Nottinghamshire County Council

Public Health Committee

Thursday, 11 December 2014 at 14:00

County Hall, **County Hall, West Bridgford, Nottingham, NG2 7QP**

AGENDA

7 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

"That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information."

Note

If this is agreed, the public will have to leave the meeting during consideration of the following items.

8 Exempt Appendix to Item 5, Obesity and Weight Management Services Commissioning Update.

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Reports in colour can be viewed on and downloaded from the County Council's website (www.nottinghamshire.gov.uk), and may be displayed at the meeting.

(4) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

(5) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

Nottinghamshire County Council

minutes

Meeting	PUBLIC HEALTH COMMITTEE
Date	26 November 2014 (commencing at 10.30 am)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)

Reg Adair	Alice Grice
Steve Carr	Colleen Harwood
Steve Carroll	Martin Suthers OBE
Kay Cutts MBE	Muriel Weisz

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Barbara Brady, Public Health Consultant
Tracy Burton, Senior Public Health Manager
Paul Davies, Democratic Services
Jonathan Gribbin, Public Health Consultant
Sally Handley, Senior Public Health Manager
Cathy Quinn, Associate Director of Public Health
Robin Smith, Communications and Marketing
John Tomlinson, Deputy Director of Public Health

MINUTES

The minutes of the meeting held on 11 September 2014 were confirmed and signed by the Chair.

MEMBERSHIP

Councillor Harwood had been appointed in place of Councillor Gilfoyle, for this meeting only.

DECLARATIONS OF INTEREST

There were no declarations of interest.

AGENDA ORDER

The Chair agreed to vary the order in which the agenda items were taken.

COMMUNITY INFECTION PREVENTION AND CONTROL SERVICE

During discussion, members sought assurances about monitoring of the service. It was agreed to present an annual monitoring report to the committee.

RESOLVED: 2014/033

(1) That the work to secure the proposed community infection prevention and control service from Clinical Commissioning Groups in Nottinghamshire County via two Section 75 agreements be approved.

(2) That it be noted that funding for the new service will include some non-recurrent transition monies designated to address issues relating to the transition of Public Health to the local authority.

(3) That further reports be presented to the committee on an annual basis starting in November 2015, monitoring the performance of the community infection prevention and control service against the service specification.

COMMISSIONING COMPREHENSIVE SEXUAL HEALTH SERVICES IN NOTTINGHAMSHIRE FROM APRIL 2016

Jonathan Gribbin and Sally Handley gave a presentation on the context for sexual health services in Nottinghamshire. They introduced the report about steps to be taken in preparation for the re-procurement of sexual health services. Members asked for the opportunity in February 2016 to view the outcomes of the needs assessment, and the service model to be the subject of consultation.

RESOLVED: 2014/034

(1) That the information in the report to inform future decision making be noted.

(2) That approval be given to consultation with stakeholders about the future model of sexual health services in advance of a committee decision in March 2015 about the budget to be allocated to sexual health.

(3) That an additional meeting of the committee be held in February 2015 to consider the outcomes of the needs assessment and the service model which is to be the subject of the consultation.

NHS ENGLAND COMMISSIONING INTENTIONS FOR PRISON HEALTH

RESOLVED: 2014/035

That the update and the rationale for the change in the arrangements be noted.

WORK PROGRAMME

The following items had been raised during the meeting for inclusion in the work programme:

- February 2015: addition meeting to consider sexual health needs assessment and service model

- November 2015: first annual monitoring report on community infection prevention and control services

RESOLVED: 2014/036

That the work programme be noted.

The meeting closed at 12.15 pm.

CHAIR

Nottinghamshire County Council

Report to Public Health Committee

11th December 2014

Agenda Item: 4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE COUNTY: RE-COMMISSIONING TOBACCO CONTROL SERVICES

Purpose of the Report

1 The purpose of this report is to update the Public Health Committee regarding the model 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 with young people, stop smoking services, both universal and targeted, and 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 - Paper brought to Public Health Committee for approval of 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 disproportionally affected by smoking: Young people, pregnant women, routine and manual workers and people with 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 (Appendix 1) across the county and the opportunity to commission more effectively to reduce this harm as evidenced below.

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.

- 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.

