

23 March 2015**Agenda Item: 04****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NOTTINGHAMSHIRE COUNTY: RE-COMMISSIONING TOBACCO CONTROL SERVICES****Purpose of the Report**

- 1 The purpose of this report is to inform the Health Scrutiny Committee regarding the consultation for re-commissioning the Tobacco Control Services across Nottinghamshire County.

Information and Advice**Redesigning Services**

- 2 Currently only stop smoking services are commissioned by the Council.
The new model will commission:
 - prevention services for young people
 - stop smoking services, both universal and targeted at key groups in the community
 - smokefree services delivering interventions to reduce the harm caused to our communities by tobacco use.
- 3 The aims of re-commissioning are:
 - to reduce the numbers of people who smoke by supporting smokers to successfully quit long term
 - to reduce the numbers of young people who start to smoke
 - to reduce tobacco related harm to the whole population of Nottinghamshire County by, for example second hand smoke and illegal tobacco initiatives
 - to support the national and local Declarations on Tobacco Control
 - to reduce health inequalities across the county through a targeted approach in line with the Health and Wellbeing Board priorities.
- 4 The process so far:
 - March 6th 2014 – Public Health Committee agreed to the re-commissioning of Tobacco Control Services in order to put redesigned services in place by 1st April 2015.
 - July 3rd 2014 – Public Health Committee agreed to realign timescales to a start date for the redesigned service of April 2016
 - December 11th 2014 – Public Health Committee approved the proposed model for consultation.

- 5 How will this make a difference?
- The redesigned service will be more effective in reducing smoking across all local communities as it will not only support people to stop smoking, as the current contract does, but will prevent young people from starting to smoke in the first place.
 - The redesigned service will place greater emphasis on the groups of people in our community who are disproportionately affected by smoking: Young people, pregnant women, routine and manual workers and people with severe mental health issues.
 - By delivering interventions to reduce the harm caused by tobacco use, and by working in partnership with Trading Standards and other key stakeholders, the redesigned service will help to reduce the amount of illegal tobacco that is on the streets of the County and the crime that is associated with this.
 - By delivering all these elements in a co-ordinated way the new service will make a difference to local communities and will help reduce the health inequalities that mean that a male resident of Mansfield will live for around 8.5 years less than a male resident of Rushcliffe.

The Context

- 6 On March 6th 2014 the Public Health Committee agreed that Tobacco Control Services should be re-commissioned across the county. The rationale for that decision was based upon the evidence presented around the ongoing harm caused by tobacco use across the county and the opportunity to commission more effectively to reduce this harm (Appendix 1).

Current Service Provision

- 7 Historically, smoking cessation in the NHS has been driven by a top down, nationally monitored smoking quitter target. Four week quitter numbers were used as a proxy measure for a reduction in smoking prevalence.
- 8 This priority led to investment in a reactive, target driven smoking cessation service which concentrated on numbers rather than on identified local and individual needs which resulted in a very small resource being available to fund specific prevention work.
- 9 Services were commissioned from local specialist service providers and from GPs and Pharmacists, supported by a subsidised Nicotine Replacement Therapy Voucher Scheme.

Future Service Provision

- 10 A new approach to the prevention and cessation of smoking is required as services need to:
- reflect local priorities
 - focus on reducing prevalence (as opposed to quit targets)
 - target key populations agreed by the Health and Wellbeing Board [Young people; routine and manual workers, pregnant women and people with mental health issues]
 - be integrated with the prevention agenda
 - be integrated with the smokefree agenda

- align with the wider Tobacco Control agenda e.g. Illegal tobacco, to protect families from the harm caused by tobacco use.
- 11 The commissioning of an Integrated Tobacco Control Service will meet local needs through a targeted approach which integrates prevention with stop smoking services. This service will work alongside key stakeholders for Tobacco Control. It will be more cost efficient and provide value for money.

Expected Outcomes

- 12 Having new arrangements in place will ensure that future Tobacco Control Services are:
- designed and focused on improved outcomes for service users, their family members and carers, as well as the wider community
 - equitable across the county
 - responsive to (changing) local needs
 - cost effective
 - fit for purpose
 - evidence based and innovative, by creating new models of delivery and ways of working
 - integrated with preventative services and the wider Tobacco Control agenda
 - supportive of the outcomes specified in the Health and Wellbeing Strategy and the Public Health Outcomes Framework
 - contributing to a reduction in smoking prevalence in Nottinghamshire
 - contributing to a reduction in the harms caused by tobacco use and the costs, both financial and social of tobacco use to the population of Nottinghamshire.

Current Situation

- 13 Currently re-commissioning of the Tobacco Control Services is proceeding in line with the agreed timescale.

Soft Market Testing

- 14 Soft market testing has taken place between September and November 2014.
- Based on the approach document, providers have taken part in this informal process which will help inform the commissioning process
 - A final report from the soft market testing has been written, submitted to and approved by the Tobacco Control Re-commissioning Steering Group.
 - The results of the soft market testing led to the delivery of a provider workshop, where organisations who may be interested in tendering for the service in 2015 were supported in their understanding of the model and the tender process.

