliance, working with partners and stakeholders such as borough and districts, Trading Standards and NHS colleagues. Trading Standards focus on illicit tobacco and reducing underage sales. Stop smoking prevention is also delivered via the Healthy Schools programme, Youth Service and School Nursing Service. The new provider will be required to work closely with these partners to provide training to professionals working with young people so they can be referred into the service for stop smoking support.

17. According to the Tobacco Control Plan for England[5], one of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. It is known that children are heavily influenced by adult role models who smoke which shows the importance of working with the whole family, for example, to encourage smokefree homes. Continuing to encourage adult

[12] PHE Tobacco JSNA Support pack 2018

smokers to quit by providing stop smoking services must therefore remain an important part of reducing prevalence amongst the young and achieving a smokefree generation.

18. The provider will link with national campaigns such as Stoptober and the New Year Quit campaign as well as local campaigns such as reducing illicit tobacco. There is strong evidence that linking into the national campaigns locally has greater impact and is more cost effective as we use the national materials from PHE.

19. Summary of what is changing in the new specification:

    a) Increased focus on smokers from priority groups. The service will see an increase in numbers of smokers from priority groups quitting smoking.
    b) Introduction of a self-management route for smokers who want a lighter level of support. Service users will be guided to access existing online support.
    c) The service continues to provide a universal offer to all smokers via provision delivered through GPs and Pharmacies.
    d) Addition of substance misuse service users to priority groups.
    e) Service KPI targets have been increased and targeted to reflect priority group focus.
    f) New focus on the use of digital and online resources to deliver and promote the service. The new provider will offer stop smoking support session via Skype.

Procurement Strategy

20. Several options were considered when completing the Strategic Procurement Plan prior to commencing the procurement activity. As the current provider will be closing on exit of contract, a new provider needed to be commissioned. The options considered included:

    a) commissioning a universal stop smoking service as per the current contract;
    b) procure a targeted only service for smokers in the priority groups and offer a universal approach via Public Health Agreement delivery;
    c) commission a hospital based stop smoking service; or
    d) decommission.

21. Options were considered by the Public Health Leadership Team and a decision was made to commission a service delivering targeted specialist support for priority groups with a universal offer delivered via Public Health Agreements and self-care route. The reason for this decision was to ensure that targeted specialist support is available for smokers that need the most support whilst still providing a universal offer that fits within the reduced financial envelope available.

22. A procurement and project team was set up to develop the service specification and procurement process. The service specification was developed based on:

    a) learning from the current contact;

b) outcomes from Surrey Stop Smoking Service Needs Assessment 2018;[13]
c) NICE guidance: Stop smoking interventions and services [NG92];[14]
d) national guidance: Stop smoking services: Service & Delivery Guidance 2014;[15]
e) a survey was undertaken with Surrey smokers on what support they would like to quit smoking. Results are included in the Surrey Stop Smoking Service Needs Assessment 2018;[13]
f) a provider engagement event was held to discuss and develop the new service specification which included representatives from the Local Pharmacy Committee and Local Medical Committee; and
g) tender and procurement details were presented at the five Surrey CCG Clinic Executive Meetings. Views and feedback on the service objectives and model were collated.

23. A full tender process, compliant with EU Public Contract Regulations and the Council's Procurement Standing Orders, has been carried out and this included advertising the contract opportunity in the Official Journal of the European Union.

Use of e-Tendering and market management activities

24. In order to open the tender process to a wider range of suppliers than have previously been involved, an electronic South East Shared Services tendering platform was used.

25. Steps were taken to stimulate interest in this new process which was introduced to the supply base through a provider engagement event. Through the market stimulation activities completed during the planning phase of the procurement process a total of eight suppliers attended the Market Engagement event.

Key Implications

26. By awarding a new contract to Thrive Tribe, a reputable supplier who operates locally and in London for the provision of a Stop Smoking service, the Council will be meeting one of its duties in improving and maintaining the health and wellbeing of people in Surrey whilst ensuring that it secures best value for money for the service.

27. The staff employed by the current service providers will be offered the opportunity to transfer to the new provider under Transfer of Undertaking Protection of Employment (TUPE) regulations. This will help to retain local knowledge and the local skill base that exists in the current service.

28. The contract is 80% core payment and 20% payment by results which aims to enhance performance levels.

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[13] https://www.surreyi.gov.uk/
[14] https://www.nice.org.uk/guidance/ng92
[15] http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf

29. Service key objectives:

    a) Provide a variety of evidenced-based intervention approaches that includes a combination of behavioural support for 6-12 weeks and access to licenced pharmacotherapy.

    b) Increase numbers of smokers from priority groups making a successful quit attempt.

    c) People in priority groups should be offered support for up to 12 weeks and followed-up at 4 and 12 weeks. Priority groups include: Black and Minority ethnic groups including Gypsy, Roma and Traveller; Routine and manual workers; Residents in high smoking prevalence wards; Mental health service users (including those with mild to moderate mental health issues); Pregnant smokers and their partners; Patients in acute settings and those with long term conditions; Substance Misuse service users including those in recovery.