- 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

8 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

9 The commissioning of an Integrated Tobacco Control 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

10 Having new arrangements in place will ensure that future Tobacco Control 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
- 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

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

Soft Market Testing

12 Soft market testing has taken place between September and November 2014.

- Based on the approach document, (Appendix 2) providers have taken part in this informal process which will help inform the commissioning process.
- A final report from the soft market testing is being drafted and will be sent to the Tobacco Control Re-commissioning Steering Group
- The results of the soft market testing have led to the development of a provider workshop, where organisations who may be interested in tendering for the service in 2015 can be given information and supported in their understanding of the model and the tender process.

The proposed model for consultation for Tobacco Control Services

13 The proposed model for future commissioning of Tobacco Control Services (Appendix 3) 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.

14 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 mental health issues (there will clearly be overlap across these identified groups).

15 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.

16 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 re alignment monies to tackle the supply of illegal tobacco in Nottinghamshire County.

17 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

18 The proposed consultation process will be in line with Nottinghamshire County Council policy. The consultation will:

- run for a three month period (proposed January to March 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
- hold focus groups with service users
- be advertised through a co-ordinated communication plan utilising posters, press releases, local and social media.

19 The results of the consultation will be collated and the findings analysed. A formal report will be written and will be published as part of the process.

Timeline

20 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.

21 In order to support these timescales Public Health Committee asked that the model agreed for consultation for the new service be returned to committee, following soft market testing and before formal consultation.

22 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.

23 The proposed timescales would be:

- November 2014 - Complete Soft Market Testing
- December 2014 – Agreement at PH 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 develop final service specification.
- 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

24 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

25 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.

26 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.

27 The preferred option is that the Public Health Committee approves the suggested model for consultation for the re-commissioning of Tobacco Control Services.

Reasons for Recommendation

28 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

29 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

30 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

It is recommended that Public Health Committee

1) Agrees the model for consultation for re-commissioning of Tobacco Control Services.
2) Agrees the proposed timescales
3) Notes that the results of the consultation will be presented to the May 2015 Public Health Committee at which time there will be a request to formally go out to tender.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Lindsay Price
Lindsay.price@nottscc.gov.uk

Constitutional Comments (LMC 29/10/14)

31 The recommendations may be approved by Public Health Committee.

Financial Comments (KAS 24/11/14)

32 The financial implications are contained within paragraph 30 of the 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.

Electoral Divisions and Members Affected

- All

Appendix 1

Why is Tobacco Control a Public Health issue?

The National Context

Tobacco use remains one of the most significant public health challenges. Smoking causes more deaths in England each year than any other preventable cause:

- Smoking; 79,700 deaths (Health & Social Care Information Centre (HSCIC),2013, published 2014)
- Obesity; 34,100 deaths (HSCIC, 2013, published 2014)
- Alcohol; 21,485 deaths (Local Alcohol Profiles for England (LAPE), 2012, published 2014).

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.

The Benefits of Stopping Smoking

The benefits of stopping smoking are as follows:

- stopping smoking improves the health and wellbeing of smokers, their families and their communities
- 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 starting to smoke.

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/

Table 2 - Health impacts associated with smoking

Smoking causes:	Secondhand smoke causes:
17% of deaths from heart disease	• Children to be born underweight, • Cot death • Upper and lower respiratory tract illness
An increased risk of heart attack-5 times greater for those under 40 than non-smokers	Babies and children to be twice as likely to have asthma and chest infections
Teenagers to have; • more asthma and respiratory symptoms • poorer health, • more school absences • lower fitness levels	10,000 children to be treated in hospital for exposure to secondhand smoke
80% of deaths from bronchitis and emphysema	An increased risk of lung cancer in non-smokers by 20-30%
80% of deaths from lung cancer	An increased risk of coronary heart disease by 25-35%
	• Around 2,700 deaths in people aged 20-63 • A further 8,000 deaths a year among people aged 65 years and older.

Source: (HSCIC 2012, Jamrozik 2005, ASH 2013, ASH 2011, Royal College of Physicians, 2010).

The Local Context

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 £200.9m** (appendix 4).

In 2013/14 smokers in Nottinghamshire County paid £140.4m in tax to the Exchequer

This means that there is an annual shortfall of £60.5m every year across Nottinghamshire

For the latest information please visit: http://ash.org.uk/localtoolkit/R4-EM.html

A Picture of Nottinghamshire

The percentage of people who smoke *across* Nottinghamshire County is 18.4%, this is comparable with the England average of 18.4%. This figure masks differences across the county with 11.3% of the population of Rushcliffe smoking whilst the figure is 25.8% in Mansfield.

