Nottinghamshire County Council

Report to the Public Health Committee

3 July 2014

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE COUNTY TOBACCO CONTROL AND SMOKING CESSATION SERVICES

Purpose of the Report

1. The purpose of this report is to update the Public Health Committee regarding the timescales for re-commissioning the tobacco control and smoking cessation services across Nottinghamshire County.

Information and Advice

The Context

2. On March 6th 2014 the Public Health (PH) Committee agreed that Tobacco Control Services 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 (Appendix 1) across the county and the opportunity to commission more effectively to reduce this harm as evidenced below.

3. Current Service Provision can be described as follows:
   - 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.
   - 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.
   - This resulted in a very small resource being available to fund specific prevention work.
   - Services were commissioned from local specialist service providers and from GPs and Pharmacists, supported by a subsidised Nicotine Replacement Therapy Voucher Scheme.
   - Concerns have existed around the delivery of service targets by Primary Care Contractors. These providers are also currently not able to provide 6 and 12 month follow up data.

Future Service Provision

4. 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 and pregnant smokers]
- be integrated with the prevention agenda
- be integrated with the smokefree agenda
- align with the wider Tobacco Control agenda e.g. Illegal and illicit tobacco, to protect families from the harm caused by tobacco

5. The commissioning of an integrated smoking cessation service will meet local needs through a targeted approach which integrates prevention with stop smoking services. An integrated service will work alongside key stakeholders for Tobacco Control. It will be more cost efficient and provide value for money.

Expected Outcomes

6. Having new arrangements in place will ensure that future smoking cessation services are:
   - designed and focussed 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
   - delivered in accordance with national guidelines e.g. National Institute for Health and Care Excellence (NICE)
   - 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 and the costs, both financial and social of tobacco use to the population of Nottinghamshire

Timescales

7. Further to the decision by the PH Committee it was the intention to re-commission the smoking cessation services from 1 April 2015. However, some key considerations need to be explored to identify if this proposed timescale remains appropriate.

Current issues

8. Two Public Health services, Substance Misuse Services and Obesity Services are currently still out to tender. These processes are now not projected to be concluded until after the consultation for tobacco control services would begin (proposed July 4th to begin consultation). Running the three processes concurrently would potentially place pressure on the capacity of the organisation and may therefore compromise the ability of the organisation to complete all three processes. There would be little or no opportunity to share the learning from the earlier procurements for the tobacco control re-commissioning process.

9. Re-commissioning processes for Substance Misuse and Obesity Services are still utilising procurement capacity within the organisation. The consequence of the extended preceding re-commissioning processes has been that procurement capacity has been used for these contracts.

Consequently, the soft marketing for the tobacco control re-commissioning process has been delayed. This has resulted in a challenge to the existing timescales:

- A two month period is required for a full soft marketing (SM) process
- The SM process is required to inform the model for consultation
- The PH Committee have stated that the model for consultation must go to the committee on the 3rd July to be agreed.
- Consultation would have to start on the 4th July to meet the project deadlines
- It is not possible now to carry out the SM process in these timescales

Service Provision

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

Proposal

11. It is proposed that re-commissioning of the tobacco control services is delayed for one year, in order to enable earlier re-commissioning processes to be concluded. This will allow for learning from those processes to be shared and will ensure adequate capacity within the organisation to deliver a robust re-commissioning process.

Recommendations

12. The PH Committee is asked to approve the suggested timings for commissioning future tobacco control services.

Statutory and Policy Implications

13. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

14. The local population of Nottinghamshire will still be able to access quality smoking cessation services across the county.

Financial Implications

15. The remodelling and re-commissioning of service provision and ways of working will address issues of cost efficiency and value for money within the revised timescale. Any expenditure related to the re-commissioning of services will be met within the current budget allocation.

RECOMMENDATION/S

16. That the PH Committee is asked to:

    Approve the suggested revised timescale for commissioning future tobacco control services.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Lindsay Price (Public Health)

Constitutional Comments (SG 12/06/2014)

17. The Committee has responsibility for public health by virtue of its terms of reference and the proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 11/06/14)

18. The financial implications are contained within paragraph 15 of the report

Background Papers available for Inspection

See references in Appendix 1

Electoral Division(s) and Member(s) Affected

19. All districts

Appendix 1

What is Tobacco Control?

Tobacco Control is an evidence-based approach to tackling the harm caused by smoking. It includes strategies that reduce the demand for, and supply of, tobacco in communities through;

- Stopping the promotion of tobacco
- Making tobacco less affordable
- Effective regulation of tobacco products
- Helping tobacco users to quit
- Reducing exposure to secondhand smoke
- Effective communication for tobacco control

Why is Tobacco Control a Public Health issue?

The National Context

- Smoking is the greatest cause of preventable death in England. It is costly to both individuals and the economy and is the greatest single cause of health inequalities placing a huge burden on local finances.
- Smoking remains Public Health enemy number one causing 80,000 preventable deaths every year [*](Obesity causes 34,100[†] and Alcohol 6495[‡]).

