

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan

REPORT OF THE EXECUTIVE DIRECTOR OF COMMUNITIES TO CABINET ON 1st April 2019

STOP SMOKING BUSINESS CASE

1. PURPOSE OF REPORT

- 1.1 This report provides an overview of the business case for the Specialist Stop Smoking Service. The contract for the service is due to expire at the end of October 2019 and the business case provides recommendations for a recommission.

2. RECOMMENDATIONS

- 2.1 Cabinet to approve option 3 as set out in the business case (page 28) which involves a revision of the current specification with a strong focus on secondary care including midwifery and integration.
- 2.2 Cabinet authorise officers within BMBC to approach the market to inform the procurement of a Specialist Stop Smoking Service from 1st November 2019.
- 2.2 Cabinet authorise the Director of Public Health and Executive Director, Communities to have delegated authority to award the contract for the Specialist Stop Smoking Service following a competitive process.

3. INTRODUCTION

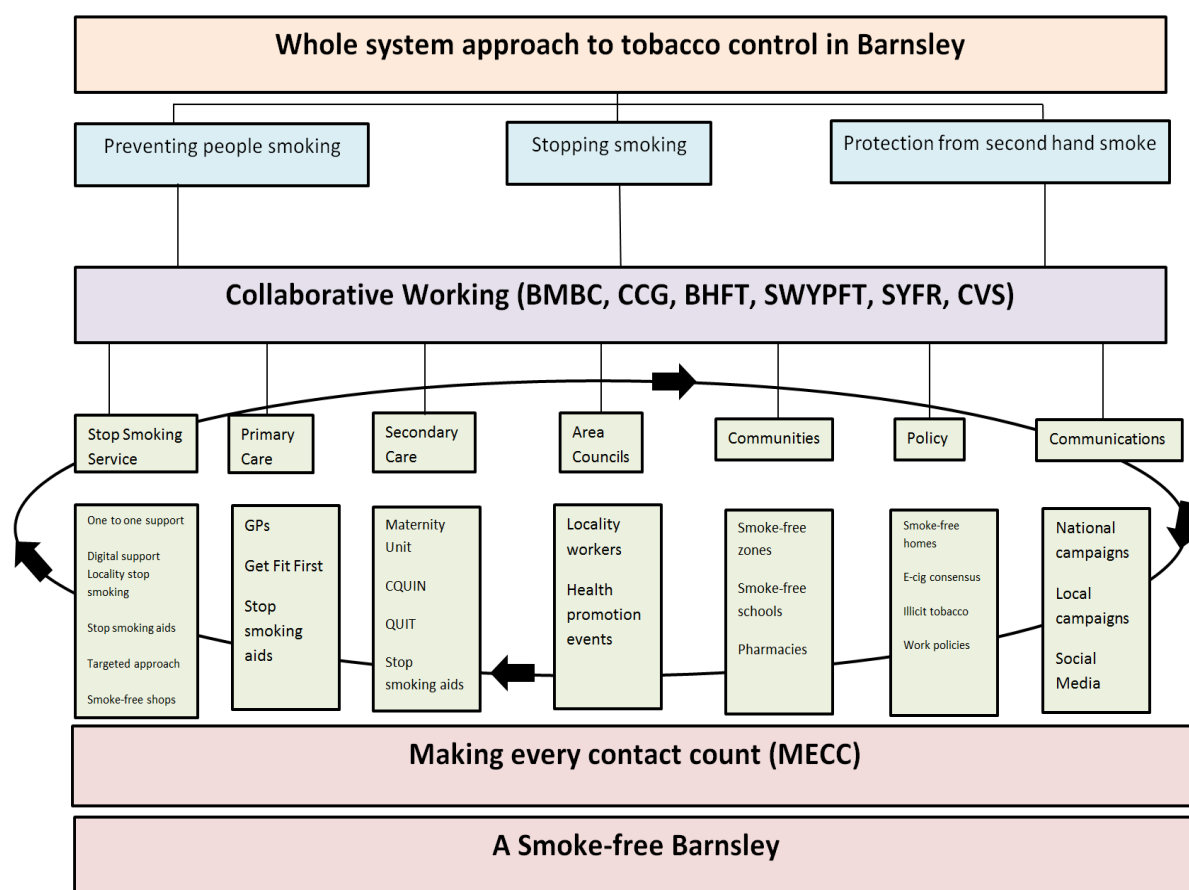
- 3.1 The Health and Social Care Act 2012 transferred the responsibility for Public Health from the NHS to the local authority from 1 April 2013. The current provider of the Barnsley Specialist Stop Smoking Service (SSS) is South West Yorkshire Partnership Foundation Trust (SWPFT) and this is funded as part of the Public Health Grant. The contract is due to expire on the 31st October 2019.
- 3.2 Despite the decline in smoking rates in previous years Barnsley still has one of the highest adult smoking prevalence's within the country at around 1 in 6 people who smoke (18.2%), although this has dropped significantly since the previous year (20.6%) (PHE Fingertips 2017).