The difference in life expectancy across the county is approximately 8.5 years for men and 6.5 years for women and half of this difference is due to smoking.

Smoking is responsible for approximately 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. All these are underpinned by tobacco. Smoking related hospital admissions are also above regional and national averages in Bassetlaw, Mansfield and Ashfield.

Last year, 10,518 adults set a quit date across Nottinghamshire County. 6,858 of those people were reported as successful quitters at four weeks.

A reduction in smoking prevalence year on year across the county would have significant benefits to the local economy by:

- Improving people's health and their quality of life, particularly in deprived wards
- Increasing household incomes when smokers quit
- Improving the life chances of young children by reducing their exposure to secondhand smoke and reducing their chances of taking up smoking
- Reducing the costs of care for smokers in later life with smoking related illnesses.
- Reducing the costs of dealing with smoking related fires
- Reducing the costs of tobacco related litter
- Reducing serious and organised crime linked to the sale of illegal tobacco

Appendix 2

Nottinghamshire County Council

Tobacco Control

Soft Market Testing Approach

August 2014

1 Why are we doing Soft Market Testing?

Soft Market Testing is a method of gathering Market Intelligence on a given subject area by engaging with the providers of the goods / services required. The purpose is to question the existing service model and look for innovation and or alternative delivery models. At the same time the authority is looking for efficiencies and best value.

2 Soft Market Testing Process

The Council is to undertake a soft market testing exercise to canvass independent views to support and shape the future specification and model of tobacco control and smoking cessation services.

It has been agreed that due to a level of uncertainty regarding the budget for subsequent years; a generic Prior Information Notice (PIN) will be used, withholding the budget for the service. The Council reserves the right to issue a more detailed PIN at a later time if the need arises.

It is possible that this procurement may be carried out as a joint procurement exercise with Nottingham City Council. However, the City Council is not in a position yet to confirm this and their procurement may not encompass all aspects of the Nottinghamshire County Council procurement.

Outcome

Information and insight to support the development of a model for Tobacco Control and Smoking Cessation services.

Process

The soft market testing will take place from the date of the published PIN until 19 September 2014.

- A soft market testing approach document is to be made available to all interested providers
- Any questions regarding the soft market testing approach document should be submitted by Tuesday 26th August at 12 noon so they can be addressed at individual meetings. Expressions of interest in this Soft Market Testing need to be registered through the Due North portal.
- Individual Provider meetings will be arranged during the period 26th August – 19th September 2014

Neither the intention nor the purposes of this soft market testing exercise is to confer any advantage upon its participants in any future procurement process.

This PIN is NOT a call for tenders and tender responses.

All information gathered from the Soft Market Testing will be carefully considered and analysed by the Public Health Steering Group for this commissioning process. All providers' responses will be anonymised and not shared with competitors for these services.

An appropriate specification and service model will be designed using the information provided and from wider consultation with the public, service users and stakeholders.

Methodology for soft market testing

- The PIN will be published inviting all parties interested to register through the Due North portal
- An email will be sent to all existing providers, identified providers not currently delivering services in Nottinghamshire County and stakeholders drawing their attention to the PIN and provide direction as to where to express interest in participation in the soft market testing process.
- All parties who have registered their interests will be sent the Tobacco Control Soft Marketing Approach document.
- Individual meetings with interested parties will be arranged between 26 August – 19 September 2014.
- Any queries or questions relating to the approach document should be submitted through the Due North portal by 12 noon on 26 August 2014.
- Questions submitted will be judged if a generic response can be provided through the Due North system or if the question is in relation to the provider this can be picked up at the individual meetings.
- Written responses will be requested from interested providers who are unable or do not wish to attend an individual meeting by 19 September 2014.
- All individuals meetings will be recorded and filed securely.
- The information from the individual meetings and written responses will be collated along with data from other sources e.g. consultation and used to develop a service model and specification
- A separate Consultation process will be launched with the general public, service users and stakeholders the dates of this are to be confirmed.

