

**6 March 2014****Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****NOTTINGHAMSHIRE COUNTY SMOKING CESSATION SERVICES****Purpose of the Report**

1. The purpose of this report is to provide a case for the re commissioning of the current smoking cessation services across Nottinghamshire County in order to put new arrangements in place no later than 31 March 2015.

**Information and Advice****The Context****2. 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;

- enforcing the minimum price of tobacco
- ensuring that non price measures such as advertising restrictions, smoke free laws and health warnings are in place locally
- providing information and advocacy
- providing effective stop smoking programmes
- restricting access to minors
- controlling the illicit trade

**Why is Tobacco Control a Public Health issue?****3. 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 79,100 preventable deaths every year (Obesity causes 34,000 and Alcohol 8,724).

In the UK about 8 in 10 non-smokers live past the age of 70, but only about half of long-term smokers live past 70.

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**

<b>Time after stopping smoking</b>	<b>Improvements to your health</b>
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/>

## The Local Context

### 4. The Economic Cost of Smoking for Nottinghamshire

Smoking costs billions of pounds each year. Using national data it is estimated that **the annual cost of smoking for Nottinghamshire is approximately £203.5m**. This includes:

- The total cost of treating smokers on the NHS: £39.9m
- The loss in productivity from smoking breaks: £42.9m
- The loss in productivity from smoking related sick days: £37m
- The cost of cleaning up smoking materials litter: £5.1m
- The cost of smoking related house fires: £7.5m
- The loss in economic output from the deaths of smokers and passive smokers: £60.6m.

### 5. A Picture of Nottinghamshire

- The percentage of people who smoke across Nottinghamshire County is 19.4%, compared to an England average of 19.5%. 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.
- Smoking is responsible for 1,300 deaths across Nottinghamshire County every year, with 200 more deaths in males than females. 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.
- The difference in life expectancy across the county is approximately 9 years for men and 7.6 years for women and half of this difference is due to smoking.
- Last year, 11,835 adults set a quit date across Nottinghamshire County. 7,354 of those people were reported as successful quitters at four weeks.

### 6. The Rationale

From April 2013, the Local Authority became the responsible commissioner for Tobacco Control and smoking cessation via funding from the Public Health ring-fenced grant. Nottinghamshire currently invests approximately £2.8m in Tobacco Control and commissions stop smoking services through a number of different contracts and providers.

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\* 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

## **7. Current Service Provision**

- 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.

## **8. Future Service Provision**

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

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.

## **10. Expected Outcomes**

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

## **11. Other Options Considered**

### **11a. Maintain the status quo.**

This option would not address the issues specified in section 7, nor secure the outcomes identified in section 10 above. In addition, the Local Authority needs to meet its legal obligations in relation to procurement processes.

### **11b. Internally review services and make changes to the system via variation and/or extensions of current contracts.**

This option may fail to disentangle the shortcomings that there are within the current system identified in section 7 above. Without a whole system redesign, it is unlikely to ensure value for money and cost efficiencies may not be maximised. Utilising formal procurement options will increase transparency of process and decision making.

### **11c. Consider the provision of a smoking cessation service as part of the Health and Wellbeing Integrated Lifestyle Service proposal.**

This option may ensure value for money and prevent duplication of work by building on 'making every contact count'. This option may also be more attractive to the potential provider market and will again utilise formal procurement options that will increase transparency of process and decision making. However, as the recommissioning of Obesity and Weight Management services and Substance Misuse services is already in progress, this option is not currently available. As part of this procurement process there will be an opportunity for the providers who are successful in the above tenders to also tender for the smoking cessation service.

