

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

<u>CONTACT DETAILS</u>			
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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
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REASONS FOR REPORT RECOMMENDATIONS

1.	<p>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.</p>
2.	<p>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.</p>
3.	<p>Smoking has a significant impact on the local economy:</p> <ul style="list-style-type: none"> • 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. <p><i>Source: ASH</i></p>
4.	<p>The prevalence rate in Southampton (16.8%) is higher than the national average (13.9%). With specific vulnerable groups showing high prevalence rates</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> Manual workers average prevalence rate is 24.8% against 23.2% average for England <p><i>Source: ASH</i></p>
5.	<p>Furthermore,</p> <ul style="list-style-type: none"> 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) <p>Southampton has the 2nd worst smoking prevalence in the SE region (2019)</p>
6.	<p>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.</p>
7.	<p>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.</p>
8.	<p>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.</p>
9.	<p>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.</p>
10.	<p>Securing a provider through open tender will ensure best value and quality is achieved from an existing market</p>
<p>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</p>	
11.	<p>Do nothing has been considered and explored. Commissioning a Stop Smoking Support and Development Team to support a reduction in smoking</p>

	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.	<p>The option to delay commissioning a service has been considered. This has been rejected as it will miss</p> <ul style="list-style-type: none"> - 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.	<p>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.</p>
DETAIL (Including consultation carried out)	
14.	<p>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.</p> <p>A background paper about need is provided in Appendix 1.</p>
15.	<p>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.</p>
16.	<p>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).</p>
17.	<p>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</p>

	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.	<p>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</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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) ○ 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. <p>This service will contribute to an overall reduction in smoking prevalence rates in Southampton, with specific measures attributed to the provider to achieve</p>

	<ul style="list-style-type: none"> • 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.
22.	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.

RESOURCE IMPLICATIONS

Capital/Revenue

23.	<p>The Public Health grant for 2020/2021 has allocated £800,000 funding annually for Adult health improvements (formally called Behaviour change).</p> <p>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.</p> <table border="1" data-bbox="331 981 1342 1171"> <thead> <tr> <th></th> <th>2021/2022</th> <th>2022/2023</th> </tr> </thead> <tbody> <tr> <td>New Stop Smoking Support & Development Team</td> <td>£165,000</td> <td>£ 165,000</td> </tr> <tr> <td>Combined total</td> <td></td> <td>£330,000</td> </tr> </tbody> </table>		2021/2022	2022/2023	New Stop Smoking Support & Development Team	£165,000	£ 165,000	Combined total		£330,000
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24.	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.									
25.	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.									

Property/Other

26.	None
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LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

27.	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.
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<u>Other Legal Implications:</u>	
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.	<p>The main risks associated with this decision are</p> <p>Financial</p> <ul style="list-style-type: none"> 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. <p>Health inequalities</p> <ul style="list-style-type: none"> 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 <p>HR</p> <ul style="list-style-type: none"> 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:	
<u>SUPPORTING DOCUMENTATION</u>	
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.		