Public Document Pack

Cabinet

Tuesday, 20th October, 2020
at 4.30 pm

PLEASE NOTE TIME OF MEETING

PLEASE NOTE: this will be a 'virtual meeting', a link to which will be available on Southampton City Council's website at least 24hrs before the meeting

Members

Leader – Councillor Hammond
Deputy Leader and Cabinet Member for Customer and Organisation – Councillor Rayment
Cabinet Member for Children and Learning - Councillor Dr Paffey
Cabinet Member for Culture and Homes – Councillor Kaur
Cabinet Member for Finance & Income Generation – Councillor Barnes-Andrews
Cabinet Member for Health and Adults – Councillor Fielker;
Cabinet Member for Green City and Place – Councillor Leggett
Cabinet Member for Stronger Communities – Councillor Shields

(QUORUM – 3)

Contacts

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BACKGROUND AND RELEVANT INFORMATION

The Role of the Executive
The Cabinet and individual Cabinet Members make executive decisions relating to services provided by the Council, except for those matters which are reserved for decision by the full Council and planning and licensing matters which are dealt with by specialist regulatory panels.

The Forward Plan
The Forward Plan is published on a monthly basis and provides details of all the key executive decisions to be made in the four month period following its publication. The Forward Plan is available on request or on the Southampton City Council website, www.southampton.gov.uk

Implementation of Decisions
Any Executive Decision may be "called-in" as part of the Council's Overview and Scrutiny function for review and scrutiny. The relevant Overview and Scrutiny Panel may ask the Executive to reconsider a decision, but does not have the power to change the decision themselves.

Mobile Telephones – Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media
The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting.
By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Municipal Year Dates (Tuesdays)

2020	2021
16 June	19 January
14 July	9 February
18 August	23 Feb (budget)
15 September	16 March
20 October	20 April
17 November	
15 December	

Executive Functions
The specific functions for which the Cabinet and individual Cabinet Members are responsible are contained in Part 3 of the Council's Constitution. Copies of the Constitution are available on request or from the City Council website, www.southampton.gov.uk

Key Decisions
A Key Decision is an Executive Decision that is likely to have a significant:

- financial impact (£500,000 or more)
- impact on two or more wards
- impact on an identifiable community

Procedure / Public Representations
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take.

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Access – Access is available for disabled people. Please contact the Cabinet Administrator who will help to make any necessary arrangements.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

CONDUCT OF MEETING

TERMS OF REFERENCE
The terms of reference of the Cabinet, and its Executive Members, are set out in Part 3 of the Council's Constitution.

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE
The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS
Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS
A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:
(i) Any employment, office, trade, profession or vocation carried on for profit or gain.
(ii) Sponsorship:
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
(iv) Any beneficial interest in land which is within the area of Southampton.
(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES

To receive any apologies.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

EXECUTIVE BUSINESS

3 STATEMENT FROM THE LEADER

4 RECORD OF THE PREVIOUS DECISION MAKING (Pages 1 - 4)

Record of the decision making held on 15th September, 2020 attached.

5 MATTERS REFERRED BY THE COUNCIL OR BY THE OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE FOR RECONSIDERATION (IF ANY)

There are no matters referred for reconsideration.

6 REPORTS FROM OVERVIEW AND SCRUTINY COMMITTEES (IF ANY)

There are no items for consideration

7 EXECUTIVE APPOINTMENTS

To deal with any executive appointments, as required.

8 TEMPORARY STAFF CONTRACT □ (Pages 5 - 10)

Report of the Cabinet Member for Customer and Organisation seeking approval for the procurement of a new contract for the supply of temporary agency staff.

9 COMMISSIONING A STOP SMOKING SUPPORT/DEVELOPMENT TEAM □ (Pages 11 - 30)

Report of the Cabinet Member for Adult and Health seeking approval to commission a Stop Smoking support/development team.

Monday, 12 October 2020 Service Director – Legal and Business Operations

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SOUTHAMPTON CITY COUNCIL

EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 15 SEPTEMBER 2020

Present:

ouncillor Hammond	-	Leader of the Council
Councillor Rayment	-	Deputy Leader and Cabinet Member for Customer and Organisation
Councillor Fielker	-	Cabinet Member for Health and Adults
Councillor Kaur	-	Cabinet Member for Culture and Homes
Councillor Leggett	-	Cabinet Member for Green City and Place
Councillor Dr Paffey	-	Cabinet Member for Children & Learning
Councillor Shields	-	Cabinet Member for Stronger Communities
Councillor Barnes-Andrews	-	Cabinet Member for Finance & Income Generation

12. FINANCIAL MONITORING FOR THE PERIOD TO END OF JULY 2020 AND COVID-19 BUDGET MATTERS

DECISION MADE: (CAB 20/21 30546)

On consideration of the report of the Cabinet Member for Finance and Income Generation, Cabinet agreed the following:-

General Revenue Fund

That Cabinet:

i. Note the forecast outturn position for business as usual activities is a £1.46M overspend, as outlined in paragraph 4 below and also in paragraph 1 and table 1 of Appendix 1.
ii. Note the performance of treasury management, and financial outlook in paragraphs 13 to 17 of Appendix 1.
iii. Note the Key Financial Risk Register as detailed in paragraph 20 of Appendix 1.
iv. Note the performance against the financial health indicators detailed in paragraphs 24 and 25 of Appendix 1.
v. Note the performance outlined in the Collection Fund Statement detailed in paragraphs 29 to 34 of Appendix 1.
vi. Notes the allocated £4.16M from the Social Care Demand Risk reserve to address the overspend forecast in Children & Learning as set out in paragraph 3 of Appendix 1.
vii. Notes the financial position arising from COVID-19, as outlined in paragraphs 4 to 11 of Appendix 1, with further details at paragraphs 3 to 7 of Appendix 3 and annexe 3.1, with a shortfall of £28.8M resulting as forecast at period 4 (end of

July 2020). This is in addition to the 'business as usual' adverse variance reported in Appendix 1 as at the end of period 4 (July 2020) of £1.46M.

viii. Notes and supports addressing the budget shortfall as outlined in paragraphs 8 to 16 and table 1 of Appendix 3. This means using £9.6M of corporate budgets, a £2.7M underspend at period 4, after applying £4.16M from the Social Care demand reserve to eliminate the Children & Learning overspend and £1.5M of in-year savings. This will go forward for approval at full Council.

ix. Notes that without further funding from Government for COVID-19 costs incurred, a further £10.9M is estimated as at risk as per paragraph 10 of Appendix 3.

x. Notes that work is on-going, following the release of the final draft on 24 August of the Government scheme on income compensation, to confirm the likely compensation due to Southampton City Council initially estimated at £4.1M. Until this amount can be confirmed, this sum as also 'at risk' and a lesser figure could mean an increase in the shortfall faced.