The proposed model for consultation for Tobacco Control Services

- 15 The proposed model for future commissioning of Tobacco Control Services (Appendix 2) moves from the current commissioning model of a smoking cessation service to a service that also delivers the wider tobacco control agenda in an integrated way.

- 16 The proposed new model will continue to offer a universal smoking cessation service but will also be commissioned to target support for the four priority groups of smokers, as supported by the Health and Wellbeing Board:
- routine and manual workers (including the unemployed)
 - pregnant women
 - children and young people
 - smokers with severe mental health problems (there will clearly be overlap across these identified groups).
- 17 The proposed new model will also include the commissioning of an evidence based targeted prevention programme working with young people, to reduce the numbers of young people starting to smoke.
- 18 The proposed new model will include initiatives to reduce the harm caused by second hand smoke and illegal tobacco to communities across the county. The new service will work in partnership with Trading Standards colleagues who are commissioned through realignment monies to tackle the supply of illegal tobacco in Nottinghamshire County.
- 19 The model is a high level model representing what we want services to deliver. Following consultation this will be developed into a more detailed model for implementation. Only by tackling all of the elements of the wider tobacco control agenda will the commissioned service be able to support the aims of the re-commissioning process.

Consultation Process

- 20 The consultation process will be in line with Nottinghamshire County Council policy. The consultation will:
- run for a three month period (January to March 31st 2015)
 - be available online via a questionnaire
 - be available in key venues in paper form and also on request
 - hold four consultation events across the county for all key stakeholders and the public
 - engage with service users
 - be advertised through a co-ordinated communication plan utilising posters, press releases, local and social media.
- 21 The results of the consultation will be collated and the findings analysed by April 30th 2015. A formal report will be written and will be published as part of the process.

Timeline

- 22 Further to the decision by the Public Health committee it was the intention to re-commission the tobacco control from 1 April 2015. However, in July 2014, it was decided by the Public Health Committee to realign these timescales so that the newly designed service would commence on 1st April 2016.
- 23 Currently the timescales for this procurement are on target to deliver for a start date of April 16. However to try and profile the procurement workload for the authority and avoid the process being carried out at the same time as other key re procurement

processes, namely Sexual Health and Health Checks, the timeline over the next 12 months has been adjusted (details below). This timeline adjustment will also allow the successful provider to have a longer service mobilisation period.

- 24 The timescales are:
- November 2014 - Complete Soft Market Testing
 - December 2014 – Agreement of the model at Public Health Committee
 - January to March 2015 - Consultation
 - March to April 2015 - Response to Consultation. Draft service specification
 - May 2015 – Return to Public Health Committee with the Consultation results and request to go out to tender.
 - May to July 2015 - Out to tender
 - July/August 2015 - Evaluation of tender
 - September 2015 Return to Public Health Committee with results of tender process and Award contract
 - September 2015 to March 31st 2016 – Mobilisation period for successful provider

Service Provision

- 25 In order to ensure that services remain available for the population, arrangements will be put in place with existing providers to ensure business continuity.

Other Options Considered

- 26 Commissioning smoking cessation services only.
This is the current commissioning model where services are only commissioned to support people to stop smoking. Whilst this service would be valid as a stand-alone service, it would only be tackling one dimension of the tobacco control agenda and would be a reactive service. There would be no opportunity to be proactive and work with young people to prevent the uptake of smoking in the first place and to develop smokefree initiatives.
- 27 Commissioning prevention services only.
As it is young people who start to smoke, focusing only on reducing these numbers would seem a viable prevention model. However, as we know that a young person is more likely to start smoking if their parents smoke, and if they live in a culture where smoking rates are high, then failing to support current smokers to stop will make it very hard to prevent young people from continuing to start to smoke.
- 28 Public Health Committee approved the suggested model for consultation for the re-commissioning of Tobacco Control Services in December 2014.

Reasons for Recommendation

- 29 The reasons for the recommendation are as follows:
- tobacco use remains one of the most significant public health challenges in terms of its impact upon health and health inequalities, economics, and the wider determinants of health.

- reducing smoking in our communities will significantly increase household incomes and benefit our local economy
- smoking is an addiction largely taken up by children and young people; two thirds of smokers start before the age of 18
- illegal tobacco trade funds serious organised crime and increases children's access to cheap tobacco
- an integrated Tobacco Control model will be more effective in tackling the harm caused by tobacco use.

Statutory and Policy Implications

- 30 This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

- 31 Re-commissioning of Tobacco Control Services will deliver quality, evidence based and cost effective services for the population of Nottinghamshire County.
- The current budget for Tobacco Control is £2.5m
 - These services will be commissioned within the allocated budget for Tobacco Control which will be subject to the current Council budget consultations.

RECOMMENDATIONS

- 32 It is recommended that the Health Scrutiny Committee:
- 1) Consider and comment on the process for consultation for re-commissioning of Tobacco Control Services.
 - 2) Indicates that the proposed service is in the interests of the local health service or
 - 3) Schedules further consideration, if necessary

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Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Lindsay Price
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Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

- All