How will this be measured?

30. Service users will be triaged on accessing the service and demographic information collected. Service users will attend the stop smoking programme on a weekly basis and followed up and monitored closely. In line with national guidance (Stop smoking services: Service & Delivery Guidance 2014[15]), service users will be monitored against the Russell Clinical Standard to verify them as a 4-week and 12-week quitter. Definition of four-week quitter: a treated smokers who reports not smoking for at least days 15-28 of a quit attempt and whose carbon monoxide (CO) reading is assessed 28 days from their quit date and is less than 10ppm).

    a. The Provider will be responsible for training, supporting and managing delivery via GPs and pharmacies who hold a Public Health Agreement (PHA) to deliver smoking cessation.
    b. Manage reporting and data collection for all delivery and facilitate performance of GPs and pharmacies
    c. To work in partnership with a range of referral sources to develop accessible referral pathways and systems and provide an easily identifiable access point to the stop smoking service.
    d. To promote, through a marketing and communications plan, the service to smokers.
    e. Provide professional development (training) of other service providers.
    f. Deliver services in-line with the most recent best practice recommendations for stop smoking services.

31. The main national Public Health Outcomes Framework[16] (PHOF) outcomes associated with smoking are:

    - Smoking at time of delivery
    - Smoking status at age 15
    - Smoking prevalence in adults

[16] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

32. Performance will be monitored through a series of Key Performance Indicators (KPI) as detailed in the service specification and reviewed at monthly operations meetings. The KPIs are set locally to reflect the priorities identified within the tobacco control needs assessment and build on current performance. The KPIs are also in line with national guidance, 'Stop Smoking services: Service & Delivery Guidance 2014' and ensure performance contributes towards the Public Health Outcomes Framework (PHOF) outcomes. The top performance indicators and targets for each are as follows:

KPI	Target	Notes
Deliver 4 week quits *(Definition of four-week quitter: a treated smokers who reports not smoking for at least days 15-28 of a quit attempt and whose CO reading is assessed 28 days from their quit date and is less than 10ppm)*	Year 1: 1700 4-week quits Year 2: 1800 4-week quits Year 3: 1900 4-week quits	Increases for additional Payment By Result (PBR) payment: Year 1: 2000 4-week quits Year 2: 2200 4-week quits Year 3: 2400 4-week quits
4 weeks quits from priority groups	Minimum of 80% of 4 week quits to be from the priority groups	
12 week quits from priority groups	Minimum of 50% of service users from priority groups to be quit at 12-weeks.	Increases to 60% for additional PBR payment:
52 week quits	Minimum of 30% of service users who have quit at 4-weeks to be followed up at 52 weeks.	Increases to 50% for additional PBR payment
Quit rate	Achieve a minimum 50% quit rate at four weeks.	
Carbon monoxide validated	Minimum of 70% 4-week-quits to be Carbon Monoxide (CO) validated.	Increases to 85% for additional PBR payment
Service users lost to follow up	Maximum 15% of service users lost to follow-up.	Reduces to 10% for additional PBR payment

33. Other KPIs include KPIs on training delivery, client satisfaction collection, referral response time, data collection and recording and delivering systems leadership for GPs and pharmacy.

34. The management responsibility for the contract lies with Public Health and will be managed in line with the Contract Management Strategy and plan as laid out in the contract documentation which also provides for review of performance and costs. Public Health have over 15 years' experience of managing stop smoking services and the contracts. Performance will be robustly monitored locally at quarterly contract meetings. Quarterly data submissions ensure a robust and rigorous monitoring process which includes service user feedback and validated results to demonstrate performance.

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CONSULTATION:

35. Key stakeholders, commissioners from Public Health, colleagues from Finance, Legal Services and Procurement have been involved and consulted throughout the process.

36. Relevant external stakeholders were consulted at various stages in the process via the following communication channels:

- The Local Pharmaceutical Committee and the Local Medical Committee have been informed and have had the opportunity to comment. Representatives from each committee attended the Provider Engagement Event and/or received all relevant documentation.

- Partners from Surrey Coalition of Disabled People, Action for Carers, Surrey Independent Living Council, Age UK, Health Watch Surrey and Surrey Disabled People's Partnership have been informed of the procurement process via the Surrey County Council Partner Update Meeting.

- A survey was undertaken with Surrey smokers on what support they would like to quit smoking. Results are included in the Surrey Stop Smoking Service Needs Assessment 2018.

- Tender and procurement details were presented at the Surrey CCG Clinical Executive Meetings. Views and feedback on the service objectives and model were collated and taken on board.

RISK MANAGEMENT AND IMPLICATIONS:

37. The contract includes a 'Termination Clause' which will allow the Council to terminate the contract with three month's notice should the priorities of the Council change or should funding no longer be available.