3 Context and Rationale for the Development of Tobacco Control and Smoking Cessation Services

Context

The purpose of this project is to ensure that by April 2016 outcome focused high quality and individualised tobacco control services are in place across Nottinghamshire. These will include all elements of evidence based smoking cessation services and the wider tobacco control agenda including preventative work. The new services will be cost effective and equitable.
This will be achieved through an open, fair and transparent procurement process.

The Public Health team have extensive experience in the management of Tobacco Control and Smoking Cessation. The intention is to achieve an integrated approach to tobacco control, with an aim to reduce the harm caused by tobacco use and make smoking behaviour “not normal” / not acceptable. To achieve this state, multi agencies need to be engaged: Schools, Workplaces,

Housing, Transport, Community Sector, Voluntary Sector, Green Spaces, Fire & Rescue and Police Services.

Aims

The commissioning of an integrated smoking cessation service will meet local needs through a targeted approach which integrates prevention and the wider tobacco control agenda 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.

Rationale

- 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.

A new approach to the prevention of smoking, cessation of smoking and wider tobacco control 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 smoke free agenda
- align with the wider Tobacco Control agenda e.g. Illegal tobacco, to protect families from the harm caused by tobacco

Outcomes

Delivery of outcome focused, high quality and person centred Tobacco Control and Smoking Cessation services for service users across the County of Nottinghamshire.

There are many evidence based approaches to supporting someone to stop smoking. One size does not fit all and quitting programmes should be individualised to respond to specific needs.

What we want to buy/commission

Initiatives that prevent people, particularly young and vulnerable people from starting to smoke and that support people who already smoke to quit whilst reducing the harm caused by tobacco to the wider community.

Why do we want it?

- 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 [1](Obesity causes 34,100[2] and Alcohol 6,495[3]).
- 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)[4]
- 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

Prevent people, particularly young people from starting to smoke

We know that the majority of people taking up smoking each year are children and young people under 18. The earlier someone starts smoking the more likely they are to smoke for longer and to die earlier from a related disease. Tobacco use in adolescence is associated with many behaviours that can adversely affect health, including the misuse of alcohol or other drugs. Prevention initiatives targeted at children and young people can break the intergenerational cycle of initiation and addiction to tobacco use.

Protect people and communities from tobacco related harm

We know that tobacco use can affect communities in a variety of ways including;

- second-hand smoke exposure and the associated dangers,
- high levels of illegal tobacco that is available at pocket money prices to everyone and also brings criminal activity in to local communities,
- tobacco use being normalised and entrenched in communities, as a result of constant exposure to smoking

[1] [ONS, DH 2012] Statistics on Smoking: England, 2013. Health and Social Care Information Centre (HSCIC).
[2] Statistics on obesity, physical activity and diet: England, 2014, Health and Social care Information Centre
[3] *ONS Alcohol-related deaths in the United Kingdom, registered in 2012*
[4] Doll R, Peto, R, Boreham& Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ 2004; 328: 1519

Universal smoking cessation services that provide the best chance of stopping smoking long term

There are many evidence-based approaches to supporting someone to stop smoking. One size does not fit all and quitting programmes should be individualised based on available evidence and a process of systematisation, taking in to account factors for example; level of addiction, previous quitting and medical history and identified priority groups.

Targeted smoking cessation services where needed for priority groups

There is clear evidence that prioritising particular groups will result in the greatest reduction in tobacco use in communities, therefore reducing tobacco-related health inequalities. These groups include but are not limited to:

- Routine and Manual workers (R & M)
- Young people (particularly those from R & M families)
- Pregnant women (particularly those from R & M groups)
- People with mental health problems

By identifying who needs targeted support and providing the intervention that optimises their chance of stopping long term, the service will help to reduce the health inequalities that exist due to tobacco use. This will also allow for efficiencies to be made by individualising from a wide range of interventions, allowing for a flexible service.

4 Who are we Targeting?

These services will be available to registered and resident populations of Nottinghamshire County for services commissioned by Nottinghamshire County Council.

