



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 8 JUNE 2016

REPORT OF DIRECTOR OF PUBLIC HEALTH

REMODELLING OF STOP SMOKING SERVICE PROVISION

Purpose of report

1. The purpose of this report is to seek the views of the Health Overview and Scrutiny Committee on the proposed new model for Stop Smoking Service. Formal consultation on these proposals commenced 16 May 2016.

Policy Framework and Previous Decisions

2. The requirement to save £1.1 million from the stop smoking service budget formed part of the Medium Term Financial Strategy 2016/17 – 2019/20 which was considered by the Health Overview and Scrutiny Committee on 8 January 2016 and the Cabinet on 12 February 2016 prior to it being approved by the County Council on 17 February 2016.
3. The Health Overview and Scrutiny Committee also considered the Commissioning Intentions of the Public Health Department at its meeting on 30 March. This included the proposal to decommission the current Stop Smoking service and redesign and commission a new more targeted service including a quit line and face to face support. The Commissioning Intentions were approved by the Cabinet on 19 April 2016.

Background

4. There is a need for stop smoking support to be available in the Leicestershire community as more people die every year from smoking related disease than the next 6 causes of premature death combined. Health inequalities could also grow without a stop smoking service being in place. Leicestershire's overall smoking prevalence is 17% with the Routine and Manual (R&M) prevalence being 28% (not significantly different from the England average), demonstrating the health inequalities gap that needs addressing and could potentially grow without cessation support being available
5. Locally, the current service offer is universal access offer across Leicestershire County. Service delivery is largely face to face and based in GP surgeries and community pharmacies. Although there is an option for text and/or telephone support, this is not the current focus of the service. The service also currently provides an advisor who works exclusively with children in care as well as foster carers and their families.

6. Only five per cent of the 17% of people who smoke in Leicestershire currently access the stop smoking service. The way in which smokers want to quit is also changing, with data published for the past two years showing a significant overall reduction in the number of smokers accessing services nationally. The use of e-cigarettes has significantly increased in popularity and smokers accessing the current service have been enquiring more about telephone and text-based support. Global evidence also suggests that the majority of smokers worldwide quit successfully for the long-term without resource intensive face-to-face support.
7. Taking these factors into account, this paper proposes a new service model that is evidence based, has demonstrated effectiveness internationally and is achievable within a reduced financial envelope.

Proposals/Options

8. It is proposed that the new Stop Smoking Service will be in place by January 2017. The proposal is for three different levels of service to be provided, as follows:-
 - The first level will be a universal offer of supported self-help, provided by First Contact Plus, the multi-agency partnership service which provides countywide early intervention and prevention services for vulnerable individuals aged 16+. It will include access to online resources.
 - The second level will consist of a quitline offering advice and support. The local quitline will provide telephone via a freephone number along with text based and online support. In order to increase the likelihood of successfully quitting, an NRT (Nicotine Replacement Therapy) starter kit and prescription medication will be part of the offer of support as appropriate.
 - The third level will be a targeted face to face offer for those smokers who will most benefit from the more resource-intense face to face offer, such as pregnant women or children in care.
9. The new service would also maintain specialist training support for professionals in the community working with vulnerable groups, from Very Brief Advice (VBA) to motivational interviewing and providing face to face support.
10. The proposals reflect NICE programme guidance on smoking cessation which lists self-help materials, telephone counselling and helplines as stop smoking interventions that are cost-effective. A recent study published in the journal *Addiction* reviewed the efficacy, effectiveness and affordability of health care interventions to promote and assist tobacco cessation. The study concluded that brief advice from a health-care worker, telephone helplines; automated text messaging, and printed self-help materials are globally affordable and effective health-care interventions to promote and assist smoking cessation.
11. The proposals are also informed by international evidence from countries such as Australia, New Zealand, Sweden, Canada and the US which have all successfully implemented quitlines in various formats to help smokers to successfully quit for years.
12. International quitline experience and evidence supports making NRT available alongside support. In practice; however, not all smokers complete a long term course of NRT. It is proposed that the new service will offer an NRT starter pack through the quitline. The rationale for offering a starter pack on a weekly basis is

financial and supported by evidence from the University of Surrey that suggests better (closer) management of medications reduces fallout and encourages patients to complete a course of medication.

