

# Title of report: **Recommissioning of Stop Smoking Services**

**Decision maker: Cabinet member, Adults and Wellbeing**

**Decision date: 22/11/2024**

**Report by: Natalie Johnson-Stanley, Public Health Lead - Substance Misuse  
/ Tobacco**

## **Classification**

Open

## **Decision type**

Non-key

## **Wards affected**

(All Wards);

## **Purpose**

This report is to set out the recommendations for recommissioning the Pharmacotherapy function of the Herefordshire Stop Smoking Service.

Stop smoking services are public health services for early identification, treatment, and interventions to prevent the onset of avoidable disease and development of long-term conditions. These diseases and other long-term conditions would otherwise take up a high level of health and social care resources. These are services mandated by Office for Health Improvement and Disparities, to be funded from the ring-fenced public health grant, for which responsibility transferred from the NHS to local authorities in 2013. The existing contract is due to expire in March 2025. The recommendations made take account of the evidence base, lessons learnt following review of current services, and available resources to ensure cost effective delivery to achieve good health outcomes.

## **Recommendation(s)**

**That:**

- (a) procure a targeted number of pharmacies across Herefordshire to provide stop smoking behavioural support to complement the county wide pharmacotherapy and community stop smoking service offer effective from 1 April 2025 up until 31 March 2029, This will not exceed expected cost of £15,000 per year;**
- (b) stop smoking pharmacotherapy is re-procured as the Multi Provider Multi Lot Framework and is effective from 1 April 2025 up until March 2029 with a maximum contract value of £70,000 per annum; subject to receipt of the annual government Local Stop Smoking Services Grant funding .**
- (c) direct award is made to PharmOutcomes system to support this delivery for a period up to 31 March 2029 with a maximum contract value of £24,000 (£6,000 per annum).**
- (d) the Director for Community Wellbeing and the Director for Public Health, are both authorised to take all necessary operational decisions to implement the above recommendations.**

## **Alternative options**

1. Allow the existing contract for stop smoking to expire on 31 March 2025, and the service to cease. This option is not recommended, as this service is key to improving the health of the local population and a condition of the Smokefree Generation Grant is that investment in Stop Smoking Services is maintained. According to the ASH economic assessment tool between 2021 and 2022 smoking related costs in Herefordshire were estimated at £128million. This included productivity losses (£78.8million), healthcare costs (£5.64million), social care costs (£42.4million), and fire related costs (£1.16million).

## **Key considerations**

2. Councils have, since 1 April 2013, been responsible for improving the health of their local population and for commissioning the range of public health services transferred to them from the NHS, by the Health and Social Care Act 2012.
3. An increasing proportion of ill health, and consequently expenditure on health and social care, derives from lifestyle factors rather than communicable diseases. Smoking is one of the most significant risk factors across England contributing to premature deaths and it remains the leading risk factor for mortality, with 15% of all deaths attributable to it, which is down from 18% in 2018. The Joint Strategic Needs Assessment (JSNA), states that 41% of premature deaths in Herefordshire are from coronary heart disease, where this is a contributory factor. This disease effects quality of life as long-term conditions, with resultant costs, increases demand for care services.
4. Smoking rates in the county have fallen from 13% in 2020 to 10.1% in 2023. A contributing Factor to this is due to an increase year on year of smokers accessing the service and more promotion

locally, as well as the introduction of vapes 'as a stop smoking aid' and the popularity of them has increased significantly.

