

Decision Pathway Report



PURPOSE: Key decision

MEETING: Cabinet

DATE: 05 November 2019

TITLE	Public Health Smoking Cessation Services Commissioning Intentions 2020 to 2025		
Ward(s)	All		
Author: Christina Gray	Job title: Director of Public Health		
Cabinet lead: Cllr Asher Craig	Executive Director lead: Jacqui Jensen		
Proposal origin: <i>BCC Staff</i>			
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>			
Purpose of Report:			
<p>Public health's commissioned services were reviewed last year. Proposals, which included decommissioning the existing smoking cessation service, were put out to public consultation; following which a new, targeted service proposal was to be developed within a reduced funding envelope. This was included in a paper presented to Cabinet on 2nd July 2019 and approved (Appendix 1).</p> <p>The Cabinet paper did not provide details of the per annum cost or proposed length of the contract in relation to the smoking cessation service. The existing support to stop services have been decommissioned from October 2019 (value £598,400 per annum). We propose to procure a new targeted service by open tender to commence in April 2020.</p> <p>The contract structure would be based on a 3 year contract with the potential to extend for 2 further years. This results in a maximum 5 year contract with a total value of £1,000,000.</p>			
Evidence Base:			
<p>Smoking remains the single biggest cause of premature death in Bristol, the largest lifestyle driver of inequalities in health and the leading modifiable risk factor for poor pregnancy outcomes.</p> <p>Whilst overall prevalence has declined, there are wide variations in local smoking prevalence and proportion of households with a smoker between wards across the city. Both figures are reported at above 40% in some wards, whilst the lowest prevalence of households with a smoker is just 3%.</p> <p>In recent years methods of quitting have changed and demand on smoking cessation services fallen, which is thought to be largely due to the rising popularity of e-cigarettes. Vaping is now the most popular quitting method. Nationally, the number of people accessing smoking cessation services has reduced by 74%.</p> <p>Public Health England guidance acknowledges that many local authorities are finding universal evidence-based support to stop services hard to sustain, and recommends local areas prioritise effective support to priority populations in order to address the inequalities related to smoking.</p> <p>The 2017 Tobacco Control Plan for England prioritises reducing the rates of smoking in pregnancy. Reducing smoking in pregnancy will significantly reduce numbers of preterm births and babies with low birth weight, and reduce still births, neonatal deaths and sudden infant deaths. The first 1000 days of a child's life, from conception to age 2, is a</p>			

critical phase during which the foundations of a child's development are laid. The influence of a child's parents during these early years cannot be overstated.

Partners and family members should also be offered support to stop, as recommended by the Smoking in pregnancy Challenge Group (2018). The importance of offering wider-family support to pregnant women was reiterated by incumbent smoking cessation providers at a recent local workshop event.

The Public Health England 'Local Health and Care Planning – Menu of Preventative Interventions' identified that in relation to smoking, the biggest short term savings opportunity lies in helping smokers who are in contact with the NHS, through screening, advice and referral in secondary care. This was reported to provide a net saving in 5 years.

NHS partners are being encouraged to play an active role in tackling smoking amongst patients, as demonstrated by the Tobacco and Alcohol CQUIN which incentivises the delivery of smoking brief interventions and medication where appropriate. People with Long Term Conditions exacerbated by smoking are often seen in secondary care settings where an initial intervention to stop smoking should be made. The service will aim to work closely with our secondary care partners to ensure that we have a service and pathway available for people with Long Term Conditions providing ongoing support for this priority group. The service will provide a seamless transition to community based support on discharge from hospital, optimising the 'teachable moment' opportunity and in line with the CQUIN and NHS Long Term Plan.

The service will also provide support to adults who want to stop smoking after receiving an NHS Health Check, in line with Public Health England's Cardiovascular Disease Ambitions and the NHS Long Term Plan.