13. Prescription (Rx) only medications - Chantix (Varenacline) and Wellbutrin (Bupropion) – will continue to be available through Primary Care alongside support. Currently, Public Health reimburses the Clinical Commissioning Groups (CCGs) for these prescription medications based on a monthly invoice of prescription activity. Options are being explored that would encourage access to smokers who would most benefit from Rx only medications and could also reduce Public Health's financial obligation for Rx only meds.
14. The face to face support is intended to be targeted at specific groups where health inequalities have been identified. This could take a number of forms. Options that are being considered include:-
 - Option A - supporting primary care providers and or other healthcare professionals to provide targeted face to face stop smoking support.
 - Option B - working with Healthcare professionals to ensure they are trained in Very Brief Advice and that they refer to the main support service (the quitline).
 - Option C - providing the same level of training and support given to Healthcare professionals to other professionals working in the community, such as Supporting Leicestershire Families, Local Area Communities coordinators, etc.
15. The preferred option is a combination of B and C that would have the service maintain a strong training and support function to professionals in the community and they will be encouraged and supported to provide Very Brief Advice (VBA) and offer their patients/ clients face to face support as part of the offer to quit.
16. Evidence supports the involvement of primary care in stop smoking services, even if it is limited to VBA and referral "*An offer of help with stopping by a GP appears to be more effective than advice to stop in promoting smoking cessation.*"

Consultation

17. A six week countywide stakeholder consultation on the proposed changes formally commenced 16 May 2016 (it closes midnight on 27 June 2016). The consultation is available and encouraged for anyone who lives, works or is registered to a GP in Leicestershire. In addition to the normal routes for consultation, it has been made available to a wide variety of partners and stakeholders.
18. The consultation process includes presenting at key stakeholder meetings (including local providers, community pharmacists, CCGs and Practice Manager Forums) and speaking with stakeholders and stakeholder groups (the County Council's workers groups, GPs, community pharmacists and smokers themselves). Results will be analysed and used to inform a final version of the remodelled stop smoking service specification.

Resource Implications

19. The remodelling of the stop smoking service is expected to achieve a contribution towards MTFs savings target of £1,100,000 per annum. The total remaining budget for the service will be £600,000 per annum.

20. As part of the service remodel, it is likely that TUPE will apply. We are working with HR as we develop the service model in order to ensure the process goes smoothly.

Timetable for Decisions

21. Following the consideration of this report by the Health and Overview Scrutiny Committee, the final model and re-procurement plan will be presented to the Cabinet on 18th July 2016. This will ensure the timetable for the project is met and a new service can be in place as required by 1st January 2017.

Conclusions

22. The Scrutiny Committee is asked to comment on the new model for smoking cessation as part of the consultation process on the proposed changes in the service.

Background papers

Report to Health Overview and Scrutiny Committee on 20 January 2016: Medium Term Financial Strategy 2016/17 – 2019/20 <http://ow.ly/j0bi300wAzs>

Report to Cabinet on 12 February 2016: Medium Term Financial Strategy 2016/17 – 2019/20 <http://ow.ly/TxB6300wAVR>

Report to Health Overview and Scrutiny Committee on 30 March 2016: Commissioning Intentions <http://ow.ly/oWiH300wB89>

Report to Cabinet on 19 April 2016: Review of the County Council's Strategic Plan and embedding a new approach to Transformation and Commissioning <http://ow.ly/ASmt300wBcz>

Circulation under Local Issues Alert Procedure

None.

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Relevant Impact Assessments

Equality and Human Rights Implications

23. As part of the development of the new Stop Smoking Service model an Equality Human Rights Impact Assessment (EHRIA) has been undertaken to identify equality issues which need to be taken into account.
24. The EHRIA screening concludes:
 - there is no evidence that this policy will have a different affect or adverse impact on any section of the community;
 - no sections of the community will face barriers in benefiting from the proposal;
 - there will be a positive impact from the proposals in that access to stop smoking support is expected to increase across all parts of the population.
25. There is therefore no requirement for a full EHRIA report.

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