Housing Revenue Account

That Cabinet:

xi. Note the forecast outturn position on business as usual activities is an under spend of £0.54M as outlined in paragraph 5 below and also paragraphs 26 and 27 of Appendix 1.

Capital Programme

That Cabinet:

xii. Notes the revised General Fund Capital Programme, which totals £654.95M as detailed in Appendix 2 paragraph 1, table 1 and Annexe 2.5, and the associated use of resources.

xiii. Notes the revised HRA Capital Programme, which totals £210.98M as detailed in Appendix 2 paragraph 1, table 1 and Annexe 2.5 and the associated use of resources.

xiv. Notes that the overall forecast position for 2020/21 as at July 2020 is £194.15M, resulting in a potential underspend of £21.46M, as detailed in Appendix 2 paragraph 5 and table 3.

xv. Notes that the capital programme remains fully funded up to 2024/25 based on the latest forecast of available resources although the forecast can be subject to change; most notably with regard to the value and timing of anticipated capital receipts and the use of prudent assumptions of future government grants to be received.

xvi. Notes that £17.60M has been removed from the programme with relevant approvals. These changes are detailed in annexe 2.1 to Appendix 2.

xvii. Approves slippage and re-phasing as detailed in paragraph 2 & 3 of Appendix 2. Noting that the movement has zero net movement over the 5 year programme.

xviii. Notes that a review has taken place of the capital programme in the light of COVID-19.

xix. Notes and supports the delays to capital scheme works and the application of new funds other than borrowing to support the capital programme as outlined in paragraphs 19 to 20 of Appendix 3 and annexe 3.2, which will then go forward for approval at full Council.

xx. Notes and supports the proposed revised General Fund capital programme to 2024/25 and its financing as shown in annex 2.5 of Appendix 2.

xxi. Notes and supports the proposed revised HRA capital programme to 2024/25 and its financing as shown in annex 2.5 of Appendix 2.

13. SUPPORT FOR CARE PROVIDERS – EXTENSION OF FINANCIAL SUPPORT TO ADULT SOCIAL CARE PROVIDERS

DECISION MADE: (CAB 20/21 29486)

On consideration of the report of the Cabinet Member for Health and Adult Care, Cabinet agreed the following modified recommendations:

(i) To agree a budget of £1.9 million for adult social care to manage financial pressures within the care market in the city and to prevent care provider failure between October 2020 and 31st March 2021. This to be provided within the total forecast expenditure for Adult Social Care as a result of the COVID-19 pandemic.

(ii) To provide delegated authority to the Executive Director Wellbeing (Health & Adults) following consultation with the Cabinet Member for Health and Adults, the Cabinet Member for Finance and Income Generation and the Executive Director for Finance and Commercialisation to agree support to care providers or segments of the market where a need has been identified and evidenced.

14. TENANCY STRATEGY & LANDLORD TENANCY POLICY

DECISION MADE: (CAB 20/21 29435)

On consideration of the report of the Cabinet Member for Culture and Homes, Cabinet agreed the following:

(i) To approve and adopt the Southampton Tenancy Strategy 2020 – 2025.

(ii) Subject to the approval of recommendation (i), to approve and adopt the Southampton City Council Landlord Tenancy Policy.

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DECISION-MAKER:	CABINET COUNCIL
SUBJECT:	TEMPORARY STAFF CONTRACT
DATE OF DECISION:	20 OCTOBER 2020 (CABINET) 18 NOVEMBER 2020 (COUNCIL)
REPORT OF:	COUNCILLOR RAYMENT, CABINET MEMBER FOR CUSTOMER AND ORGANISATION

CONTACT DETAILS				
Executive Director	**Title**	Executive Director Business Services		
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Author:	**Title**	**Head of Organisational Development**		
	Name:	**Chris Bishop**	Tel:	023 80832087
	E-mail	Christopher.bishop@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
Not applicable
BRIEF SUMMARY
Southampton City Council has a contract in place for the supply of temporary agency staff. The Council contracted with Hays Specialist Recruitment Limited in 2016, for a maximum duration of four years. The contract was due to finish in September 2020 and because of the impact of COVID-19 the Council entered into a similar contract with Hays until 31 March 2021 using a pre-procured 'framework' to provide continuity of service.
There is a need to procure a new contract for the supply of temporary agency staff. It is recommended this contract will be for a duration of three years with an option for a one year extension. Based on past trends, the current spend over the four year period is £38M, with new contract arrangement for such a potential spend requiring approval by Full Council. However, the Council aims to spend significantly less than this. This report therefore seeks approval to commence a formal procurement process and, following a tender process, to award a contract to provide temporary agency staff.
RECOMMENDATIONS:

COUNCIL		
	(i)	Subject to approval of Cabinet recommendations (i) - (iii) below, to agree to the revised contract arrangements for the supply of temporary staff, which based on existing spend has incurred a cost averaging around £9.5m per annum based on current demand and use. This is for a maximum period of four years (three years initially, with an option to extend to a fourth year).

CABINET		
	(i)	Subject to approval of Council recommendations (i) above, that approval is given for the procurement of a Neutral Vendor contract for the supply of temporary agency staff.
	(ii)	That authority is delegated to the Service Director Human Resources and Organisational Development to carry out a procurement process for the delivery of a Neutral Vendor contract for temporary agency staff as set out in this report, and to enter into a contract for the delivery of the service in accordance with the Contract Procedure Rules.
	(iii)	To authorise the Service Director Human Resources and Organisational Development to take all necessary actions to implement the proposals contained in this report.
REASONS FOR REPORT RECOMMENDATIONS		
1.	Southampton City Council will always have the need for some temporary staff, and in certain fields will need these staff at an hour's notice. This applies in particular to essential customer facing roles, such as those in social care and waste and recycling, as well as those roles supporting our cultural and visitor economy. The reasons for this include covering unforeseen absences such as sickness and also to fill vacancies that would lead to service failure if not backfilled prior to them being filled permanently.	
2.	The Council Recruitment team assist managers to recruit employees on a fixed-term basis if a temporary post is needed for longer than six months. The intention is for this team to fulfil temporary staff requests of less than six months in future, wherever this is achievable. However, the Council will still need to use agencies for some specialist staff, particularly because these staff often stay with specialist agencies that provide regular work across several employers as opposed to single assignments.	
3.	The recruitment of temporary agency staff must be done effectively and compliantly, and therefore the Council should seek to have a contract in place with a supplier with a flexible network of agencies to provide this service. The current arrangement terminates at the end of this Financial Year and a formal and compliant procurement process must take place in advance of this date to ensure continuity of service. Undertaking a formal procurement process will ensure the Council achieves best value for money, as well as factoring in other considerations such as local employment in line with the Social Value and Green City Procurement policy. It will also ensure compliance with Council Financial and Procurement rules.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
4.	There is no option to withdraw this service as the Council would not have all staff required to meet essential service needs and would lead to service failures, including for example, support for vulnerable persons and waste collection.	
5.	The Council has applied its Southampton City Council First (SCC First) policy and determined that the Council Recruitment team will begin recruiting temporary staff for periods of less than six months. This SCC First assessment has determined that this team will not, however, be able to source all temporary staff, as some specialists are only available via particular agencies such as those for solicitors and IT professionals.	