## **12. Timescales**

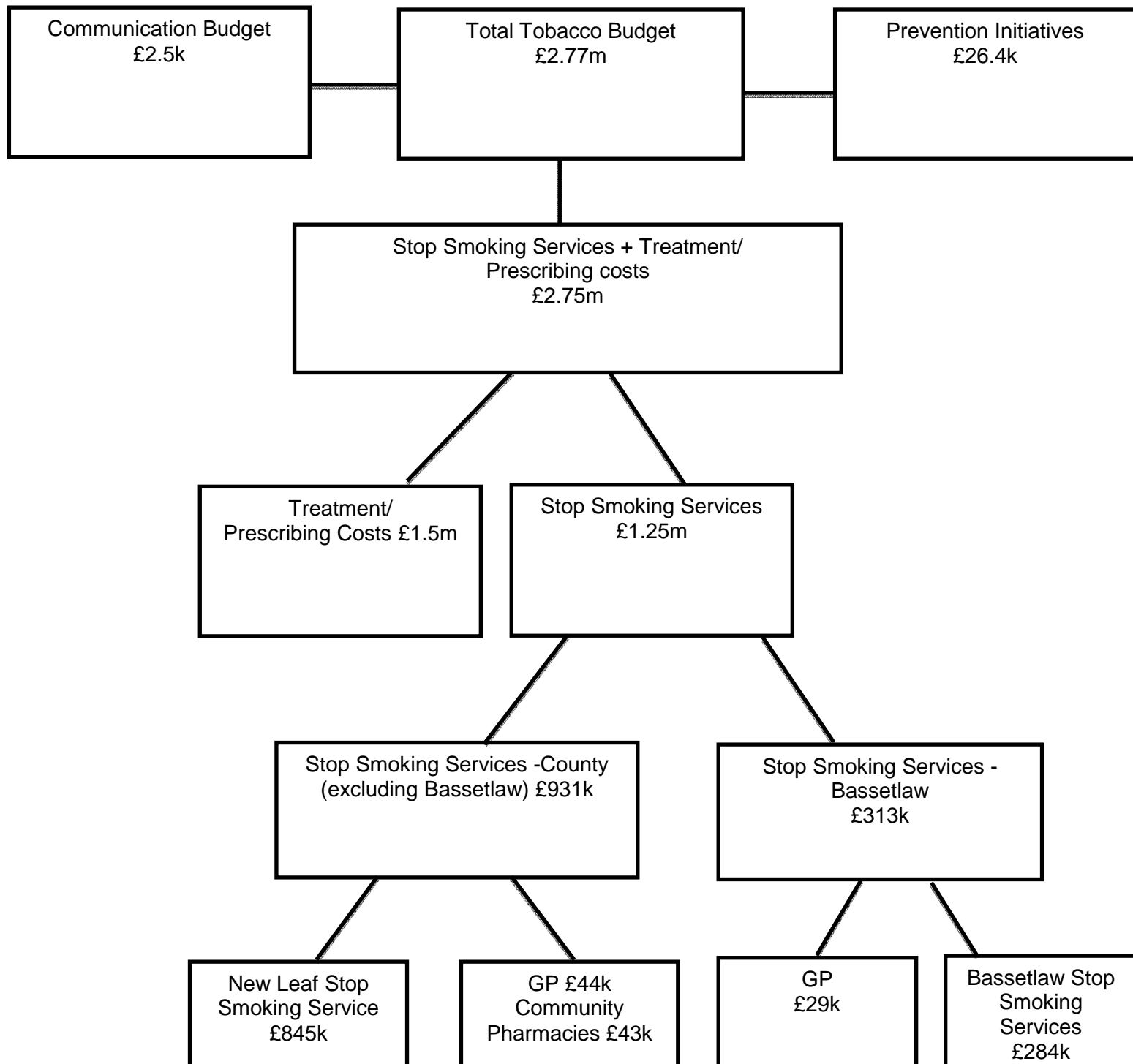
Pending the decision by the PH committee it is our intention to recommission the smoking cessation services from 1 April 2015. Projected timescales are;

- consultation in the summer of 2014
- awarding of the tender by the end of 2014

In the event of a delay services will be requested to continue to provide provision.

### 13. Tobacco Budget Nottinghamshire County

The overall Tobacco budget within the PH grant of Nottinghamshire County is broken down in the flow chart below.



#### **14. Statutory and Policy Implications**

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.

#### **15. Implications for Service Users**

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

#### **16. Financial Implications**

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

#### **17. RECOMMENDATION/S**

That the PH Committee are asked to:

- i. Approve the decommissioning of the current smoking cessation services across Nottinghamshire County and put in place new arrangements no later than 31 March 2015.
- ii. Receive a follow up report in 6 months' time to outline progress made.

**Chris Kenny**  
**Director of Public Health**

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

#### **Constitutional Comments (SG 28/01/14)**

The Committee has responsibility for taking decisions in respect of Public Health by virtue of its Terms of Reference and is the appropriate body to decide the issues set out in this report.

#### **Financial Comments (KAS 11/02/14)**

The financial implications contained within paragraph 13 of this report.

#### **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.

None

**Electoral Division(s) and Member(s) Affected**

All districts