Prevention

Prevent people, particularly young people from starting to smoke

- Children and young people (under 18) particularly from R & M groups
- Parents or carers with children under 16 years of age
- Pregnant women and their families
- People living in areas of high deprivation
- Schools in areas of high deprivation

Protect people and communities from tobacco related harm

- Pregnant women and their families
- Parents or carers with children under 16 years of age
- Families from low socioeconomic groups
- Those at most risk from smoking (e.g. people with smoking related health problems such as cardiac or respiratory disease)
- People with mental health problems
- Areas with high levels of demand for illegal tobacco

Smoking Cessation

Universal smoking cessation services that provide the best chance of stopping smoking long term

- Smokers across all seven districts in Nottinghamshire County that are registered or resident in Nottinghamshire.

Targeted smoking cessation services where needed for priority groups

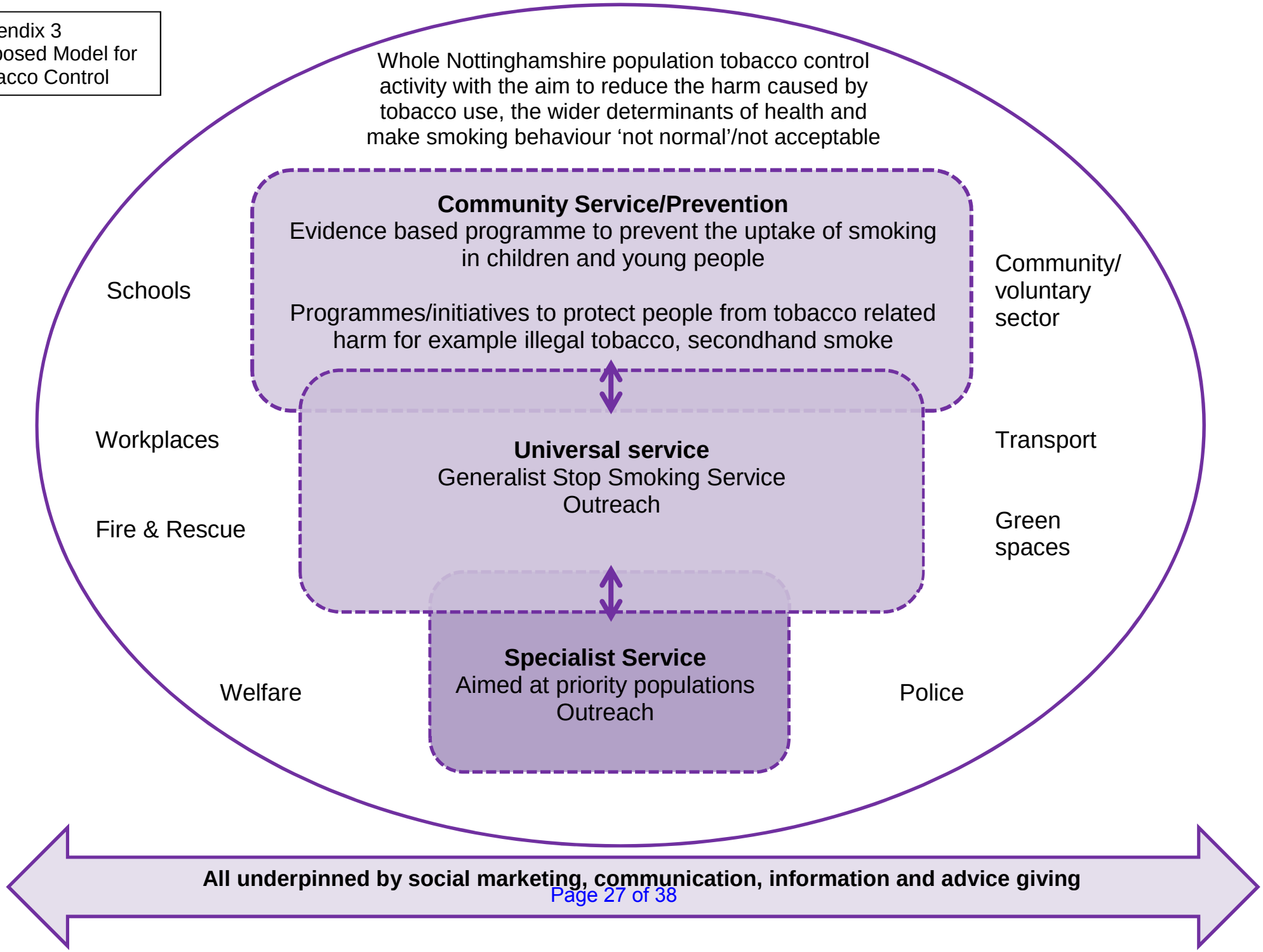
- Routine and Manual workers (R & M)
- Young people (particularly those from R & M families)
- Pregnant women (particularly those from R & M groups)