6.	Extending the current contract by means of a procurement exemption is not a viable alternative option as it would not be compliant with public procurement law and leaves the Council at significant risk of legal challenge.
DETAIL (Including consultation carried out)	
7.	The Council aims to minimise the need for, and the volume of temporary staff and thereby reduce spend on this. For example, Human Resources and Organisational Development will work with service managers to identify their current and future workforce needs, and then assist with attraction activity and filling posts with permanent staff wherever possible.
8.	The Council Recruitment team will in future, ensure the provision of temporary workers for general, office based and some specialist posts for periods of less than six months, as they do for fixed-term positions. Temporary staff for some frontline, specialist and/or professional roles will still need to be supplied by specific agencies though, who hold people on their “books” and provide regular work for such individuals. This will ensure that for specialist roles there is a ready provision of available workers to meet identified and hard to fill posts across the diversity of services provided by the Council.
9.	Hays Specialist Recruitment Limited have been the supplier of temporary agency staff since 2016 and the average spend per annum across the last three years for all agency staff was £9.5M. As the Managed Service Provider, Hays is a Master Vendor, meaning they have their own agency to fulfil requests for temporary staff, as well as 2nd tier provision through other recruitment agencies. Research has been carried out to explore other options to a Master Vendor. An alternative contract type is Neutral Vendor, where the Managed Service Provider does not have their own agency.
10.	Stakeholder engagement, liaison with neighbouring Local Authorities, and cost modelling have been undertaken to help identify future options for temporary staff recruitment. All Heads of Service were asked to identify factors that should be considered prior to awarding a new contract. One example provided is to ensure that local agencies can be utilised that are available at unsociable hours, and that managers can liaise directly with them. All points raised will be taken into account in the Managed Service Provider procurement process.
11.	It has been identified that many Local Authorities who switched to having a Master Vendor from Neutral Vendor, then moved back to a Neutral Vendor model. Reasons given for this include overall it being more expensive and managers felt like an "us & them" way of working.
12.	Portsmouth City Council recently entered in to a 2nd contract with a Neutral Vendor provider. The rationale behind this decision was that this model had achieved 8.5% savings, efficiencies, and 97% of spend going through the contract, which in recent months has moved to 100%. Feedback from service managers had also been good.
13.	Portsmouth City Council's own recruitment team are a 1st tier supplier within their contract for all un-qualified roles (not social care) and these are used in the first instance, thereby saving money. This is the approach Southampton City Council intend to take.
14.	The contract with Hays for temporary agency staff was due to finish September 2020. At that time of initial COVID-19 lockdown, the Council was

	in the process of determining procurement options, but this work was delayed as a direct result of diverting resources to deal with the pandemic-related matters. As a temporary measure, a new contract was awarded to Hays using the ESPO MSTAR3 framework to ensure consistency in service and compliance. The contract terms broadly replicate those in place for the previous four years.
15.	This contract expires at the end of the current Financial Year. There is therefore a need to undertake formal procurement for a new single supplier for the supply of temporary agency staff. This will enable delivery of a competitive and high quality service. In turn, this will support the Council's priority outcome of Successful, Sustainable Business.
16.	It is proposed to seek a three year contract with an option to extend by a fourth year via the ESPO MSTAR3 framework. This is in line with industry standards and will enable consistency of service during that period.
17.	The MSTAR3 framework is available to use from April 2019 to April 2021 with a further two year extension period. This framework is fully compliant with public procurement law. Service providers have already been assessed and this framework is widely used by the public sector across the country. The framework is now in its third generation and is more flexible than ever.
18.	The MSTAR3 framework contract terms require standard timeframes to be met for the provision of suitably qualified and experienced temporary agency workers. The Council will be able to agree more localised targets where needed, for example to ensure immediate cover for waste and recycling drivers, and will seek to introduce measures and requirements consistent with the Social Value and Green City Procurement Policy. Performance will be monitored against the specified timeframes and requirements.
RESOURCE IMPLICATIONS	
Capital/Revenue	
19.	The average spend per annum across the last three years for temporary agency staff was £9.5M, so total spend over 4 years on that trend could be around £38M. Comparing MSTAR3 prices, based on actual Council billable hours in the 12 months before the COVID-19 pandemic, has shown that savings can be made of up to approximately £200K per year by moving to a Neutral Vendor. This is considerably more than the current £20K per annum saving target. Savings in the main are due to reduced agency and Master Vendor fees. Additional savings should be made from minimising off-contract spend too. It should be noted that the Council is not committed to minimum levels of expenditure or usage of the contract. The Council also aims to minimise the need for temporary staff, so future spend should be less.
Property/Other	
20.	There are no known property or other implications.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
21.	S.112 Local Government Act 1972 permits a Local Authority to appoint such staff as it thinks fit in order to deliver its functions. S.111 Local Government Act 1972 and S.1 Localism Act 2011 permits a Council to do anything calculated to facilitate the delivery of its powers, functions and duties and this includes entering into contracts and service arrangements necessary to deliver those functions.

Other Legal Implications:	
22.	Procurement will be subject to compliance with public procurement legislation and the Council's Constitution and policies.
RISK MANAGEMENT IMPLICATIONS	
23.	The main risks of the temporary agency staff contract are financial and operational, in terms of the levels of demand for temporary staff and off-contract spend and to stop service failure. Recruitment will work with the Human Resources Business Partners and service managers to identify their current and future workforce needs, and then assist with attraction activity and filling posts with permanent staff wherever possible. This should reduce the overall need for agency staff.
24.	The Council will ensure that spend is channelled through the contract through effective contract management and support to hiring managers. The Head of Organisational Development, who is now responsible for Recruitment, and the Head of Supplier Management and their teams are already working together in this regard. Regular meetings are being jointly held with the service provider, spend is being monitored and investigated, and both Recruitment and the service provider will proactively liaise with hiring managers. Through this activity it is aimed to achieve close to 100% on-contract spend, as Portsmouth City Council did in the first few years of their Neutral Vendor contract.
POLICY FRAMEWORK IMPLICATIONS	
25.	Procurement of a new temporary agency staff contract will have no direct impact on the Council's Policy Framework. However, it will support delivery of the Council's priority outcome of Successful, Sustainable Business in the Council's Corporate Plan 2020-2025.

