



## Report

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Date: 11 October 2023

To: Cabinet

Report Title: Re-Commissioning a Revised Adult Stop Smoking Service for Doncaster

Relevant Cabinet Member(s)	Wards Affected	Key Decision?
Councillor Nigel Ball Cabinet Member for Public Health, Communities, Leisure & Culture	all	Yes

### EXECUTIVE SUMMARY

1. Smoking remains the single biggest preventable cause of death and illness. Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation and the highest rates of smoking are consistently found among those who are most disadvantaged. Doncaster has one of the highest prevalence of smoking in England (approx. 19.6% of adults smoke in comparison to 13% nationally, and is the second worst in Yorkshire and Humber for smoking rates).
2. The current Adult Community Stop Smoking Service contract is delivered by South West Yorkshire Foundation Trust NHS (SWYFT) and is commissioned by Public Health to reduce the health harms caused by smoking which are a significant cause of health inequalities in Doncaster. The contract for this service ends on the 31<sup>st</sup> March 2024 and a revised service model and service specification have been developed and informed by an extensive review of services in Doncaster and in consultation with residents.
3. The report outlines the importance of an effective smoking cessation service in a wider smokefree and tobacco control context, recommendations for a revised specification and an intention to commission a smoking cessation service based on updated evidence for what works.



## **EXEMPT REPORT**

4. There is no exempt information contained in the report

## **RECOMMENDATIONS**

5. That Cabinet:
  - Approves the re-procurement and award of the Adult Community Stop Smoking Service with a revised and enhanced specification.
  - Approves the budget envelope for the Adult Community Stop Smoking Service as outlined in section 39 of this report.

## **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

### **Background**

6. Smoking remains the single biggest preventable risk factor for poor health and premature death and the harms it causes are not evenly distributed. Smoking is a leading cause of health inequality, people in more deprived areas are more likely to smoke and less likely to quit. Nicotine addiction through smoking is a long-term condition that drives health inequalities. Smoking also has wider societal impacts, including impacting criminal activity through illicit tobacco production and sales, on employers through sickness absence and productivity, and the cost of cleaning up the environment. Maintaining provision of a community stop smoking service increases the ability of communities to live longer healthier lives.

### **National Data**

7. In December 2022 the Office for National Statistics published its statistical bulletin 'Adult smoking habits in the UK'. This report found that, in the UK, in 2021, 13.3% of people (6.6 million people) aged 18 years and over smoked cigarettes, this is the lowest proportion of current smokers since records started. The highest proportion of current smokers was in Scotland (14.8%) and the lowest was in England (13.0%). Men were more likely (15.1%) than women (11.5%) to smoke in the UK, with those aged 25 to 34 years having the highest proportion of current smokers (15.8%), compared with those aged 65 years and over who had the lowest (8.0%). Those who had no qualifications were more likely to be current smokers (28.2%) than those whose highest level of education was a degree or equivalent (6.6%) in 2021.
8. The bulletin noted that the decrease in the proportion of current smokers may be partly attributed to the increase in vaping and e-cigarette use. Noting the highest usage of these was among those aged 16 to 24 years.

### **Local Data**

9. Around 48,000 Doncaster people are current smokers. Data from 2022 showed that Doncaster's smoking rates were the second worst for smoking prevalence

in adults (18+) in Yorkshire and the Humber (see Figure 1 below). While this figure is not statistically significantly different from many areas within Yorkshire and the Humber, it is statistically significant when compared with both the England and Yorkshire and Humber averages. The most recent adult smoking prevalence data was published in September 2023 and showed a reduction in Doncaster's smoking prevalence from 19.6% to 12.4% for 2021/22. Although initial findings so far lead us to be optimistic, we should remain cautious and await the release of data in 2024 to understand if this is a true picture of smoking prevalence.

