

By: Andrew Scott-Clark, Interim Director of Public Health

To: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health

Subject: Smoking Cessation Service – proposals for future delivery and contract extension

Classification: Unrestricted

Decision No.: 14/00146

Electoral Division: All

Recommendation

Public Health have undertaken a review of the smoking cessation service and, in light of this review, the Cabinet Member for Adult Social Care and Public Health is asked to take the decision to extend the contract with Kent Community Health Trust for the smoking cessation service to 31st March 2016.

1. Introduction

The purpose of this paper is to outline work streams that need to be undertaken to develop a new model for the smoking cessation service.

2. Background

Smoking remains one of the most significant public health challenges for Kent. The highest smoking prevalence is in the most deprived areas. KCC currently commissions Kent Community Health Trust to provide a smoking cessation service across Kent which aims to support smokers to set a quit date and then quit within 4 weeks, often with a combination of counselling and nicotine replacement therapy. The 4 week quit target that KCC set in 2013/14 was 9,249 quits. In the last financial year KCHT achieved 6,131 quits, 66% of the target.

3. Findings of the Rapid Review of Smoking Cessation Service

Public Health commissioned a Rapid Review of 'pathways to quit' smoking services, which explored evidence-based approaches to successful quit and harm reduction services. In addition the review also drew upon local insights, smoking prevalence and evaluation of the stop smoking services.

The aim of the review was to identify what was being commissioned and delivered and how this met Kent's ambitions to improve the health of the public and to reduce inequalities. The review also looked at where cessation support sat within the overall tobacco control programme and how that wider programme supports the

delivery of effective stop smoking services. The review identified the following areas where more work needs to be done.

3.1 Model for the smoking cessation service

Develop a new model for supporting smokers in Kent to quit and/or reduce harm from tobacco use. The key areas which need to be considered in the model are:

- The role of the core smoking cessation team
- The role of and engagement with partner organisations e.g. general practice, pharmacy, secondary care and children's centres.
- A general population model and a targeted model aimed at pregnant women, young people, ethnic minorities, people with long term conditions, and manual and skilled workers.

3.2 Tobacco Harm Reduction Strategy

Develop a harm reduction strategy which reflects NICE guidance and encompasses

- cutting down prior to stopping smoking
- smoking reduction
- temporary abstinence from smoking
- Stopping smoking

3.3 New Tobacco Control Target

The current smoking cessation target was introduced in 2006 and was aimed specifically at achieving 4 week quits. NICE guidance recommends that 4 weeks quits should be part of the harm reduction approach rather than the only measure of success. In 2012 /13, KCHT, generated a 10% increase in referrals to the stop smoking service.

However, the number of people who successfully quit smoking over this period reduced by 37%. This highlights that the people accessing the services are finding it harder to give up smoking and harm reduction programmes may be better deployed to support heavy smokers who are not able to quit smoking completely. This will require a review of the current target and development of a new target that encompasses harm reduction.

3.4 E-cigarette policy

Develop an e-cigarette statement for KCC. The statement will need to consider e-cigarette use in the general population, young people, use in the workplace and the care/health settings. It would also need to address the potential use of e-cigarettes in harm reduction and quitting along with prescribing of other Medicines and Healthcare Products Regulatory Agency (MHRA) approved nicotine replacement therapies (NRT).

3.5 Cost of the service

The current cost of the service is £2.6 million. This cost does not take into account any additional cost that will be incurred as part of the harm reduction work. Public

Health will need to understand the costs of any proposed model(s) and the associated return on investment.

3.6 Gaps in knowledge

Identify areas requiring further research and investigation such as supporting young people to quit and supporting those with dual addictions.

4. Future delivery

An extension of the existing delivery model would also allow time for Public Health to work with providers to:

- 4.1 Pilot and evaluate a series of innovation projects which aim to deliver the required step change in developing a harm reduction approach, particularly among the most deprived areas, which contribute to health inequalities in the county.
- 4.2 Understand and analyse the learning from harm reduction models elsewhere .
There is a significant amount of work underway across the country in developing a new model for the smoking cessation services that incorporate harm reduction.
- 4.3 Develop and shape the provider market for the smoking cessation service to ensure that KCC can ensure value for money in the longer term, through competitive tendering
- 4.3 Start to work with the provider to implement the harm reduction strategy and identify the new target.
- 4.4 These actions can be undertaken in the next year so that a competitive tendering process can begin in April 2015 and put new contracts in place by April 2016. The current contract is due to expire in March 2015, so a key decision to extend the existing arrangements would be required. A commissioning timeline is laid out at appendix 1

5. Risks of tendering the service immediately

5.1 Cost

Analysis of full costs will need to be undertaken, especially as more expensive targeted programmes will need to feature in a new contract. Without accurate costing and funding available, the quality of service will be compromised and targets will not be achieved or delivered.

5.2 Lack of suitable alternatives providers

The market will need to be tested to ascertain other interested providers before a notice is served on the existing contract. Tendering the service now will not give sufficient time to prime the market and create competition.

6. Risks of extending the contract

6.1 Performance

There is a risk that an extension of the existing delivery model beyond 2014/15 will mean that the current performance of the provider deteriorates even further. This risk will be managed by sustaining the focus on performance, regular contract monitoring meetings with the provider and taking prompt remedial action to address any areas of underperformance.

7. Financial Implications

The current indicative budget for the smoking cessation service in Kent is £2.6 million.

8. Conclusion

The current smoking cessation service has been set a target to achieve the 4 week quits. In light of recent advances in research and guidance, and the review of the service, the smoking cessation services should also be incorporating harm reduction approaches in the existing programme. This will require time to develop a harm reduction strategy, new service model, e-cigarette statement and a new target that measures harm reduction alongside the 4 week quits.

9. Recommendations

The Cabinet Member for Adult Social Care and Public Health is asked to take the decision to extend the contract with Kent Community Health Trust for the smoking cessation service to 31st March 2016.

9. Background documents

None

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Appendix 1

Proposed commissioning time line

Service Review and Needs Assessment	June 2014 – December 2014
Service Planning	December 2014 – June 2015
Tender Process	July 2015- December 2015
ITT issued	July 2015
Contract awarded	December 2015
Mobilisation	December 2015- 1st April 2016