KEY DECISION?	**Yes (Cabinet element)**
WARDS/COMMUNITIES AFFECTED:	Not applicable
SUPPORTING DOCUMENTATION	
Appendices	
1.	None

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**YES**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	**Yes**
Other Background Documents **Other Background documents available for inspection at:**	

Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.		

DECISION-MAKER:	CABINET
SUBJECT:	COMMISSIONING A STOP SMOKING SUPPORT AND DEVELOPMENT TEAM
DATE OF DECISION:	20 OCTOBER 2020
REPORT OF:	COUNCILLOR FIELKER, CABINET MEMBER FOR HEALTH AND ADULTS

CONTACT DETAILS				
Executive Director	**Title**	Executive Director Wellbeing (Health & Adults)		
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Author:	**Title**	Senior Commissioner		
	Name:	Sandra Jerrim	Tel:	023 80296039
	E-mail	S.Jerrim@nhs.net		

STATEMENT OF CONFIDENTIALITY
None
BRIEF SUMMARY
Following a period of uncertainty during the Covid 19 outbreak, Officers within Public Health and the Integrated Commissioning Unit (ICU) have been looking at ways to provide services that target four priority areas associated with healthy lives: smoking cessation, weight management, physical activity and reducing alcohol use.
This paper seeks endorsement from Cabinet to proceed with the commissioning of a new smoking cessation service for a period of up to 2 years commencing April 2021. The service will be commissioned for one year (2021/22) with the option to extend for a further year (2022/23), to minimise the associated financial risks arising from the lack of guaranteed Public Health Grants for 2021/2022 onwards.
The total contractual commitment for the specialist smoking cessation service for a period of 2 years is £330,000. The annual value is £165,000.
The total financial risk to be recognised and supported is £165,000 in 2021/2022. The financial risk in future years relating to the contract can be managed through contracting arrangements. This risk is linked directly to Public Health funding announcements.
RECOMMENDATIONS:

	(i)	To approve expenditure of £165,000 to commission a Stop Smoking Support & Development Team (to support a reduction in smoking prevalence in Southampton), to be funded from April 2021 for 1 year.
	(ii)	To delegate authority to the Executive Director (Health and Adults) in consultation with the Executive Director Finance and Commercialisation to approve any future year's spending.

	(iii)	To delegate the decision to Executive Director (Health and Adults) in consultation with the portfolio lead for Health and Adults to award the contract and to take all necessary steps to effect the proposals in this report

REASONS FOR REPORT RECOMMENDATIONS	
1.	The Behaviour Change review undertaken in 2019 highlighted the importance of building smoking cessation advice and support into front line services and settings (e.g. health and care for people with mental health problems, substance misuse, learning disabilities and maternity services, as well as workplaces), embedding it into normal practice, noting that research has shown individuals prefer to work with professionals already known to them. This remains a key direction of travel. However central to the success of this approach, the review also recommended the commissioning of a specialist stop smoking team to support front line professionals and settings by delivering expert training, support and advice, especially when dealing with more complex cases, and also providing quality assurance. This is also supported by national evidence. To date this element of the Behaviour Change review has not been implemented, impacting on the extent to which the city has been able to successfully achieve a sizeable reduction in rates of smoking.
2.	The proposed Stop Smoking Support and Development Team will provide this essential training, quality and central supportive role across the City. The service will deliver training to front line services, thereby increasing at pace the amount and quality of skilled support available to help those wishing to stop smoking. This much needed service will in turn increase the effectiveness and reach of smoking cessation support across the city thereby significantly impacting on the related health inequalities in Southampton and financial impact across a range of settings.
3.	Smoking has a significant impact on the local economy: • It is estimated that smoking in Southampton costs society and estimated £56m each year. • £41m of this is through lost productivity (£13.1m attributed to early deaths, £6.1m through inactive employees unable to work due to smoking related sickness and £6.2m to absenteeism and it is estimated smoking breaks cost businesses around £15.5m each year. • £3.2m in social care costs, with many current and former smokers requiring care in later life as a result of smoking related illnesses. • Additionally, it is estimated there are costs of £10.8m in healthcare and £1.1m costs from smoking related house fires. *Source: ASH*
4.	The prevalence rate in Southampton (16.8%) is higher than the national average (13.9%). With specific vulnerable groups showing high prevalence rates • Mental health patient's prevalence rate is the worst in the SE and higher than the national average (33.1% Southampton, 26.8% England). • Pregnant women average prevalence rate is 12.3% in Southampton compared to average of 10.6% for England.

	• Manual workers average prevalence rate is 24.8% against 23.2% average for England *Source: ASH*
5.	Furthermore, • Southampton has the ***worst*** smoking attributable mortality in the SE region (2016-18) • Southampton has the ***worst*** smoking attributable hospital admissions in the SE region (2018/19) Southampton has the ***2nd worst*** smoking prevalence in the SE region (2019)
6.	Southampton City Council signed the Local Government Declaration on Tobacco Control in 2014, committing to reducing the prevalence of smoking in the city. Smokers who use nicotine replacement therapy and receive quality support to quit, in line with the national guidance, are 3 times more likely to stop smoking than people who try to go "cold turkey". Nationally, every £1 invested in smoking cessation saves £10 in future health costs and gains. Smoking cessation provision is recommended by the Local Government Association, Public Health England, the NHS and the National Institute for Health and Care Excellence, among others as one part of tobacco control.
7.	The need to take action to address the city's high smoking rates is all the more important at the current time owing to the Covid pandemic. The risks highlighted nationally by the Covid pandemic have raised the importance of quitting smoking. Without more services in place in Southampton we are unable to support those who are motivated to stop. Nationally, areas with comprehensive stop smoking services are seeing increases in footfall and more successful quit attempts. Southampton residents who wish to stop during this crisis may be attempting "cold turkey" which is the least successful method of quitting, leading to lack of motivation for any future quit attempts.
8.	There is an opportunity now to build on the increased awareness of the need to stop smoking and to improve the wellbeing of the population to reduce the risk of the impact on Covid-19. Implementing the Stop Smoking Support and Development Team in a timely manner is important for reducing health inequalities, including during winter pressures and covid19. Smoking is a risk factor for being seriously ill with covid19 or flu so implementing the service as soon as possible is important. The settings that will be prioritised for the service to first support are those where smoking rates are highest and people face additional barriers to stopping smoking. Smoking rates are far higher among people living in poverty and people with mental health conditions. People of Black and Minority Ethnicities, and/or who have multiple long-term conditions are more likely to live in poverty and/or be in mental health services. The service will help to tackle these health inequalities.
9.	There is uncertainty surrounding the Public Health funding from 2021/22, although a degree of confidence that a settlement is expected. However, we are working within existing budget limits and due to this uncertainty there is a financial risk associated with the provision of the service.
10.	Securing a provider through open tender will ensure best value and quality is achieved from an existing market
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
11.	Do nothing has been considered and explored. Commissioning a Stop Smoking Support and Development Team to support a reduction in smoking