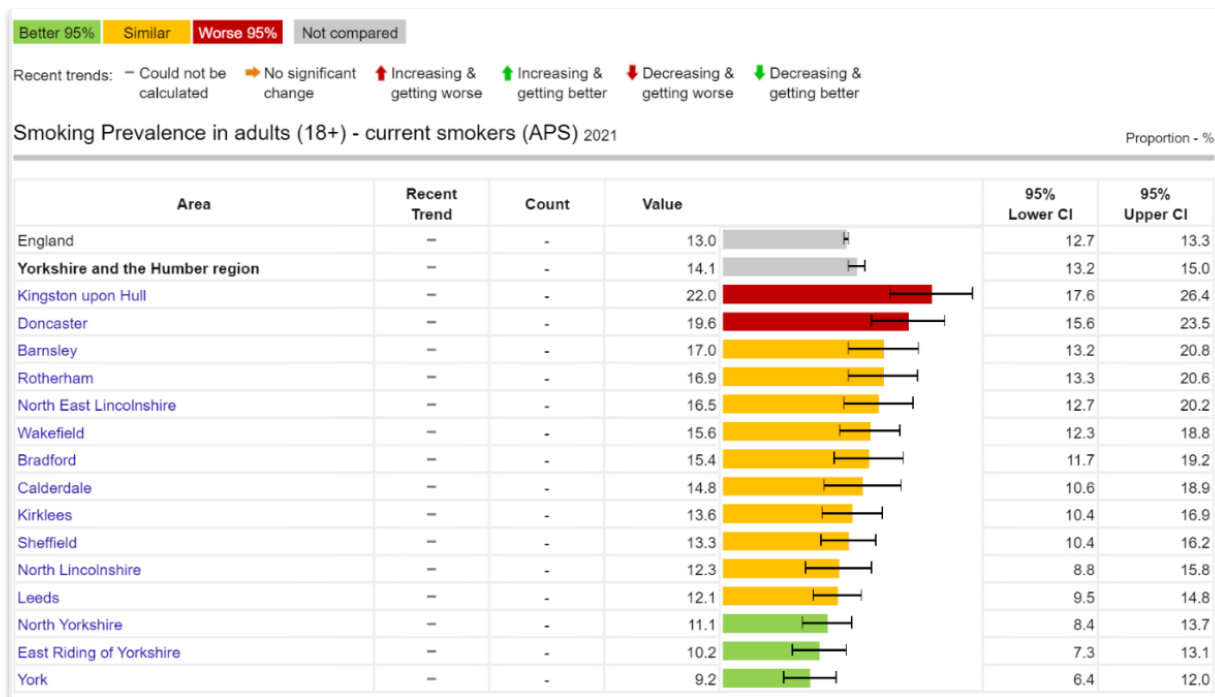
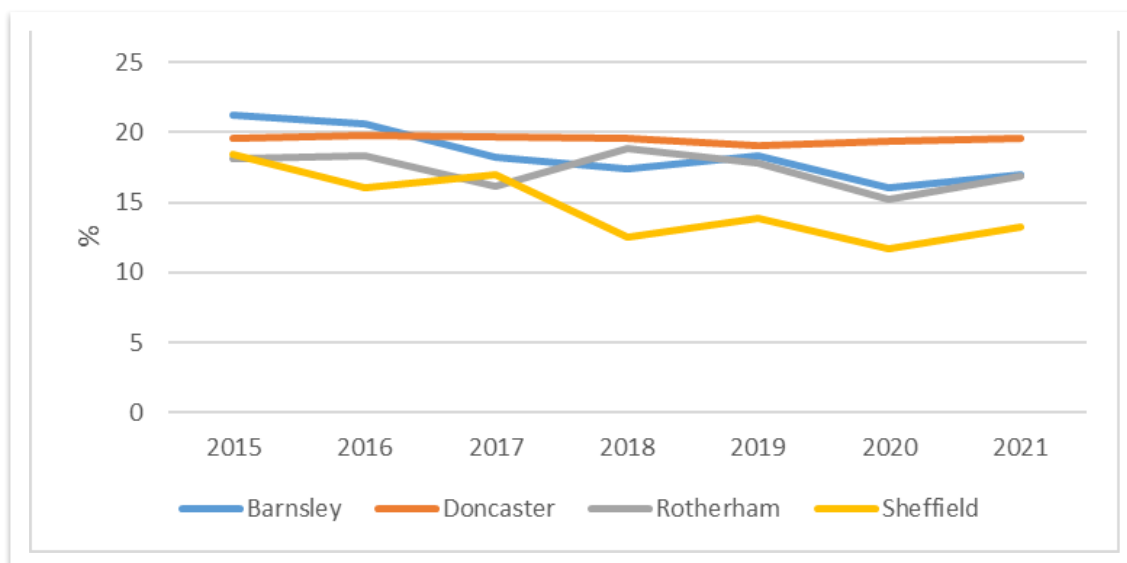