5. Smoking is a leading cause of health inequalities and there are certain population groups who are much more likely to smoke in Herefordshire than the general population: Specifically, 20.5% of routine and manual workers, 40% of adults with severe mental illness, 27.8% of adults with long-term mental health conditions, and 8.3% of pregnant women (SATOD), smoke. These groups require a more targeted approach to support them to quit smoking. (OHID Fingertips, 2023 – DHSC public health data collection).
6. In 2019, the government set an objective for England to be Smokefree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will simply not meet its commitment “to extend healthy life expectancy by five years by 2035”, and fulfil the ambition to save more lives as part of a new 10-Year Cancer Plan.
7. In 2022, the government commissioned an independent review (Kahn Review: Making Smoking Obsolete), into tobacco control in England, which identified a number of recommendations that would enable Government to achieve its objective of being Smokefree by 2030. An update on the Kahn Review was provided to the Health and Wellbeing Board [on 26 September 2022](#).
8. Following this review, In October 2023 the government announced “Stopping the start: a new plan to create a Smoke free generation”, outlining the ongoing devastating impact and health inequalities, which are caused by tobacco use in the UK. The paper presents a detailed analysis of public health problems relating to tobacco use and the more recent phenomenon of youth vaping in the UK.
9. As part of the Smoke Free Generation: Stopping the Start Plan, all local authorities across England will receive grant funding to expand and enhance local stop smoking services, known as the Local Stop Smoking Services Grant (LSSSG). The extra ring-fenced investment is available for local authorities who maintain existing spend on stop smoking services and support from the public health grant, whereby they report outcomes in the stop smoking services collection.
10. In Herefordshire, the LSSSG will be used to upscale our existing community services and to treat and support more smokers. It will also provide vital capacity to help develop wider tobacco control measures, such as setting up a tobacco control alliance working with key partners to tackle local issues. Upskilling and training staff will enhance existing support, extend reach, and explore additional interventions, providing greater choice and treatment options for the smoking population.
11. Part of the expansion of the Stop Smoking service is to commission a targeted number of Pharmacies to offer behavioural support as well as provision of Pharmacotherapy. The behavioural support service delivered by the pharmacy will involve one-to-one advice and counselling about why or how to stop smoking, or a combination of the two. The responsibility for support provision - in conjunction with any Pharmacotherapy provided - remains the responsibility of the Responsible Pharmacist on duty.
12. The existing stop smoking service the Healthy Lifestyle Team provide a countywide offer and pharmacies will be working alongside them to provide more accessibility.
13. Pharmacies will be commissioned via a procurement framework and reimbursed for the pharmacotherapy supplied to people engaging with stop smoking service support.

14. The Pharmacotherapy service has been designed to enable healthcare professionals and patients to be referred (directly or indirectly and where they consent) to a community pharmacy of their choice to start their smoking cessation treatment, including providing medication and support as required. The ambition is to increase referrals either by opportunistic presentation in the community pharmacy or by referral from other healthcare professionals to community pharmacy to create additional capacity in the smoking cessation pathway.
15. The pharmacy contractor must seek to ensure that referrals can be received throughout the pharmacy's core and supplementary hours. The pharmacy will agree with the patient on the date and time of their first appointment and then subsequent appointments. Pharmacies who can offer extended hours access e.g. in evenings and weekends will add additional capacity into other commissioned pathways.
16. People will be able to self – refer into the pathway and the same access arrangements are applicable to those who are referred to the pharmacy of their choice by another healthcare provider.
17. In 2024 -2025 the stop smoking services aims to support 707 people with their stop smoking attempts with the ambition of this increasing to 1335 by March 2029 as set out in the Smokefree Generation plans.
18. The PharmOutcomes system is used by all pharmacies and will monitor the Stop Smoking Service activity, support the dispensing of Nicotine Replacement Therapy and provide data for the national returns. Pharmacies will be commissioned via a procurement framework and reimbursed for the pharmacotherapy supplied to people engaging with stop smoking service support.
19. People will present with an e-voucher to receive Pharmacotherapy only where behavioural support has been provided by the Healthy Lifestyle service, so the pharmacy role includes a professional check and Pharmacotherapy supply;