	prevalence in Southampton for up to 2 years allows a critical area of work to progress. To do nothing fails to address this critical area of work.
12.	The option to delay commissioning a service has been considered. This has been rejected as it will miss - The opportunity to support people to stop smoking as a result of raised awareness during the Covid outbreak, and importantly, should there be a 2nd wave. - The opportunity to achieve improved outcomes if they do develop Covid-19
13.	Consideration was given to commissioning a service for just 1 year. This was explored and rejected on the basis providers were unlikely to set up a new service, with no existing infrastructure for the period of just 1 year. The option of a 1 year extension at least gives providers the indication of a longer term commitment rather than what just a single year would do. This approach would also carry the same level of financial risk but the second year can be mitigated through contract terms and conditions.
DETAIL (Including consultation carried out)	
14.	Southampton has high health needs, including smoking. In Southampton an estimated 34,000 adults smoke (16.8%), this is similar to areas as deprived as Southampton but worse than the national average in England (13.9%). Smoking is the leading cause of premature death and a leading cause of health inequalities. Nationally, 1 in 2 smokers will die from smoking-attributable illness. Smoking accounts for half of the difference in under-75 mortality rates between the least and most deprived neighbourhoods. Smokers are more likely to be severely ill with Covid19 and there is a national “Quit for Covid”, led by the Smokefree Action Coalition which includes Action on Smoking and Health (ASH) and over 300 other agencies. People who use smoking cessation services to stop smoking are up to 3 times more likely to quit compared to people who quit without either nicotine replacement therapy or support. A background paper about need is provided in Appendix 1.
15.	Children living with smokers are much more likely to start smoking themselves. Parental smoking is strongly linked with smoking in adolescence and in later life and children with at least one parent who smokes are 72% more likely to smoke in adolescence (RCP, Passive smoke and children, 2010). The best way to stop children from smoking is to get those around them, particularly their parents, to quit. Furthermore, growing up around smoke puts children at a major health disadvantage in life whatever their background.
16.	Currently approximately 1.2 million children in the UK are living in poverty in households where adults smoke. If these adults quit and the costs of smoking were returned to household budgets, 365,000 of these children would be lifted out of poverty (ASH, 2015).
17.	Public Health and the Integrated Commissioning Unit (ICU) have worked closely to develop services that seek to protect and promote the health of the population and reduce health inequalities. A full and robust service review of Behaviour Change service areas was carried out in 2019 and sets out a number of recommendations. The recommendations support the Health Inequalities agenda, in the Health & Wellbeing Strategy and 5-year Health

	and Care Strategy as well as the wider Hampshire and Isle of Wight Sustainability and Transformation Plan.
18.	The recommendations set out in the Behaviour change service review (2019) were based on national guidelines, literature and evidence based research, alongside the views of key stakeholders and users. They included the development of a specialist stop smoking service to deliver training to front line services, provide ongoing support advice and expertise across the City while also providing a quality assurance role. This was based on research which has shown that individuals prefer to work with professionals already involved in their care and support. Training and supporting front line services supports these findings. Furthermore, the ongoing support from the Stop Smoking Support and Development Team will ensure front line professionals remain aligned to good practice guidance, receive support when needed, especially when dealing with more complex cases, and provide a vital link to the collection of national data. These consultations and findings from the review form the basis of the Service Specification for the new service.
19	In summary a specialist Stop Smoking Support and Development Team is essential to provide a core, quality, supportive role across the City if health inequalities, improved health outcomes and local financial impacts associated with smoking are to be addressed.
20.	There is a need for a specialist stop smoking support and development team in Southampton, to primarily support providers across the system to embed smoking cessation. The service will also monitor data, undertake campaigns and have a small caseload. This will need to be a new contract as there is currently no such service in place.
21.	The smoking cessation team's overall aim will be to significantly increase the quality, effectiveness and reach of smoking cessation support across the city by working with a wide range of services and settings to achieve a greater reduction in smoking by individuals in Southampton. This will be achieved through a range of approaches including • An initial mapping exercise to establish the range of settings in Southampton where smoking cessation work can be developed. The mapping exercise will also provide the basis for which the provider will target their resources (following agreement with commissioners). • An offer of training and support to organisations in Southampton, including targeted settings such as mental health, learning disability and substance use. This will o See the development of a number of professionally led stop smoking groups and support services in the targeted settings (mental health, substance use and learning disability) o Increase the number of organisations adhering to national standards, guidance and PHE required submission of NHS data. • Providing a quality assurance role across providers and front line professionals. Ensuring effective models are being delivered, to a recognised standard and thus leading to improved quit rates. • Direct support to a small group of complex clients where front line services lack the ability, capacity or skills. This service will contribute to an overall reduction in smoking prevalence rates in Southampton, with specific measures attributed to the provider to achieve

<table>
<tr><td></td><td>

- Training delivered to a minimum of 80 front line professionals across more than 10 organisations each year through trained front line services and direct service delivery, delivery of agreed targets for those who set quit dates that stop smoking.

</td></tr>
<tr><td>22.</td><td>The service would be funded out of Public Health grant monies. Notification of 2021/2022 Public Health funding is not expected for some time. In previous years funding at the local authority level has been confirmed in late December for the following March and we do not know if the public health mandate will change with any new funding arrangement. Currently there is no legal requirement for local authorities to commission these exact services.</td></tr>
<tr><td colspan="2">RESOURCE IMPLICATIONS</td></tr>
<tr><td colspan="2"><u>Capital/Revenue</u></td></tr>
<tr><td>23.</td><td>The Public Health grant for 2020/2021 has allocated £800,000 funding annually for Adult health improvements (formally called Behaviour change).

The commissioned service requires dedicated funding of £165,000 for 2021/2022. The total commitment for the period of 2 years is £330,000, taken forward in annual commitments (1+1 approach) of £165,000 per annum.