Barnsley Health & Wellbeing Strategy, Barnsley Place Based Plan and more recently, the NHS long term plan (2019) has highlighted a focus on prevention and health inequalities and there has been a national and local priority for four priority cohorts, which remain the focus throughout the business case:

- Routine and manual as a result of low income.
- Secondary care – as a result of presenting illnesses.
- Pregnant women.
- Mental health.

3.3. The Department of Health and Social Care has developed The Tobacco Control Plan for England 2017-2022. In addition, the regional Breathe 2025 campaign, developed by Public Health England sets out to achieve a tobacco free generation using a multifactorial approach.

Significant progress has been made in Barnsley around this agenda through the implementation of the Smokefree Barnsley Action plan, to reduce the prevalence, improve prevention and make smoking invisible. This is a result of the collective work from all organisations, with the Specialist Stop Smoking Service playing a key part.



4. PROPOSAL AND JUSTIFICATION

- 4.1 The proposal is to develop a specification for a stop smoking service that delivers interventions detailed in 3.2 of the business case and to go out to market to procure the service.
- 4.2 The newly commissioned service will build on the existing service but with an increased focus on secondary care. This will include specialist workers based in the hospital and the continued provision of specialist midwifery services.

- 4.3 The justification is based on the fact that smoking remains a major cause of preventable ill health and premature mortality. Two-thirds of smokers say that they want to quit and smokers who get the right support are up to four times as likely to quit successfully. The most effective approach to supporting people to stop smoking remains the provision of specialist stop smoking services.

5. CONSIDERATION OF ALTERNATIVE APPROACHES

Three options were identified within the business case for the new service. The analysis provides the Council with two alternatives, noting that the 'do nothing' option was ruled out due to the significant level of smoking prevalence across the borough. The second option to recommission the same service would not allow an increased focus on secondary care, due to resources being targeted elsewhere. This increased focus would have a significant impact on those people who needed it most.

6. IMPLICATIONS FOR LOCAL PEOPLE/SERVICE USERS

- 6.1 Individuals who smoke on average will lose around 10 years of their life attributed by their habit. It is clear that smoking is a key contribution towards poor life expectancy and health inequalities and so providing people with the opportunity and support to quit is of vital importance.

Smoking has been a priority for the Public Health Strategy over the last few years and continues to have an important focus, particularly in relation to the wider determinants of health. The Public Health Strategy for Barnsley also supports the principles detailed in future council.

Work continues to focus on the fact that health is shaped about 'where and how we live' and that there is still a need to '....reduce the stark inequalities which mean the most vulnerable and most deprived bear the heaviest burden of disease' – and smoking is a key feature of this. It is important to create and sustain good health and wellbeing across the life course in Barnsley (DPH 2017)

7. FINANCIAL IMPLICATIONS

- 7.1 The current funding available for the Specialist Stop Smoking Service is a maximum of £450,000.
- 7.2 Consultations have taken place with representatives of the Service Director – Finance (S151 Officer).

8. EMPLOYEE IMPLICATIONS

- 8.1 The current service is delivered by South West Yorkshire Partnership Foundation NHS Trust (SWYPFT) and there approximately 9 staff employed in a variety of roles including; Healthy lifestyles Advisors, Team leader, Administrative support as well as 2 staff as part of the Stop Smoking In Pregnancy Service employed by BHNFT all funded within the current budget.

9. CUSTOMER AND DIGITAL IMPLICATIONS

- 9.1 A specialist stop smoking service will be accessible to all members of our community. We are considering digital solutions to support people to quit, such as the use of phone apps to prompt and support people to quit.

10. COMMUNICATIONS IMPLICATIONS

- 10.1 The stop smoking business case has been shared with a range of key partners who have contributed to its development.

