

## RECORD OF EXECUTIVE DECISION

Tuesday, 20 October 2020

**Decision No:** (CAB 20/21 30577)

DECISION-MAKER:	CABINET
PORTFOLIO AREA:	HEALTH AND ADULT CARE
SUBJECT:	COMMISSIONING A STOP SMOKING SUPPORT/DEVELOPMENT TEAM
AUTHOR:	Sandra Jerrim

### THE DECISION

- (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 THE DECISION

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

### **DETAILS OF ANY ALTERNATIVE OPTIONS**

1. 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.
2. 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
3. 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.

### **OTHER RELEVANT MATTERS CONCERNING THE DECISION**

None.

### **CONFLICTS OF INTEREST**

None.

**CONFIRMED AS A TRUE RECORD**

We certify that the decision this document records was made in accordance with the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000 and is a true and accurate record of that decision.

Date: 20<sup>th</sup> October, 2020

Decision Maker:  
The Cabinet

Proper Officer:  
Judy Cordell

**SCRUTINY**

Note: This decision will come in to force at the expiry of 5 working days from the date of publication subject to any review under the Council’s Scrutiny “Call-In” provisions.

Call-In Period expires on

Date of Call-in *(if applicable) (this suspends implementation)*

Call-in Procedure completed *(if applicable)*

Call-in heard by *(if applicable)*

Results of Call-in *(if applicable)*