38. The following key risks associated with the contract and contract award have been identified, along with mitigation activities:

Category	Risk Description	Mitigation Activity
Financial	Further cuts to the Public Health budget	The Council and the provider will work together to increase efficiencies under the contract and manage the impact of any future cuts to both volumes and the quality of service delivery.
	Potential risk that during the life of the contract the provider will request an inflationary increase against the annual service delivery cost.	The annual cost of the contract is fixed for the initial term of the contract and any price uplifts will not be allowed.
Reputational	New service does not establish in time for commencement date.	There is a three month mobilisation period in place.

Service Delivery	TUPE implications for the incumbent staff.	Sufficient mobilisation period for the incoming provider to engage early with affected staff. Provision of TUPE information to all bidders in the tender process has given the successful provider early sight of TUPE.
	Quality of service delivered does not meet objectives and needs.	Strong contract management, monthly meetings and quarterly contract review meetings. Detailed mobilisation period.

Financial and Value for Money Implications

39. Full details of the contract value and financial implications are set out in the Part 2 report.

40. The procurement activity has delivered a solution within budget. Since February 2016 the budget for the service has reduced by 25% through in-life contract variation and a reduction in budget for this tender.

41. Providing support for smokers to quit is highly cost effective and the evidence is clear that smokers who receive a combination of pharmacotherapy and skilled behavioural support are up to four times as likely to quit successfully[17].

42. According to NICE, every £1 spent on smoking cessation saves £10 in future health care costs and health gains. Smokers who manage to quit reduce their cost to the health and social care system by almost 50%.[18].

43. The service specification features a self-care element for smokers who feel they can quit alone but ensures outcomes and remote support are still available. This new element introduces a potential cost saving.

44. The contract will be funded via the ring fenced Public Health Grant. Commissioning stop smoking services is a function of Public Health, as outlined in the Health and Social Care Act.

45. There will be an allocated contract manager to monitor performance of this contract. Any discrepancies from the set standards will be managed through the payment by results (PbR) arrangements which will result in non-payment of the PbR allocation if the provider does not meet the required KPIs.

Section 151 Officer Commentary

46. The County Council is facing a very serious financial situation, whereby there are still substantial savings to be identified and delivered to achieve a balanced budget in the current year and a sustainable budget plan for future years.

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17 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf

18 https://www.cancerresearchuk.org/sites/default/files/economic_case_for_local_investment_in_smoking_cessation_printed_version.pdf

47. The Section 151 Officer can confirm that the proposed contract award for the stop smoking service is within the current budget set for this service in the current Medium Term Financial Plan. It is important to recognise though that spending reductions still need to be identified to offset pressures on other Public Health services in order to balance within Public Health's available financial resources in the current year and future years. The award of this contract will mean that the smoking service will not be able to contribute towards these spending reductions and therefore these reductions will need to be identified across other Public Health services.

Legal Implications – Monitoring Officer

48. As set out in this report above, following approval by the Sourcing Governance Board, a full competitive tendering process has been undertaken by the Council in accordance with the Public Contracts Regulations 2006 and the Council's Procurement Standing Orders. Legal Services have advised on the Contract.

Equalities and Diversity

49. An Equalities Impact Assessment has been written and is attached as Annex 1 to this report. It sets out the impacts of the recommendation on each of the protected group for each service.

Other Implications:

50. Ownership of the contract at the end of the term:

    At the end of the contractual term and all available or executed extension periods, the service will be subject to a further competitive tender. This may result in a new contract award to an incoming provider.

51. Intellectual Property / data access implications:

    The General Data Protection Regulations (GDPR) compliance form and Due Diligence questionnaire were published at the tender and the winning provider passed the minimum requirements. During contract mobilisation further GDPR risks will be addressed (e.g. Data Protection Impact Assessments).

Safeguarding responsibilities for vulnerable children and adults implications

52. The terms and conditions of contract stipulate that the provider will comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, any legislative requirements, guidelines and good practice as recommended by the Council. This will be monitored and measured through the contractual arrangements.

53. The service will operate a client centred approach, working collaboratively with other Health and Social Care Services.

Public Health implications

54. The service specification stipulates that the provider will develop links and referral mechanisms into other health improvement programmes such as Making Every Contact Count (MECC) and workplace wellbeing.

WHAT HAPPENS NEXT:

55. The timetable for implementation is as follows:

Action	Date
Cabinet decision to award (including 'call in' period)	5 December 2018
Standstill Period	6 Dec – 17 Dec 2018
Contract Signature	w/c 31 Dec 2018
Contract Commencement Date	1 April 2019

56. The Council has an obligation to allow unsuccessful bidders the opportunity to challenge the proposed contract award. This period is referred to as the standstill period.

57. The Council will work closely with the new provider and the current providers to ensure a smooth transfer of services. The new provider will be required to put in place a full mobilisation plan and co-ordinate the process.

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Cllr Tim Oliver, Lead Cabinet Member for People
Cllr Charlotte Morley, Cabinet Member for Corporate Support

Annexes:
Annex 1: Equality Impact Assessment

Sources/background papers:
- All background papers used in the writing of the report should be listed, as required by the Local Government (Access to Information) Act 1985.

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