

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	16 January 2019
Title:	Smoking Cessation Service
Report From:	Director of Public Health

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1. Recommendation

- 1.1. That the Executive Member for Public Health gives approval to spend, up to a maximum of £11.0m on a new Smoking Cessation Service. The contract will replace the existing contract and is due to commence from 1 October 2019 with a maximum contract term of 5 years (3 years with an option to extend for a period or periods of up to 2 years).

2. Executive Summary

- 2.1. The purpose of this paper is to seek approval to spend up to the maximum value of £11.0m for Smoking Cessation Services equating to up to £2.2m per annum.

- 2.2. This paper seeks to:

- Set out the background and context to smoking cessation services
- Provide an overview of the current contract and service model
- Set out the proposed future model for smoking cessation services and procurement approach
- Give information on the financial implications of this spend

- 2.3. Provision of a Smoking Cessation Service contributes to the County Council's strategic aim: People in Hampshire live safe, healthy and independent lives.

3. Contextual information

Background

- 3.1. The current contract for specialist smoking cessation services is held by Southern Health NHS Foundation Trust. The contract commenced on 1 October 2016 for three years with an option to extend for two years.
- 3.2. Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart

disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach liver and cervix.

Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population. Supporting people to stop smoking directly contributes to improving health and wellbeing. Evidence-based, specialist smoking cessation services are the most effective way to quit.

- 3.3. In 2017 it was estimated that in Hampshire 14.4% of the adult population smoked. Estimated rates vary greatly across local districts ranging from 19.8% in Gosport to 9.8% in Fareham. There are also differences in smoking prevalence by socio-demographic groups, with rates being higher in routine & manual workers (25.6%) and adults with serious mental health illness (36.6%).
- 3.4. The Local Tobacco Control Profiles estimate there were 155,414 adult smokers in 2017 in Hampshire. National guidance states that we should aim to have 5% (n=7,771) of these smokers engaging with the service and to make a quit attempt. Guidance states that at least 35% (n=2,720) should achieve a successful 4 week quit. To help reduce the health inequality gap the majority of these should be from high smoking prevalence groups or localities.
- 3.5. The provision of a specialist stop smoking service is an important component of Hampshire's Tobacco Control Strategy. This seeks to reduce the inequality gap caused by smoking through action on three key priorities: Prevention with young people, promoting smoke free communities and helping smokers to stop.
- 3.6. Local authorities are required to collect information on the numbers of smokers setting a quit date and achieving a successful 4 week quit on a quarterly/annual basis. The provider currently does this on behalf of the local authority.
- 3.7. The Hampshire Tobacco Control Strategy 2018 to 2021 states that the societal cost of smoking in Hampshire is £296.7million a year including £68.6million costs to the NHS and £32.9million costs to social care.

Current Programme

- 3.8. The current Specialist Stop Smoking Service contract is due to finish on 30 September 2019.
- 3.9. The re-procurement of this service enables us to review the current service model and build in improvements to the new contract. The landscape has changed in how smokers attempt to quit. More smokers are turning to e-cigarettes and trying to stop without using a specialist service. There is a multitude of online advice and apps that people can access to help them stop smoking. There remains a large cohort of smokers who services may find it more difficult to engage with and support them to quit.

Future Programme

Service model

- 3.10. Given the uncertain financial future, the commissioning intentions and service specification must be adaptable to uncertain future spend, changes in smoking

prevalence within Hampshire, changes in technology and the emergence of e-cigarettes and research into the longer term impact.

- 3.11. Whilst face to face group support with pharmacotherapy is the most effective smoking cessation intervention, face to face individual support with pharmacotherapy, supported use of pharmacotherapy (medication + one follow-up appointment and telephone support) all boost quit rates compared to nothing. There are no effective online support options available to providers and there is only limited evidence on mobile digital applications.
- 3.12. In order to provide a service that is fit for the future, we will be adapting the Stop Smoking Plus model developed by Professor Robert West at University College London. This model offers 3 tiers of support, and is designed to provide value whilst meeting the needs of smokers better. The 3 tiers of support are:
 - Specialist support of top quality for smokers who need it and are willing to make the necessary commitment (specialist service)
 - Brief support and a stop-smoking medicine for those who want help but do not require a specialist course (GP/pharmacy)
 - Self support for those who want to stop but do not want professional support (digital / support pack)
- 3.13. This service model is consistent with the principles set out in our lifestyle framework of using the principle of proportionate universalism to address the social gradient in health and associated inequalities by providing the different levels of support required to enable all residents to make healthier lifestyle choices.
- 3.14. The most intensive level of support will be provided to groups most at risk of smoking related ill-health and/or may find it hard to quit with less support. These groups of people include people living in areas of greatest deprivation, routine and manual workers, pregnant women and those with existing ill-health.
- 3.15. The provider will be expected to pro-actively market the service to the target demographic groups using insight and market segmentation and provide a user friendly digital front door as well as other access points to the service.
- 3.16. The payment mechanism has been reviewed and an element of the contract will be block to reflect the wider expectations of the provider in terms of pharmacotherapy budgetary management and professional training. An element of the previous contract, working with a limited number of schools delivering peer education will not be part of the new contract, and will be integrated into the Public Health team's wider health in educational settings workstream.