The proposed service to be commissioned prioritises pregnant women and their families, and provision for adults who have had contact with hospital-based care with long term conditions exacerbated by smoking.

Outline service proposals

Our proposed targeted service to be commissioned aims to help tackle inequalities in health related to smoking, through prioritising services for pregnant women, their families, and those with Long Term Conditions made worse by smoking, particularly after contact with hospital services, to provide seamless follow up support. Others seeking help will be signposted to digital resources to support quitting.

The service will provide:

- Evidence-based specialist support for pregnant women and their families/co-residents for up to 9 months in pregnancy plus 1000 days post-partum;
 - To include free NRT for pregnant women and their families for 2 weeks during pregnancy and 4 weeks in the event of post-partum relapse;
- telephone support for people with long term conditions, (face to face support available where required) and those referred as a result of an NHS Health Check;
 - to include free NRT for 4 weeks;
- signposting to digital self-help offer (NHS Smokefree) for all others requesting help. This will be via the Bristol City Council website.

The service will reflect changes in the way smokers wish to access support with telephone support available and an 'e-cigarette friendly' approach. NRT will be provided free for 2-4 weeks as needed.

The proposed service supports national recommendations from the National Tobacco Control Plan, Smoking in Pregnancy Challenge Group, PHE guidance on tobacco commissioning support and models of delivery, NICE Guidance PH 26, and PHE Menu of Interventions.

It is estimated the new service will support around 70 women in pregnancy, plus additional partners/family members, and around 480 people with Long Term Conditions.

Cabinet Member / Officer Recommendations:

That Cabinet

Authorise the Executive Director for People in consultation with the Cabinet Member Communities to recommission

a new targeted support service to stop smoking service from 1st April 2020 to a value of up to £200,000 per annum for a term of up to 5 years.

Corporate Strategy alignment:

These proposals are aligned with the following corporate priorities:

1. Public Health Bristol: Vision and Priorities 2017 to 2019 - the Public Health vision is to improve and protect the health and wellbeing of people in Bristol, and to reduce health inequalities within the population.
2. BCC Corporate Strategy 2018 – 23:
 - Empowering and Caring: Work with partners to empower communities and individuals, give children the best start in life
 - Fair and Inclusive: Improve economic and social equity
 - Well Connected: Take bold and innovative steps to make Bristol a joined up city, linking up people with jobs and with each other.
 - Wellbeing: Create healthier and more resilient communities where life expectancy is not determined by wealth or background

City Benefits:

This proposal ensures the continued provision of high quality targeted smoking cessation services focussing upon provision for pregnant women and their families, people with long term conditions, and people accessing support after receiving an NHS Health Check.

The proposal focusses on improving health and reducing health inequalities within the population of Bristol.

Consultation Details:

An open public consultation was held between 21st March 2019 to 2nd May 2019 which received 303 online responses and a number of additional responses by email/ letter. A summary of the consultation and our response was presented to Cabinet in July 2019 and is attached at Appendix 2.

Background:

The Public Health Grant for Bristol for 2019/20 will be £31.628 million. This is a reduction of 2.7% from 2018–19. It is anticipated that the grant will increase by 2.8% in 2020–21. This reverses the national policy of making year-on-year cuts in the amount of grant awarded over the last five years.

From a commissioning intentions consultation at the beginning of 2019 it was identified that we would redesign the support to stop smoking services to achieve the annual saving of £398,400

Following assessment of need, review of the evidence, and consideration of consultation feedback these proposals for the redesign of Smoking Cessation Services are presented to Cabinet for approval.

Revenue Cost	£1,000,000	Source of Revenue Funding	<i>Public Health Grant</i>
Capital Cost	£0	Source of Capital Funding	<i>N/A</i>
One off cost <input type="checkbox"/>	Ongoing cost <input type="checkbox"/>	Saving Proposal <input checked="" type="checkbox"/>	Income generation proposal <input type="checkbox"/>

Required information to be completed by Financial/Legal/ICT/ HR partners:

1. Finance Advice: The report proposes to replace the current Smoking Cessation contract which has an annual cost of £0.598m with a new targeted service at a reduced cost of £0.200m per annum. The total cost over the life of the new contract will range from £0.600m to £1.000m based on the 3 years plus the option to extend by up to a further

2 years.