5 Soft Market Questions for Interested Parties

	Services supplied
1	What are the core services you provide? *e.g. adult smoking cessation services, Training for other health professional's level 2 and level 3 smoking cessation training, Brief Intervention skills, Other health related services such as health screening, nutritional education, school programmes and exercise interventions.*
2	What other services do you / could you supply that are not currently core to your business? And how would this add additional value?
3	How do you suggest we measure the added value offered?
4	What are the current challenges? *e.g. most providers specialise in one aspect due to the requirement to meet smoking quitter targets. Working in community settings is different to working in 1:1 sessions and requirements vary. As always the challenges for most services is attracting sufficient referrals.*
5	How do you position your services against the competitors in this market? *e.g. efficacy of the programme, numbers engaged, people stopping smoking at 4 weeks, people stopping smoking beyond 4 weeks at 3, 6 & 12 months, satisfaction of service, cost per user.*
6	What staffing structure would you recommend to deliver these services? And what specialist skills / competencies are needed to deliver your services?
7	How would you engage with partnerships around the Health and Wellbeing board?

	Attractiveness of Opportunity
1	What aspects of our approach appeal to your business and why? e.g. Whole tobacco control approach including preventative elements, targeting priority groups
2	What could we do better to make this offer more attractive?
3	What would encourage you to bid or discourage you to bid? e.g. length of contract, sole supplier
4	What is your view on Single provider or Consortia arrangements?
	Model
1	How would you envisage these services being delivered?
2	What is your opinion for bundling certain parts of the service? Which elements would be most appropriate?
3	What methods would you employ to ensure individuals get the best option of evidence- based support that suits their needs?
	Financial questions
1	What is / would you expect your cost build up to be and how?
2	How could we help you reduce costs?
3	Tell us about your experience of payment by results
4	What hourly rates / pay bands should we expect to see for staff?

Appendix 3
Proposed Model for Tobacco Control



Appendix 4

The Local Cost of Tobacco

ASH Ready Reckoner 2014 Update

The ASH "Ready Reckoner" has been updated for 2014.
The new estimates have been revised to ensure the tool more closely reflects estimates in the NICE Return on Investment model. It also includes a new analysis of smoking related fires, revised methodology for looking at smoking related litter and, for the first time, estimates of the cost of smoking to social care.
It is also now also possible to use the reckoner to estimate the cost of smoking at ward level. Ward data are based on synthetic estimates of smoking prevalence which take account of levels of deprivation in each ward and attribute local authority smoking populations accordingly.

How to use the Reckoner:

The Reckoner allows you to generate graphs and key statistics relating to the costs of smoking at different locations in England. Select your geographical location of interest using the drop-down lists below - Government Office Region and PHE hierarchies are both available. The figures will adapt to each new tier selected but when no tiers are selected, the figures default to the values for England. Charts are available in the "Charts" tab at the bottom of the page - to copy charts, simply right-click and select 'copy'.

(●) GOR geography ( ) PHE geography

Region: East Midlands

County / UA: Nottinghamshire

District:

Est. smoking population in Nottinghamshire:
121,895

This is based on an evidence-based smoking prevalence estimate of 19.4%

Each year in Nottinghamshire
we estimate that smoking costs society appox.
£200.9m

This total cost is disaggregated below.

Every year smoking-related early deaths in Nottinghamshire result in 2,670 years' of lost productivity.

This costs the county's economy approx. £49m

It is estimated that smoking breaks cost businesses in Nottinghamshire a further

£84m annually

Local businesses in Nottinghamshire also lose approx. 165,864 days of productivity every year due to smoking-related sick days. This costs about

£15m

The total annual cost to NHS trusts across Nottinghamshire as a direct result of smoking-related ill health is approx.

£28m

Passive smoking impacts on the health of non-smokers in Nottinghamshire, costing the county's healthcare system a further

£3m every year

Current and ex-smokers who require care in later life as a result of smoking-related illnesses cost society an additional £17.6m each year across Nottinghamshire.