## **Community impact**

20. We want the best for all people in Herefordshire and we will be focused on how best to respond to their needs and do so in a way that is appropriate and proportionate. We aim to enable residents to realise their potential, to be healthy and to be part of great communities that support each other.
21. The Herefordshire Council Plan 2024-28 sets out how the council will make its contribution to the ongoing success of Herefordshire. With the overarching vision, 'Delivering the best for Herefordshire in everything we do', the plan outlines the council's priorities. In line with the first priority: People - We will enable residents to realise their potential, to be healthy and benefit from communities that help people to feel safe and supported and we want to:
  - a. Support all residents to live healthy lives within their communities
  - b. Tackle inequality and improve social mobility through timely intervention and prevention activities which allow residents to live independent and fulfilling lives
  - c. Enable people to support themselves and each other by providing the right help at the right time

- d. Target specific health inequalities driven by smoking
22. There is also an underpinning theme of partnership working, which is central to the council's success and to delivering the best for residents. We aim to achieve this by:
- a. Increasing the reach of the service and building on existing partnerships and pathways
  - b. Allowing partners to provide point of care support and treatment for smokers, utilising national swap to stop scheme
  - c. Building and establishing new partnerships
23. Giving children the best start in life is one of the Herefordshire Health and Wellbeing Strategy priorities. Tobacco Smoke (second-hand smoke) can directly affect the health of children, but that also, children who grow up in homes where adults smoke are 3-4 times more likely to smoke as adults. Furthermore, around 66% of all smokers become addicted to tobacco by the time they reach eighteen years old.
24. Maternity Services have made significant progress in 2023/24 with the smoking prevalence of pregnant smokers reducing to 9%. This achievement is largely due to the increased support and capacity provided through an in-house stop smoking team located within maternity services offering support to all pregnant women who smoke. Reducing smoking prevalence during pregnancy is a key indicator within the best start in life action plan – a priority of the Herefordshire Health and Wellbeing Strategy.
- a. Community and Maternity Smoking Cessation Service (CaMSCS): service has been designed to enable healthcare professionals and patients to be referred (directly or indirectly and where they consent) to a community pharmacy of their choice to start their smoking cessation treatment, including providing medication and support as required.
  - b. Risk Perception Intervention (RPI) clinic in maternity to be re-instated following training for maternity staff to be conducted on 9 October 9 2024 by Improving Performance in Practice (iPiP). This is an intervention for those who are still smoking at their 12-week scan (dating scan), who are often those that have been harder to reach and engage with the stop smoking service. Staff will be trained to consistently deliver standardised brief interventions at antenatal booking appointment and provide a clear, enhanced referral pathway from maternity services into Stop Smoking Services (SSS). Systematic identification of smokers using carbon monoxide (CO) screening and opt-out referral to SSS are critical elements of this booking intervention.
25. Supporting people who misuse drugs and alcohol, or who smoke is one of the priorities included in the Health and Wellbeing Strategy:
- a. Herefordshire has made good progress in reducing smoking rates across the county (2.3% reduction in the last five years). However, smoking remains the leading cause for differences in life expectancy in the county, and there are challenges within certain population groups such as pregnant women where smoking rates are higher than the national and regional average.

## **Environmental Impact**

26. The proposal seeks to deliver the council's [environmental policy commitments](#) and aligns to the following success measures in the County Plan.

- Reduce the council's carbon emissions
- Work in partnership with others to reduce county carbon emissions
- Improve the air quality within Herefordshire
- Improve residents' air quality in green spaces in Herefordshire
- Litter – Butts/Packaging
- Second-hand smoking

27. Stopping people smoking will have a significant impact on the environment, reducing the polluting effect of cigarette litter (plastics, heavy metals and other toxins) on land and water courses. There would also be a reduction in activity required by Herefordshire Council in order to collect and deal with cigarette litter. It is estimated that around 4 tonnes of cigarette litter (66% cigarette butts) are dropped on the streets of Herefordshire every year, and 9 tonnes of waste created overall, most of which ends up in landfill. Tackling the issue of smoking supports both the smoker and wider population health improving the conditions for people to live healthier lives.

28. The burden on the NHS will be significantly reduced and in turn, its huge carbon footprint. Smoking materials are a major contributor to accidental fires, smoking related fires result in annual losses of 58.9K.