[*] [ONS, DH 2012] Statistics on Smoking: England, 2013. Health and Social Care Information Centre (HSCIC).

[†] Statistics on obesity, physical activity and diet: England, 2014, Health and Social care Information Centre

[‡] *ONS Alcohol-related deaths in the United Kingdom, registered in 2012*

- In the UK on average, cigarette smokers die about 10 years younger than non-smokers. About half of all persistent cigarette smokers are killed by their habit—a quarter while still in middle age (35-69 years)[§]
- Stopping smoking improves the health and wellbeing of smokers, their families and their communities

Through successful tobacco control measures, reductions in smoking can be achieved resulting in;

- short, medium and long term health benefits to individuals
- reductions in the difference in life expectancy between the most and least deprived areas across the country
- reductions in smoking attributable deaths from major diseases including cancer, respiratory, cardiovascular and digestive deaths
- reductions in smoking related hospital admissions
- reductions in the number of children initiating smoking

Table 1 – The short, medium and long term benefits of stopping smoking on health

Time after stopping smoking	Improvements to your health
20 minutes	Blood pressure and pulse return to normal
8 hours	Nicotine and carbon monoxide levels in blood reduce by half, oxygen levels return to normal.
24 hours	Carbon monoxide is eliminated from the body
48 hours	There is no nicotine in the body. Ability to taste and smell is greatly improved
72 Hours	Energy levels increase and breathing becomes easier
2-12 weeks	Circulation improves
3-9 months	Coughs, wheezing and breathing problems diminish as lung function increases by up to 10%
5 years	Risk of heart attack falls to about half that of a smoker
10 years	Risk of lung cancer falls to half that of a smoker and risk of a heart attack falls to the same as someone who has never smoked

Source: http://smokefree.nhs.uk/why-quit/timeline/

[§] Doll R, Peto, R, Boreham& Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ 2004; 328: 1519

The Local Context

The Economic Cost of Smoking for Nottinghamshire County and Nottingham City

It is estimated that smoking costs society £203.5million for Nottingham County and 93million for Nottingham City[**]. This includes

Area	Costs to society (£ mill)	Costs consist of (£mill)						
		Estimated output lost due to early deaths	Estimated cost of lost productivity from smoking breaks	Total to the NHS	Estimated cost of lost productivity from smoking related sick days	Estimated costs of passive smoking	Cost of smoking reacted fires in the home	The cost of cleaning smoking materials litter
Nottingham City	£93	£27.7	£19.6	£18.2	£16.9	£4.8	£3.4	£2.3
Notts County	£203.5	£10.5	£42.9	£39.9	£37	£60.6	£7.5	£5.1

A Picture of Nottinghamshire County and Nottingham City

Fact and Figures					
Smoking Prevalence			**Difference in Life Expectancy**[††]	**Male**	**Female**
Nottinghamshire County	19.4%		Nottinghamshire County	9 years	7.6 years
Nottingham City	28%*		Nottingham City	10 years	9.1 years
England average	19.5%				
East Midlands average	19.8%				

*Note: Nottingham City's prevalence data is taken from the Citizens Survey, 2013. All other data is taken from the Integrated Household Survey(IHS) 2012. The IHS prevalence figure for Nottingham is 24.4%

- This figure masks differences across the county with 14.6% of the population of Rushcliffe smoking whilst this figure is 26.3% for the population of Mansfield. Smoking rates for routine and manual workers[‡‡] have a national average of 29.7% for England. However rates vary across the county.
- Similarly smoking prevalence varies across the City. Area 2 (Basford and Bestwood) has the highest smoking rates at 34.6% compared with area 7 (Wollaton West, Wollaton East

[**] Local estimates based on information from the 'Cough Up' report, Nash, H and Featherstone R (2010)

[††] Public Health Observatories, Public Health Profiles, 2013.

[‡‡] Definition of a Routine and Manual (R/M) smoker is a smoker whose self-reported occupational grouping is of a R/M worker, as defined by the National Statistics Socio-Economic Classification – R/M occupations includes;
Lower supervisory and technical occupations, Semi-routine occupations and routine occupations

& Lenton Abbey) where smoking prevalence is much lower than the national average at 13.5%.

- In Nottingham City more than 50% of unemployed people smoke.

	Nottinghamshire County	**Nottingham City**
Total yearly deaths[§§]	1300	414

- The main causes of death are cardiovascular disease, cancers and respiratory disease. Smoking related hospital admissions are also above regional and national averages in Bassetlaw, Mansfield and Ashfield. All these are underpinned by tobacco.

2012-2013	**Nottinghamshire County**	**Nottingham City**
No of people setting a quit date[***]	11,835	4898
Number of people quit (at 4 weeks)[8]	7354	2743

[§§] Estimates based on national data taken from Health and Social Care Information Centre (HSCIC) Statistics on Smoking: England , 2011

[***] Statistics on NHS Stop Smoking Services, England - April 2012 to March 2013. Health and Social Care Information Centre, 2013.