This represents £10.1m in costs to local authorities and £7.5m in costs to individuals who self-fund their care

Smoking materials are a major contributor to accidental fires in Nottinghamshire. Each year there are around 75 smoking-related fires across the area covered by Nottinghamshire Fire and Rescue Service, resulting in approx. 2 deaths.

This impacts on the county's economy to the sum of approx. £4m every year.

In Nottinghamshire this represents about:
£2.2m due to deaths;
£890.3k due to injuries; and
£934.9k due to the non-human cost of smoking-related fires.

The majority of cigarette filters are non-biodegradable and must be disposed of in landfill sites. In Nottinghamshire around 570m filtered cigarettes (incl filtered roll-ups) are smoked each year, resulting in approx.

97 tonnes of waste annually.

Of this, more than 22 tonnes of cigarette waste is discarded as street litter that must be collected by local government street cleaning services.

In 2013/14, smokers in Nottinghamshire payed approx. £140.4m in duty on tobacco products. Despite this contribution to the Exchequer, tobacco still costs Nottinghamshire roughly 1.5 times as much as the duty raised. This results in a shortfall of about £60m each year.

Nottinghamshire County Council

Report to the Public Health Committee

11th December 2014

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

OBESITY PREVENTION AND WEIGHT MANAGEMENT SERVICE COMMISSIONING UPDATE

Purpose of the Report

1. This report provides an update on the tender for the obesity prevention and weight management service, the report recommends the award of contract to the successful bidder.

Information and Advice

2. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises commercially sensitive and confidential information about the bids the Council received. The exempt information is set out in the Exempt Appendix.

3. Members have previously received and approved reports for the decommissioning of obesity prevention and weight management services and re-commissioning of these services (April 2013, June 2013, January 2014 and September 2014). It was agreed that services needed to be re-commissioned as:

    - Current service provision does not meet the identified needs of the local population in which: around a quarter of adults are estimated to be obese; one in five children in reception is overweight or obese; and nearly one in three children in Year 6 is overweight or obese. Neither does it support the management of obesity during pregnancy.
    - There are parts of the overweight/obesity pathway in which there are gaps (for example: there is no Tier 3 specialist weight management service; Tier 2 community weight management services only delivered in Bassetlaw; and some parts of Tier 1 service have a risk of duplication).
    - Resources are not currently aligned to those areas of highest need or to those groups most at risk of excess weight.
    - Currently there is not an appropriate balance of investment and effort between prevention and treatment.

4. Obesity prevention and weight management services had previously been out to tender earlier in the year when it was not possible to award the contract as the preferred provider withdrew from the process. Following advice from both legal services and

procurement a re-tender process has taken place for an integrated obesity prevention and weight management service consisting of:

- Tier 1: Healthy eating and physical activity interventions targeted at those most in need
- Tier 2: Lifestyle community weight management services
- Tier 3: Specialist multidisciplinary weight management services (required for service users to access weight loss surgery).

5. The contract was procured as a Part B services contract under the Public Contracts Regulations 2006. It was procured using a two stage process and will put in place a single county wide service for adults, children and young people.

Stage 1: Pre-qualification stage

6. Five bidders submitted proposals. In the Pre-qualification questionnaire, bidders' responses were firstly evaluated on a pass/fail basis against criteria including health and safety, insurance, equal opportunities and quality and clinical assurance. Bidders were further evaluated in respect of their technical ability, again on a pass/fail basis.

7. Only those bidders who met or exceeded the minimum threshold for specific questions and sections of the Pre-Qualification Questionnaire were invited to tender. Three providers were invited to tender.

Stage 2: Tender stage

8. The Council received two bids (one provider chose to withdraw during the tender stage process). The bids were evaluated using the Most Economically Advantageous Tender criteria. This enables the Council to evaluate bids based on quality, technical ability and price of the tender submission. This is standard best practice for the procurement of services. The weighting of the scoring between quality and price was 55% and 45% respectively. Tenders were evaluated in accordance with the process set out in the information to tenderers.

9. The Tender Questionnaire included questions in respect of staffing, service implementation, business continuity and price for the provision of services. Responses were firstly evaluated on a pass/fail basis against criteria including mobilisation & transition, staff transition, management of workforce, access to services, governance and finance.

10. Only those bids which passed the initial criteria were taken through to the second stage of evaluation which involved reviewing responses to questions on implementation, management and staffing, service delivery and bidders' price for the provision of the services.