## Equality duty

29. The Public Sector Equality Duty requires the Council to consider how it can positively contribute to the advancement of equality and good relations, and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services.

30. Tobacco use, primarily in the form of smoking cigarettes correlates with deprivation. It adds to and amplifies health inequalities, and reduces the life expectancies of smokers, and in many cases, the people who live with them. Supporting the commitment for Herefordshire to become smoke free through evidence-based interventions will reach groups within the population who are more at risk of smoking, ensuring equity of support and avoiding discrimination.

31. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

- a. A public authority must, in the exercise of its functions, to have due regard to the need to:
  - i. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - ii. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- iii. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Smoking disproportionately affects those most in need such as:

- those experiencing homelessness
- areas of high deprivation
- LGBTQ community
- those suffering with mental illness and;
- substance misuse disorders

Evidence suggests that routine and manual workers, adults with severe mental illness and long-term mental health conditions, and pregnant women (SATOD), are the main groups who smoke (OHID Fingertips, 2023 – DHSC public health data collection).

## Resource implications

32. Funding Streams are as follows:

Funding streams	2025/26	2026/27	2027/28	2028/29	Total
Pharmacotherapy	£70,000	£70,000	£70,000	£70,000	£280,000
<i>Public Health Ring Fenced Grant</i>	<i>£50,000</i>	<i>£50,000</i>	<i>£50,000</i>	<i>£50,000</i>	
<i>Smoke Free Local Stop Smoking Services Grant (*dependent on continuation of grant funding).</i>	<i>£20,000</i>	<i>£20,000</i>	<i>£20,000</i>	<i>£20,000</i>	
Pharmacy Behavioural Support <i>Smoke Free Local Stop Smoking Services Grant (*dependent on continuation of grant funding).</i>	£15,000	£15,000	£15,000	£15,000	£60,000
Pharm outcomes monitoring system <i>*Public Health Ring Fenced Grant</i>	£6,000	£6,000	£6,000	£6,000	£24,000
<b>TOTAL</b>					<b>£364,000</b>

## Legal implications

33. This project will need to ensure compliance with the grant funding conditions and demonstrate best value as required under the Constitution's procurement rules. If the project is dependent on an annual grant, then any contract for services commissioned with need to be renewed on an

annual basis or include a provision to ensure an automatic termination unless the council notifies the provider that the contract is to continue..

## **Risk management**

34. If the recommendations are agreed, identified performance risks are:

- a. Risk of activities not taking place if no pharmacies sign-up we have no way to dispense the Nicotine Replacement Therapy. To mitigate this some engagement has taken place with pharmacies to gauge interest, and have also consulted with the Local Pharmacy Committee (LPC). If we do not proceed, health inequalities related to smoking prevalence will continue to widen and impact health outcomes, and demand placed on the health and social care system will increase. We would still be able to offer the behavioural support element for those wishing to stop smoking however; we would have no access to Pharmacotherapy. To mitigate this we have an offer of vape starter kits this may not be suitable for all clients and we would not have a wide choice of pharmacotherapy options.
- b. There are financial risks of take up being higher than planned that can be mitigated by close monitoring of activity, reducing activity levels in line with budget.
- c. There is reputational risk if the council fails to discharge its public health responsibilities, if the recommendations are not agreed, creating risks for service users and public health leaving the council open to legal challenge.
- d. There are financial risks in relation to the continuation of the LSSSG Grant being confirmed on an annual basis. To mitigate this the contract is developed on a plus one yearly basis up until March 2029.

35. Relevant risks will be managed within the community and wellbeing directorate through the directorate leadership team's risk register. Risks will be identified by the public health commissioning lead for these services and through identification of risks at the public health contracts monitoring board.

## **Consultees**

36. Consultees as follows:

- a) Primary Care Networks
- b) Local Pharmacy Committee
- c) Herefordshire and Worcestershire ICB
- d) Local stop smoking service

## **Appendices**

None.



## Background papers

None.

## Report Reviewers Used for appraising this report:

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**Please include a glossary of terms, abbreviations and acronyms used in this report.**