Planned procurement approach

- 3.17. A full procurement is planned in accordance with the County Council's Contract Standing Orders.
- 3.18. A new service specification has been developed using NICE Guideline; Stop smoking Interventions and Services NG92 published in March 2018 and guidance from Public Health England; Models of delivery for stop smoking services published in September 2017. The service specification describes the population needs, key service outcomes, scope of the service, quality

standards and performance measures and pricing. The service specification will retain the universal offer element for any adult that wants to try and stop smoking.

- 3.19. The Hampshire County Council in-house marketing team are engaging with current smokers in December and January to seek their views on service provision. A soft market testing questionnaire was released to the market in December 2018 and a Market engagement event is being held on 8 January. The intelligence from these activities will inform the development of the final service specification.

4. Finance

- 4.1. It is proposed that the maximum spend under the contract would be £11.0m over the term of 5 years. The Smoking Cessation Service is currently funded through the Public Health grant.
- 4.2. The maximum annual contract value requested in this report, (£2.2m) is the equivalent of the draft budget for the Smoking Cessation Service in 2019/20. Due to the requirement to reduce Public Health expenditure in line with confirmed and planned reductions in the ring-fenced grant the contract will be constructed in a way that provides contractual flexibility to adjust service provision in line with changes in available funding should it be required. Although at present there are no further plans to reduce expenditure on this service to meet the existing savings target.
- 4.3. At the time of writing it is unclear a) whether there will be further reductions in the Public Health grant, beyond those already confirmed / announced or, b) whether the Public Health ring fence will continue. Therefore, any changes in funding in addition to those already known may further affect the resources available for this contract.
- 4.4. The current outcomes only payment mechanism will be amended. One element of the contract will be a block amount; this will be linked to the requirement to market the service, develop digital doorways, telephone triaging and self-support. A training element will also be included. The second element of the payment will be outcomes based.
- 4.5. Whilst a maximum spend for the 5 years has been estimated for this approval the annual spend will be monitored and will need to take into account the value of the annual budget set for these services approved by Full Council in February of each year.

5. Consultation and Equalities

- 5.1. We are currently conducting insight and survey work with current smokers and key stakeholders to ensure the developing model fits with the needs of our local population.
- 5.2. If funding is approved to commission a new Smoking Cessation Service there will be a positive impact for people with disabilities, people during pregnancy and maternity, people living in poverty and those in the most deprived communities across Hampshire. This should help reduce health inequalities. There will be no negative impacts on people with protected characteristics.

- 5.3. Within the service being proposed there will be positive impacts for people with disabilities or who are from the in scope groups.
- 5.4. The service will also focus delivery in the most deprived communities across Hampshire where smoking prevalence is highest. This should help more people to get the benefits from stopping smoking and consequently reduce health inequalities.
- 5.5. Refer to full Equality Statement in Integral Appendix B.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Previous member decision on Specialist Stop Smoking Services commissioning	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u> Health and Social Care Act 2012 (s.12) http://www.legislation.gov.uk/ukpga/2012/7/section/12	<u>Date</u> 2013
Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (regulations 4 and 5), S.I. 2013/351 http://www.legislation.gov.uk/uksi/2013/351/regulation/4/made	
NICE Guideline: Stop smoking interventions and services NG92 Stop smoking interventions and services Guidance and guidelines NICE	2018
Public Health England: Models of delivery for stop smoking services https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf	2017

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

IMPACT ASSESSMENTS:

1. Equality Duty

- 1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

An Equality Impact Assessment has been carried out; please see link [here](#)

There will be no negative impact on people with protected characteristics.

If funding is approved to commission a new Smoking Cessation Service for Hampshire residents there will be a neutral impact for the majority of people aged 12 years and over and who are currently eligible to access the service.

Within the service being proposed there will be positive impacts for people with disabilities or who are from the in scope groups.

The service will also focus delivery in the most deprived communities across Hampshire where smoking prevalence is highest. This should help more people to get the benefits from stopping smoking and consequently reduce health inequalities.

2. Impact on Crime and Disorder:

- 2.1. By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and wellbeing.

3. Climate Change:

Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.

The Smoking Cessation Service encourages service users to give up smoking which naturally reduces the amount of harmful smoke been released into the air. This could therefore reduce levels of potentially harmful toxins due to less tobacco been smoked.