<table>
<tr><td></td><td>2021/2022</td><td>2022/2023</td></tr>
<tr><td>New Stop Smoking Support & Development Team</td><td>£165,000</td><td>£ £165,000</td></tr>
<tr><td colspan="2">Combined total</td><td>£330,000</td></tr>
</table>
</td></tr>
<tr><td>24.</td><td>The total financial risk for the Council for the period 2021/22 will be £165,000. There is no announcement yet for the allocation of public health grant for 2021/22 onwards, and indeed this applies to all aspects of funding from Government in the absence of a national Spending Review. We are therefore applying existing budget limits, but there is uncertainty on future funding and Public Health has been an area that has had reduced funding in the past as part of austerity. Hence, making any commitment isn’t risk free, but will need to be managed within the overall resources allocated once announced by Government.</td></tr>
<tr><td>25.</td><td>The financial commitment for 2022/2023 can be mitigated through contractual clauses if funding is not available. As with 2021/2022 the announcement may be early 2022, but contractual clauses will allow the Council to plan, mitigate and avoid any financial risks.</td></tr>
<tr><td colspan="2"><u>Property/Other</u></td></tr>
<tr><td>26.</td><td>None</td></tr>
<tr><td colspan="2">LEGAL IMPLICATIONS</td></tr>
<tr><td colspan="2"><u>Statutory power to undertake proposals in the report</u>:</td></tr>
<tr><td>27.</td><td>Local authorities are responsible for improving the health of their local population and reducing health inequalities, however, there is currently no legal requirement for local authorities to commission any behaviour change services. However it is anticipated that smoking prevalence or cessation may be added as a requirement. The NHS Long Term Plan commits the NHS to offer smoking cessation across many patient pathways.</td></tr>
</table>

Other Legal Implications:	
28.	Procurement will be carried out in accordance with the Council's Contract Procedure Rules and Financial procedure Rules and having regard to the Equality Act 2010 and the Human Rights Act 1998 in considering the impact of commissioned services on end service users.
CONFLICT OF INTEREST IMPLICATIOINS	
29.	None
RISK MANAGEMENT IMPLICATIONS	
30.	The main risks associated with this decision are Financial • Public Health grants cease in March 2021 so there is no guaranteed funding for 2021/2022, or 2022/2023. • While the future funding remains uncertain, the likelihood of a financial settlement is expected • Notification of 2021/2022 funding, whether Public Health or alternative funding (e.g. via Business Rates) is not expected for some time, possibly as late as February 2021. Health inequalities • Smoking is the leading cause of premature death and a leading cause of health inequalities • Southampton experienced significant health inequalities before Covid-19. The expectation of the impact of Covid-19 is that health inequalities will be exacerbated HR • There are no HR risks for SCC. These will be managed by the commissioned provider.
POLICY FRAMEWORK IMPLICATIONS	
31.	None

KEY DECISION?	**Yes**
WARDS/COMMUNITIES AFFECTED:	
SUPPORTING DOCUMENTATION	
Appendices	
1.	Extract from Health Inequalities papers
2.	ESIA

Documents In Members' Rooms

1.	None
2.	

Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		**Yes**
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.		**Yes**
Other Background Documents **Other Background documents available for inspection at:**		
Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.		
2.		

Appendix 1

Background Paper on Need and Health Inequalities

1. Southampton has a diverse population and high need. An estimated 50,000 adults are obese, 34,000 adults smoke and 36,000 adults drink at higher risk levels. *Table 1* quantifies need and provides examples of why each risk is important for reducing health inequalities.

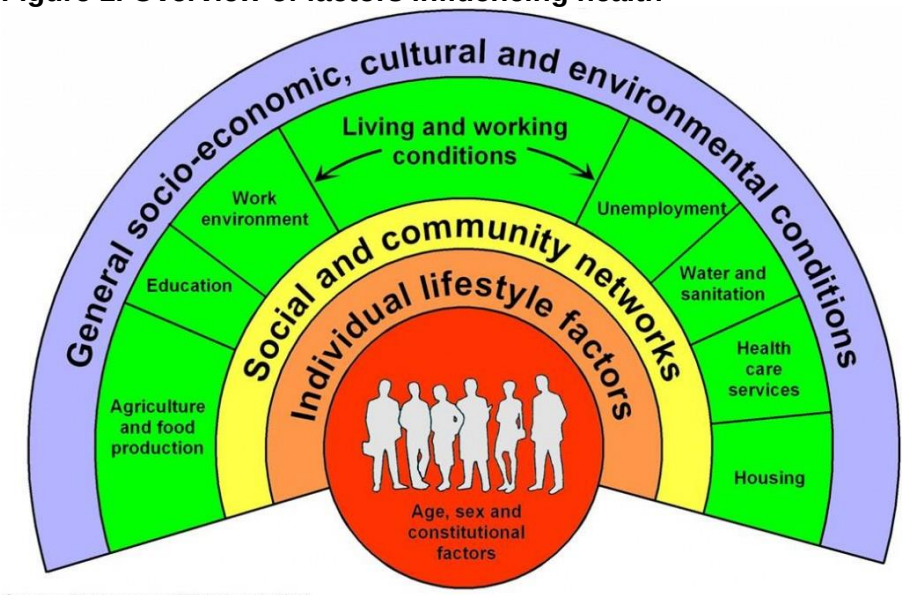
Table 1. City-level need

Adults who are:	Southampton - estimates		England - estimate	Period Most recent data available	Additional information about harm or inequalities, based on national data unless specified
	Approx no.	Prevalence	Prevalence		
Smoke	*34,000	16.8%	13.9%	2019	1 in 2 smokers die from smoking attributable conditions. Half of the difference in premature death rates (<75) between the least and most deprived is attributable to smoking. People living in the most deprived quintile (the most deprived 20% of neighbourhoods) in Southampton are 1.93 times more likely to smoke than people in the least deprived quintile.
Pregnant women smoking at time of delivery	384	12.3%	10.6%	2018/19	Women who smoke during pregnancy are twice as likely to experience stillbirth and up to 32% more likely to miscarry. Babies born to smokers are 3 times more likely to die from Sudden Infant Death Syndrome.
Overweight or obese	*132,000	63.7%	62.3%	2018/19	Obesity nearly twice as prevalent among women in the most deprived quintile

					compared to the least deprived
Inactive (active for less than 30 minutes a week)	*50,000	21.8%	21.4%	2018/19	In Southampton, inactivity is 2.63 times higher among those living in the most deprived areas of the city compared to the least deprived (2018 City Survey).
Drink more than 14 units per week	*36,000	17.8%	25.7%	2011-14	Alcohol is the biggest risk factor for death, ill-health and disability among 15-49 year olds

2. The city's health needs are complex and multifactorial. Environmental measures are important for addressing the "causes of the causes" of ill health and health inequalities longer term, such as transport, housing, planning, education and employment. These place-based and population-wide approaches are important for achieving change at scale. Community development and targeted place-based work has a role too. Figure 1 is a simple diagram summarising the influences on health.