Figure 1: Smoking Prevalence in Adults (18+) OHID 2022

- Although services have supported Doncaster people to stop smoking, the prevalence of people smoking in Doncaster has remained static and high over the last 7 years, this is compared with reductions in other areas within South Yorkshire. Figure 2 shows a downward trend in Barnsley, Rotherham and



## Sheffield.

Figure 2: The proportion of current smokers by local authority ONS 2022

11. Smoking has been identified as one of the factors causing various life-threatening diseases, including Chronic Obstructive Pulmonary Disease (COPD), Coronary Heart Disease and cancers including lung cancer. Higher prevalence of smoking in Doncaster contributes to higher incidence of these diseases and greater pressure on health and social care services.
12. Doncaster has the third highest rates of smoking attributed mortality in Yorkshire and Humber (283.9 per 100,000) and has the third highest smoking attributed hospital admissions (2244 per 100,000). England currently has a rate of 1,398 per 100,000. See figure 3.

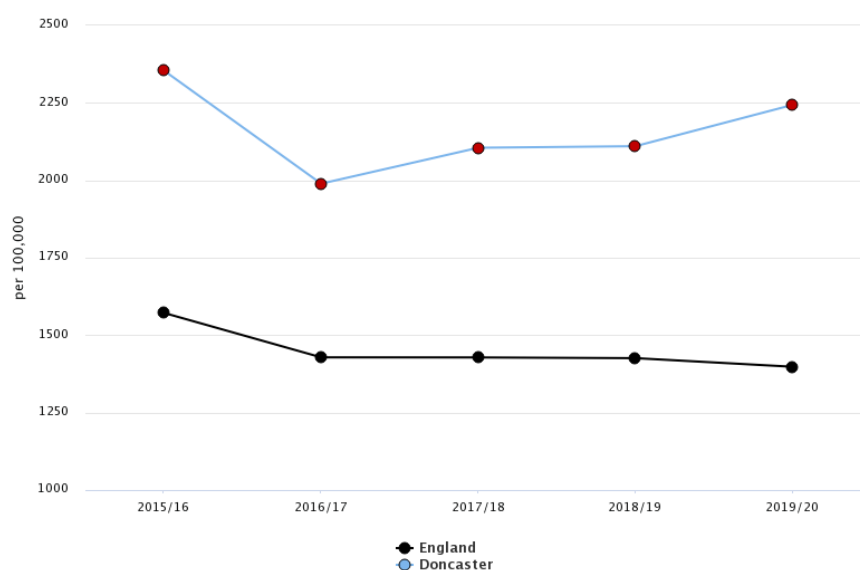


Figure 3: Smoking attributable hospital admissions

13. Smoking attributed deaths from cancer in Doncaster account for 124.7 per 100,000 and is the second highest in Yorkshire and Humber. It is estimated that 675 people will die each year in Doncaster due to smoking, averaging 13 per week.

### Cost of Smoking to Doncaster's Economy

14. There is a good evidence base that supports investment in smoking cessation as a way of reducing costs to the local economy. Each year smoking is estimated to cost Doncaster £121.02 million. These costs include: £94.74 million from unemployment reduced earnings and premature death, £15.27 million in NHS treatment costs for illness caused by smoking and £9.13 million in local authority social care costs. (Ash, 2023).

### Doncaster Tobacco Strategy

15. The commissioning of smoking cessation services is part of a much wider local tobacco control strategy that aims to achieve the National smokefree 2030 ambition. Doncaster's tobacco strategy includes a mix of smokefree policies, services, action on illicit tobacco/age of sale, communication

campaigns and harm reduction approaches. These interventions impact on a range of environmental, social, economic and behavioural factors that influence smoking behaviours and make it easier for smokers to stop and harder for children to start smoking. A systems wide approach to tackling tobacco is taken to meet the needs of the whole smoking population, not just to those who engage with our stop smoking services.

16. Local Authorities across England and regionally have already begun to implement smokefree environment policies such as smokefree spaces, schools, hospitals, play areas, high streets and markets and this is reflected in the smoking prevalence data. Doncaster's ambition is to create a smokefree generation in Doncaster where smoking is no longer visible and future generations are smokefree, people live longer healthier lives, where smoking is recognised as a chronic relapsing condition, support is offered at every contact and health inequalities that smoking creates between our population is reduced.

### **NICE Recommendations**

17. In November 2021, the National Institute for Health and Care Excellence (NICE) published updated guidance [NG209] on preventing uptake, promoting quitting and treating dependence which includes additional stop-smoking interventions and harm reduction strategies such as reduce to quit and short term abstinence, as well as updated Nicotine replacement therapy guidelines.