11. CONSULTATIONS

- 11.1 As part of the Wider Tobacco Control Agenda, a number of Healthcare partners have been consulted with regard to the focus of the Business Case. These include;

Barnsley Clinical Commissioning Group – David Lautman, Lynsey Bowker, Patrick Otway, Jeremy Budd

Barnsley Hospital NHS Foundation Trust – Dr Andy Snell, Consultant in Public Health

Barnsley Council – Carrie Abbott, Diane Lee & Kaye Mann

12. THE CORPORATE PLAN AND THE COUNCIL'S PERFORMANCE MANAGEMENT FRAMEWORK

- 12.1 As part of the 'Future' council's corporate vision for 'working together for a brighter future, a better Barnsley,' there is a clear strategy to continue developing capacity and capabilities within our communities and shift the balance from a 'paternalistic' approach to one that 'empowers' individuals, families and communities to do more for themselves; key areas include; Early Help, behaviour change and making better use of technology. We need to take opportunities around the smoking agenda to build on this further.

Alongside this will be the achievement of a number of 2020 Corporate Outcomes. The proposed service will contribute to the following corporate priorities:

People achieving their potential
Reducing demand through access to early help
Children and adults are safe from harm
People are healthier, happier, independent and active
Strong & resilient communities
Customers can contact us easily and use more services online

13. PROMOTING EQUALITY, DIVERSITY AND SOCIAL INCLUSION

- 13.1 An Equality Impact Assessment (EIA) has been developed to ensure that any changes to the commissioned minimize adverse impact on Service users, especially those from groups with protected characteristics.

14. TACKLING THE IMPACT OF POVERTY

- 14.1 The average gross income per person in Barnsley is £495.70 a week which is lower than the England average and it is well evidenced that those individuals who live in poverty experience poorer health outcomes. Given that the poorest fifth of the working-age population in the UK will need to spend approximately 70-80% of their income for e.g. rent, fuel, food etc., a smoking habit of 20 per day (£72.80 per week) is likely to impact significantly on their disposable income. It is clear to see the cost of smoking to individuals and society, and the contribution towards increasing health inequalities is significant.

15. TACKLING HEALTH INEQUALITIES

- 15.1 The Marmot Review (2010) highlights the need for tobacco control to be central to any strategy to tackle health inequalities, as smoking is the single most important driver for health inequalities. Prevalence varies across the population translating into major differences in death and illness rates between different socio-economic groups. National data on tobacco usage suggests we are still seeing:

- A decline in Smoking prevalence overall, but it is slower among disadvantaged groups
- Smoking-related deaths are two to three times higher in low income groups than in wealthier social groups.
- Approximately half of the difference in life expectancy between the lowest and highest income groups.
- Smoking has a consistent and strong relationship with both years of life lost and years of healthy life with as much as 14 years for smokers compared to non-smokers. This demonstrates both the morbidity and mortality effects of smoking.
- People with no qualifications, who are around twice as likely to smoke as those with qualifications
- Smoking amongst people with mental health disorders is substantially higher than among the general population.

- 15.2 Measuring life expectancy is a measurement used to assess health inequalities. In addition we can measure healthy life expectancy which helps identify the years lived in disability free health and the determinants of health will influence life expectancy e.g. tobacco usage. The highlights from BMBC data for life expectancy and healthy life expectancy at birth are as follows:

At Birth Males:

- Life Expectancy at birth in Barnsley in 2015-2017 is 78.1 years; lower than the Yorkshire and The Humber and England rates of 78.7 years and 79.6 years respectively.
- Healthy Life Expectancy at birth in Barnsley could expect to live 59.7 years in “good” health (3.7 years less than men in England overall).

At Birth Females:

- Life Expectancy at birth in Barnsley in 2015-2017 is 81.9 years; lower than the Yorkshire and The Humber and England rates of 82.4 years and 83.1 years respectively.

- Healthy Life Expectancy at birth in Barnsley could expect to live 61.0 years in “good” health (2.8 years less than women in England overall).

16. RISK MANAGEMENT ISSUES

A Risk Assessment will be undertaken as part of the development of the new service specification to identify any issues.

17. GLOSSARY

N/A

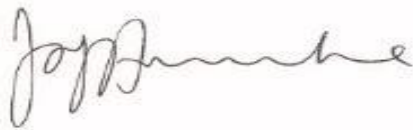
18. LIST OF APPENDICES

Appendix 1: Full Business Case – Stop Smoking Service.

If you would like to inspect background papers for this report, please email governance@barnsley.gov.uk so that appropriate arrangements can be made

Report author: Cath Bedford, Public Health Principal

Financial Implications/Consultation



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*(To be signed by senior Financial Services officer
where no financial implications)*