Figure 1. Overview of factors influencing health



Source: Dahlgren and Whitehead, 1991

3. Behavioural services have their place and can be of benefit to individuals. But services for 1,000-2,000 people a year are not going to be singly effective at reducing the city's health inequalities. There is an opportunity cost to behaviour change services. The resources spent on services are thereby not available for environmental or population-level work. The converse also applies.

4. Enabling pregnant women and young families to live well is particularly impactful and cost-effective in the long term. A life-course perspective can be taken to tailor work to meet the needs of people at different life stages. Adverse Childhood Experiences

increase the risk of health and social problems in adulthood, including smoking, weight and alcohol issues.

5. Proportionate universalism is an approach which ensures that there is some provision for everyone in need and a graduated, more intensive support for those in greatest need. Universal services can inadvertently exacerbate health inequalities if purposeful efforts are not made to prevent this.

6. As a principle, supporting and embedding provision where people already are has advantages. It is less likely to exacerbate health inequalities, has been shown to be effective and is more sustainable in the long term. This applies to places and settings, were we live, work, study, shop, relax, worship and receive health and social care.

7. The NHS Long Term Plan commits to embedding key behaviour change interventions in to the NHS, specifically to:
    a. Provide smoking cessation support for hospital inpatients, pregnant women and "long-term users" of specialist mental health and learning disability services from 2023/24.
    b. Provide weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension who are obese. A timescale is not given.
    c. Double the national diabetes prevention programme over the next 5 years, which has behaviour change elements. The programme is commissioned by NHS England.
    d. Publish in 2019 a "menu" of evidence-based interventions for CCGs to reduce health inequalities

8. Future resources for behaviour change are limited and uncertain. The ring-fenced public health grant for local authorities ends nationally in March 2021. Funding mechanisms and levels for public health work in local authorities from April 2021 onwards has not been described. In previous years, funding at the local authority level has been confirmed in late December for the following March.

9. We do not know if the public health mandate will change with any new funding arrangement. Currently there is no legal requirement for local authorities to commission any behaviour change services, although it would be very difficult to not commission smoking cessation services given the strength of evidence of effectiveness.

10. Southampton experienced significant health inequalities before Covid-19. The expectation of the impact of Covid-19 is that health inequalities will be exacerbated. However, the evidence is emerging and future decision-making to reduce health inequalities should be informed by clinical, public health and wellbeing intelligence.

11. There are a range of evidence-based interventions for reducing health inequalities, which take a lifecourse and place-based approach. A focus on the wider determinants of health will have the maximum population impact. These approaches require a 'whole-system' approach.

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Equality and Safety Impact

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

Name or Brief Description of Proposal	Adult Health Improvement Specialist Smoking Cessation Service
Brief Service Profile (including number of customers)	Local Authorities have a duty to promote the health of their populations. The NHS has a duty to reduce health inequalities and promote the health of their patients. Historically, Southampton had a specialist stop smoking service, Southampton Quitters, which was funded by the public health grant and was commissioned to deliver a universal specialist stop smoking service. The replacement integrated service, Southampton Healthy Living, addressed weight, physical activity and alcohol too. While effective in some lifestyle behaviour change, it did not achieve the smoking cessation targets set. Southampton Healthy Living ended in March 2019. In the interim, while a service review and needs assessment were carried out, the following services were established and are currently running locally. • Stop smoking support, including free pharmacotherapy and behavioural support, for pregnant women provided by the maternity services. • Universal stop smoking support, including free pharmacotherapy and behavioural support provided by local pharmacies • Ongoing campaigns including Stoptober and the promotion of the NHS smoke free website and helpline There is also planned stop smoking provision by UHS through Southampton Public Health to support the nationally funded Lung Health Checks Programme during 2020/21. There is a strong evidence base for a specialist stop smoking service and the value that expert skill and knowledge brings.

	Following the outcome from the service review, the rationale is to commission a small, core team who can offer the expertise, training and quality assurance to the wider workforce in order to support the aspirations of embedding stop smoking support in services such as specialist mental health and in learning disability services. This is also in line with NHS Long Term Plan. In addition, this specialist service would be well placed to coordinate the wider public health campaigns across the city, in a comprehensive way, promoting the aspirations of a smoke free city, which is a vision held by many. The overall aim of the service is to support the reduction of smoking by individuals in Southampton. The service will offer training, quality assurance, advice and support to providers with a particular emphasis on the more vulnerable groups. This will be achieved through the 5 service elements: • Providing training, advice and peer support to front line professionals • Providing a quality assurance role for providers offering smoking cessation services across the City • Providing an operational service to a small number of more complex individuals • Coordination and collection of national data • Delivering campaigns
Summary of Impact and Issues	As a result of training and support offered by this provider there will be • An increasing number of professionally led targeted stop smoking sessions and support services will be available in Southampton. • Stop smoking support delivered by providers in line with national guidance and standards (NCSCT/NICE), achieved as a result of training and support to targeted providers adhering to national standards and guidance • An increasing range of providers engaged in training and the delivery of smoking cessation support.
Potential Positive Impacts	• Covid19. Smoking is a risk factor for being seriously unwell with covid19. This service will help health and care settings to support their staff and clients to stop smoking. This will strengthen workforce health and reduce covid19-related serious ill-health • Reduced health inequalities for targeted groups including vulnerable adults with mental health, learning disability or drug and alcohol issues. More people stopping smoking, in these settings, including staff, with associated health and quality and quantity of life benefits. This will require collaboration with frontline services.

	• Monitoring diversity, equality and inclusion. The service provider will need to oversee monitoring of smoking cessation services across the city for accessibility in the widest sense, outputs and outcomes across protected characteristics and also by level of poverty. They will be required to review and improve equity. The service provider will also be asked to monitor and, if necessary, improve their own workforce diversity and to collaborate with other agencies for good equality, diversity and inclusion and ensure the best outcomes for the city. • Contribution towards a reduction in smoking prevalence. This will require system-wide work. • Increased opportunity for individuals to stop smoking and access the support they need. • Safe, high quality support available, in line with NICE requirements / standards. • Coordinated and Improved city wide campaigns • Environmental – smoking is a significant cause of litter, including plastic filters, and house fires. Having the service will contribute to a reduction in litter and the risk of house fires. The service is expected to have a low environmental impact. Much of the work can be completed virtually.
Responsible Service Manager	Sandra Jerrim with Charlotte Matthews
Date	July 2020

Approved by Senior Manager	
Signature	
Date	

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	Not having the service will mean that younger and older adults might be adversely affected. Current provision tends to focus on adults. Some older people in the population think it is not worth stopping smoking in older age. Having the service will enable: • more service providers to be confident and able to talk to their	There will be no upper or lower age limit for their small direct service provision to complex patients referred to them, although anyone under 18 will need to be Gillick competent to participate. The service can work with settings who support young people in care and care leavers.