### **Current Service Provision**

18. The current contract for the Adult Community Stop Smoking Service is delivered by South West Yorkshire Foundation Trust NHS (SWYFT) and is commissioned by Public Health to deliver smoking cessation to adults aged 18 and over with a focus on high risk groups such as manual workers. The service currently provides telephone support and face to face sessions through a "hub and spoke" model, with the main hub located in Doncaster City Centre and "spokes" in community clinics that are focussed in communities with higher smoking prevalence. Advisors within the service are trained in motivational techniques and behavioural support alongside the provision of a range of nicotine replacement therapy (NRT).
19. Clients are able to self-refer into the service through the Yorkshire Smokefree website, telephone, or through direct referral from other services, including primary care.
20. Every service user is triaged into an appropriate treatment intervention that includes the offer of behavioural support alongside nicotine replacement therapy. Where medication is prescribed, this is generally a 1-2 week supply, for up to 12 weeks in total (as per NICE guidance).
21. In 2021, a national supply disruption alert was published for the medically licenced product Varenicline, also known as Champix. As of July 2023 this product remains unavailable for use in stop smoking services and has impacted the availability and choice of NRT products on the market.

22. In addition to the Adult Community Stop Smoking Service, Public Health commission specialised stop smoking support and fund tobacco control interventions as part of the wider tobacco control strategy, these include:

- Stop Smoking in Pregnancy
- 5-19 young people's service
- Trading Standards (alcohol and tobacco)

### **Options Considered**

23. There are 4 potential options as follows:

- a. Do not provide a Specialist Stop Smoking Service in Doncaster (not recommended). Local authorities' have a statutory responsibility set out in the Health and Social Care Act 2012 to ensure the commissioning of public health services guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy. Therefore, this option is not recommended as smoking remains the leading cause of premature mortality and Doncaster still has significantly higher rates than the regional and England average.
- b. Reprocure an external Specialist Stop Smoking Service based on the existing specification (not recommended). Evidence based improvements in the delivery of stop smoking services have emerged that can improve public health outcomes if implemented through a modified and improved specification in line with new NICE Guidance for Tobacco: preventing uptake, promoting quitting and treating dependence published in November 2021.
- c. Bring the Specialist Stop Smoking Service into the Council (not recommended). It would be challenging for the Council to offer appropriate clinical governance arrangements and the Council would need to develop the appropriate structures to deliver this type of service.
- d. Reprocure an external Adult Specialist Stop Smoking Service (recommended). This would use an enhanced specification and focus on key areas of inequality, incorporating the updated NICE guidance into service provision to include:
  - Supporting clients who are unable to abruptly quit to develop a cut down to quit plan
  - Supporting clients preparing for hospital admissions through a short term abstinence plan
  - Offer intensive stop smoking interventions targeting high prevalence groups, providing behavioural support and prescribing stop smoking medications or e-cigarettes in order to achieve a 12 week carbon monoxide verified quit in line with the evidence base
  - Raise awareness of stop smoking support, work in a non-judgmental way and decrease the stigma that can be associated with seeking help and making unsuccessful quit attempts by encouraging and supporting people to try again.

## **Recommended Option**

24. Option D is recommended as the preferred option in light of the following considerations:

- Under the existing model smoking prevalence has remained stable in Doncaster for the past 6 years. However, Doncaster continues to have significantly higher smoking rates than that of England.
- To reduce the prevalence of smoking in Doncaster, a new service specification and model will enable the service to deliver the wider tobacco control agenda, working alongside key stakeholders
- The delivery model needs to have a strong clinical governance framework to ensure high quality interventions are provided and follow NICE Guidance.
- The evidence base supports the role of specialist practitioners to deliver these interventions as quit rates are doubled.