The proposal will release a part year saving of £0.299m in this financial year (2019/20) as the current contract will be decommissioned from 30th September 2019. There will be a full year saving of £0.398m per annum from 1st April 2020 when the contract is proposed to commence.

At a national level the Public Health grant has reduced over the last five years. The proposal forms part of the Commissioning Intentions Strategy to release savings of £2.0m from the Public Health Grant to address the pressure of the ongoing reduction in the amount of grant awarded. This pressure has been eased to a degree following the recent announcement that the amount of grant to be awarded for 2020/21 will increase by 2.8% (including 1.8% inflation).

The Smoking Cessation contract is funded from the Public Health Grant which totals £31.628m for 2019/20.

Finance Business Partner: Neil Sinclair, Interim Finance Business Partner; 10 October 2019

2. Legal Advice: The National Health Service Act 2006 provides that each local authority must take such steps as it considers appropriate for improving the health of the people in its area.

Consultation has taken place in relation to the decision to be taken. The responses to the consultation must be taken into account by Cabinet when taking the decision. Cabinet should also be satisfied that proper consultation has taken place in that (i) proposals were consulted on are at a formative stage (ii) sufficient reasons have been given for the proposals and (iii) adequate time has been allowed for consideration and response. Appendix B of this report clearly sets out the process that was undertaken and how responses have been taken in to consideration by officers when developing their proposals for final decision.

Equalities

The Public Sector Equality duty requires the decision maker to consider the need to promote equality for persons with “protected characteristics” and to have due regard to the need to i) eliminate discrimination, harassment, and victimisation; ii) advance equality of opportunity; and iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it. The Equalities Impact Check/Assessment is designed to assess whether there are any barriers in place that may prevent people with a protected characteristic using a service or benefiting from a policy. Cabinet must take into consideration the information in the assessment before taking the decision.

A decision can be made where there is a negative impact if it is clear that it is necessary, it is not possible to reduce or remove the negative impact by looking at alternatives and the means by which the aim of the decision is being implemented is both necessary and appropriate.

Cabinet should also be satisfied that the need to safeguard and promote the welfare of children has been considered in order to comply with Section 11 Children Act 2004.

The procurement process must be conducted in line with the 2015 Procurement Regulations and the Councils own procurement rules. Legal services will advise and assist officers with regard to the conduct of the procurement process and the resulting contractual arrangements.

Legal Team Leader: Husinara Jones, Solicitor/Team Leader 4 October 2019

3. Implications on IT: No impact anticipated on IT Services

IT Team Leader: Simon Oliver, 9 October 2019

4. HR Advice: There are no HR implications.

HR Partner: Debbie Hunt, HR Consultancy Manager, People; 4th October 2019

EDM Sign-off	Jacqui Jenson	27.09.2019
Cabinet Member sign-off	Cllr Asher Craig	27.09.2019
For Key Decisions - Mayor's Office sign-off	Mayors Office	03.10.2019

Appendix A – Further essential background / detail on the proposal	NO
Appendix B – Details of consultation carried out - internal and external <ul style="list-style-type: none"> • Consultation report attached 	YES
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment <ul style="list-style-type: none"> • Risk assessment attached 	YES
Appendix E – Equalities screening / impact assessment of proposal <ul style="list-style-type: none"> • EqIA on commissioning proposals 	YES
Appendix F – Eco-impact screening/ impact assessment <ul style="list-style-type: none"> • There are no significant environmental impacts related to this report and a full Eco IA is not required. 	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Exempt Information	NO
Appendix J – HR advice	NO
Appendix K – ICT	NO