Recommendation of award

11. The tender evaluation panel has completed their evaluation and identified the successful bidder. The outcome of the tender evaluation panel is included in the exempt appendix.

Other options Considered

12. The Council has received compliant tenders within the budget approved for these services and therefore there are no reasons to abandon or discontinue the process.

Reason/s for recommendation/s

13. The current contracts end on 31st March 2015. The recommendation ensures the continuity of these services to the public after that date.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, 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

15. Service users/carers were consulted as part of the consultation process. A consultation with service users, prospective bidders and key stakeholders was undertaken between October and December 2013 to seek their views on service provision. The outcome was used to shape service specification.

Financial Implications

16. The award of these services will provide consistency, quality assurance and improve cost efficiency that will deliver good value for money services within the current budget limits.

RECOMMENDATION/S

17. Approval is granted to the award of contract for the obesity prevention and weight management services to the successful bidder identified in the exempt appendix.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Barbara Brady (Public Health) internal extension: 72373 or Anne Pridgeon (Public Health) 433008

Constitutional Comments (AK 1/12/2014)

The Public Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 04/12/14)

The financial implications are contained within paragraph 16 of the 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.

- Public Health Sub-Committee paper (16.04.13) – Nottinghamshire County Overweight/Obesity Prevention and Weight Management Services

- Public Health Sub-Committee paper (06.06.13) – Resource from Public Health Grant to Fund Gaps in Nottinghamshire Prevention and Management of Excess Weight

- Public Health Committee paper (09.01.14) Obesity Prevention and Weight Management Update.

- Public Health Committee paper (11.9.14) – Obesity Prevention and Weight Management Service Commissioning Update.

- The tender documentation for PQQ and tender stages.

Electoral Division(s) and Member(s) Affected

All districts

Nottinghamshire County Council

Report to Public Health Committee

11 December 2014

Agenda Item: 6

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2015.

Information and Advice

2. The County Council requires each committee or sub-committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None.

Reason/s for Recommendation/s

6. To assist the committee in preparing its work programme.

Statutory and Policy Implications

7. 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.

RECOMMENDATION/S

1) That the committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

For any enquiries about this report please contact: Paul Davies, x 73299

Constitutional Comments (HD)

1. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

2. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Meeting Dates	PH Committee	Lead Officer	Supporting Officer
21 January 2015	Presentation on Public Health policy area – Health Protection	Jonathan Gribbin	
	School nursing review	Kate Allen	Irene Kakoullis
	Report on Realignment of Public Health grant 2014-15	Cathy Quinn	Kay Massingham
	Progress report on Public Health Business Plan - TBC	Cathy Quinn	Kay Massingham
	Public Health Services Performance and Quality Report for Health Contracts – July - September 2014	Cathy Quinn	Nathalie Birkett
12 March 2015	Presentation on Public Health policy area – Substance Misuse	Barbara Brady	
	Follow on report on Sexual Health	Jonathan Gribbin	Sally Handley
	Public Health Procurement Plan 2015-16	Chris Kenny	Cathy Quinn
	Domestic Abuse update	Barbara Brady	Nick Romilly
	Public Health Services Performance and Quality Report for Health Contracts - October – December 2014	Cathy Quinn	Nathalie Birkett
	Health Visiting and Family Nurse Partnerships	Kate Allen	Irene Kakoullis
12 May 2015	Presentation on Public Health policy area – Obesity	Barbara Brady	Anne Pridgeon
	Substance Misuse performance report	Barbara Brady	Lindsay Price
	Winter warmth report	Mary Corcoran	
	Public Health Business Plan 2015-16 (Inc procurement intentions)	Cathy Quinn	

	Report on Realignment of Public Health grant 2014-15	Cathy Quinn	
2 July 2015	Presentation on Public Health policy area – General Prevention	Mary Corcoran	Gill Oliver
	Progress report on Public Health Business Plan / Health & Wellbeing Strategy	Cathy Quinn	
	Tobacco Control performance report	John Tomlinson	
	Public Health Services Performance and Quality Report for Health Contracts - Jan-Mar 2015	Cathy Quinn	
	Domestic Violence – contract award	Barbara Brady	
	Oral health and fluoridation	Kate Allen	Geoff Hamilton