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	clients about stopping smoking, and over time, provide specialist support to help them stop. • Better monitoring of need, uptake and outcomes to inform action	Under 18 year olds can also access stop smoking support from other services in the city such as No Limits, School Nursing Service and Primary Care. National websites and digital support are available for all age groups. Local campaigns will continue, targeting different people of different life stages as applicable.
Disability	Not having the service will exacerbate smoking-related health inequalities experienced by people with disabilities. Having the service will enable improve access to smoking cessation support for people with many disabilities. It will also enable better monitoring of need, uptake and outcomes to inform action	The service will be asked to prioritise supporting settings where there are higher rates of smoking and people have disabilities or other needs that make it harder for them to stop smoking, particularly mental health, learning disability and drug & alcohol settings. The service will monitor smoking cessation outcomes of providers across the city, to understand need, uptake and success rates for people with disabilities, to inform action. The service will be expected to make good provision for everyone they work with, including the people they directly support to stop smoking. This means understanding and meeting their sensory, physical and/or cognitive needs. e.g. provision will be run from accessible locations where possible, with an expectation that providers are respectful and work well with people with any type of disability.
Gender Reassignment	Not having a service may exacerbate health inequalities. People who identify as LGBTQ+ are more likely to smoke	The service is going to support mental health and drug and alcohol settings in the first

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	than people who don't and people who are transgender experience worse health than people who are not. Having a service may help to reach people who smoke and who are transgender by working through services they trust. The service can also monitor and understand need, uptake and outcomes to inform action.	instance. This may also help to reach transgender people who may be most likely to experience worse health. Nationally, people who are transgender experience more mental health and/or drug and alcohol issues than people who are not transgender, in coping with the difficulties of gender dysphoria, transitioning and living as a trans man, woman or person who is nonbinary. Direct provision to patients will be available to all, with an expectation that providers are respectful and welcoming of everyone and all that that means.
Marriage and Civil Partnership	No identified negative impacts.	Provision will continue to be available to all, with an expectation that providers are respectful of anyone's marital or partnership status and will proactively seek to work with partners.
Pregnancy and Maternity	Not having a service will mean we will continue to have only the support provided by the maternity service. There will not be expertise within Southampton to support them. The Maternity service can only support women while they are pregnant; they cannot support the families of pregnant women or the women once they are no longer pregnant. Having a service will hopefully mean the maternity service and others can support more pregnant women (and their families) to stop smoking.	The maternity service already supports pregnant women under their care to stop smoking. The specialist service will additionally be able to provide behind-the-scenes expertise to the maternity service and settings which can support others in the family to stop smoking. They are also likely to work with early years settings, such as the Family Nurse Partnership and Health Visiting, so that families with young children are supported to stop smoking before they have further pregnancies and can stay smoke-free once they have quit.
Race	Not having a service - there is no specific impact for people of a particular race.	The service can support frontline services to understand

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	However, there is under representation of BME communities in many services in the city and adults from these communities may be more disadvantaged if they do not feel comfortable accessing treatment for cultural or community reasons. Having a service will enable: • the local system to be more culturally-competent in terms of smoking and smoking cessation. • Mental health settings, and other settings with a higher proportion of both smokers and people who are BAME, to embed smoking cessation. • Other providers to support more people who are BAME to stop smoking and thereby reduce their risk of serious illness from covid19. • Better monitoring to understand need, uptake and outcomes, to inform action. .	smoking and smoking cessation for different ethnicities and cultures. For example including the use of shisha and chewing tobacco in their training. People from BAME are often over-represented in mental health settings in particular. By working with mental health settings, among other settings, this service will thereby help to reduce health inequalities experienced by people who are BAME. Local campaigns will continue to be inclusive.
Religion or Belief	No identified negative impacts.	The provider will be expected to provide a service that is respectful of anyone's religion or belief and engage well with all groups. Local campaigns will aim to be inclusive with the aim of reaching different populations. The provider will incorporate elements of faith and culture into their training and monitoring as applicable.
Sex	No identified negative impacts. Smoking rates are higher among men than women. Being male and being a smoker are both risk factors for being seriously unwell with covid19. Women are often more likely to be in the health system and receptive to the advice of health care professionals, but may face difficulties accessing support amid paid	The provider will be expected to provide a service that respect and work well with all genders. Local campaigns will aim to be inclusive with the aim of reaching different populations. Men are often over-represented in mental health inpatient and drug and alcohol settings. The

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	and unpaid labour. Having a service will enable health care providers to work more successfully with men, who are also more at risk of being seriously unwell with covid19. It will also facilitate better monitoring of need, uptake and outcomes to inform action.	service is due to work with these settings and will thereby help to reach men who otherwise often experience social exclusion. The service will also work with maternity services which may be more likely to reach women at a time when they feel able to stop smoking. The service will also support all health providers across the city to feel confident to raise smoking with their service users, so that people of any gender receive support whenever they are in contact with a health service.
Sexual Orientation	Not having a service may exacerbate health inequalities. People who identify as LGBQ+ are more likely to smoke than people who don't. Having a service may help to reach people who smoke and who are LGBQ+ by working through services they trust. The service can also monitor and understand need, uptake and outcomes to inform action.	Nationally, people who are LGBQ+ experience more mental health and/or drug and alcohol issues than people who identify as heterosexual. The service is going to support mental health and drug and alcohol settings in the first instance. This may also help to reach people who are LGBQ+ who may be most likely to experience worse health. The provider will be expected to provide a service that respects and works well with all groups. Local campaigns will aim to be inclusive with the aim of reaching different populations
Community Safety	No identified negative impacts.	N/A
Poverty	Poverty is a key risk factor for smoking. Not having a service means that we will not do any better than we currently are at reducing smoking-related health inequalities, experienced most heavily by people in poverty. Having the service will mean that we improve the health of the poorest, fastest, given smokers are more likely to live in	The service will focus on settings with highest smoking needs. These are most likely to be people who live in poverty. Settings are also likely to have lower-paid staff who will benefit from more smoking cessation support for staff. The provider will be expected to

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	poverty and that stopping smoking is one of the beneficial actions to improve health. The service will support the health and care system to help people to stop smoking. In doing so, ex-smokers will save money for themselves. The service will monitor need, uptake and outcomes to inform action.	provide a service that respect and work well with all groups. Local campaigns will aim to be inclusive with the aim of reaching different populations
Other Significant Impacts		