## **Reprocuring an External Adult Specialist Stop Smoking Service**

25. A new service would work at a community level to support people that live and work in Doncaster to enable them to empower smokers to quit through a compassionate approach that will:

- Provide opportunities for Very Brief Advice in a range of settings to maximise the opportunity to reach smokers
- Consult and work alongside local voluntary and community organisations to identify and engage with smokers
- Support Doncaster's Trading Standards team to identify and eradicate cheap and illicit tobacco from Doncaster neighbourhoods

26. There is clear evidence that prioritising particular groups will result in the greatest reduction in tobacco use in communities and reduce tobacco-related health inequalities. The service will prioritise action amongst high prevalence groups which include, but not limited to:

- Routine and Manual Workers (R&M)
- People living in the most deprived areas of Doncaster
- People from Black Asian and Minority Ethnic communities
- People experiencing poor Mental Health, including those with severe and enduring mental illness.
- People who are living in social housing
- People experiencing homelessness
- People who use other substances
- People who have a learning disability
- People with smoking related conditions (e.g. Cancer, Coronary Heart Disease, Respiratory disease and Diabetes)
- Smokers screened for tobacco addiction in hospital and referred via the South Yorkshire ICS QUIT programme
- Smokers who may adversely impact those currently being supported to quit smoking through the stop smoking in pregnancy service and/or the young person's health and wellbeing service.

27. Separate services are commissioned by Public Health to support both pregnant women and young people to stop smoking, the adult community stop smoking service will work with partner organisations commissioned to deliver these services to ensure a whole family approach is adopted.

**Harm reduction approaches**

28. Nicotine inhaled from smoking tobacco is highly addictive. But it is primarily the toxins and carcinogens in tobacco smoke, not the nicotine, that cause illness and death. The best way to reduce these illnesses and deaths is to stop smoking. In general, stopping in one step (sometimes called ‘abrupt quitting’) offers the best chance of lasting success. However, there are other ways of reducing the harm from smoking, even though this may involve continued use of nicotine. Some people are not ready to stop smoking in one step and need support to reduce the amount they smoke before quitting. This approach aims to help people, particularly those who are highly dependent on nicotine.

29. Evidence shows that smokers who use e-cigarettes as a harm reduction approach in smoking cessation services are more likely to succeed in that attempt, this is supported by clinical trials and endorsed by leading health organisations such as the Royal College of Physicians and the British Thoracic Society.

30. It is our expectation of the service that the provision of e-cigarettes will be in line with any local e-cigarette policy and will include advice on reducing and stopping the use of e-cigarettes. Furthermore, the service will ensure that the scheme does not contribute to the normalisation of vaping which may lead to an increase in young people taking up e-cigarettes.

**Value of Contract**

31. Funding will come from the Public Health ring fenced grant. The annual contract value will be £618,975 (see table 1). The proposed contract length for the new Adult Community Stop Smoking Service for Doncaster is 3 years from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2027 with an available optional extension for up to 24 months, which will be at the discretion of the council based on satisfactory review of the service leading up to completion of the initial 3 year period. The lifetime value of this procurement (for the five year contract) will be £3,094,875.

	2018/19	2019/20	2020/21	2021/22	2022/23 (extension)	2023/24 Projected value (extension)	Total Contract Life (plus extension)
Service costs	£388,425	£393,039	£388,179	£383,345	£383,345	£383,345	£2,319,678
Medication costs	£235,630	£235,630	£235,630	£235,630	£235,630	£235,630	£1,413,780
<b>Contract Value</b>	<b>£624,055</b>	<b>£628,669</b>	<b>£623,809</b>	<b>£618,975</b>	<b>£618,975</b>	<b>*£618,975</b>	<b>£3,733,458</b>



Table 1: Adult Stop Smoking Service Budget 2018-2024



**Cost and Outcomes - Comparison to other areas**

- 32. Cost per quit varies across areas, in Yorkshire and the Humber the lowest reported is £308 (Kirklees), the highest is £849 for Bradford. Based on an annual spend the cost per quit for self-reported quits in Doncaster is £457. Based on the Office for Health Improvement and Disparities (OHID) spend and outcomes tool (SPOT) data, Doncaster has an average spend, with better outcomes compared with other local authority areas.
- 33. It is anticipated that there may be some cost pressures to the new service. The national availability of medication has changed over the last two years, due to factors such as pandemic driven changes in delivery and a national shortage of medication (Varenicline). Additional cost pressure from the implementation of the NHS Long Term Plan, following the introduction of the QUIT programme into hospitals has resulted in a greater number of referrals into community stop smoking services. Therefore, there is an expectation that the service will be required to adapt and be flexible to meet the demands of this additional workload within the available cost envelope.


**IMPACT ON THE COUNCIL’S KEY OUTCOMES**

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 <b>Tackling Climate Change</b>	✓			
<p>Reducing the number of people who smoke in Doncaster will have a positive impact on climate change, locally, nationally, and globally.</p> <p>Cigarettes and their packaging contribute to waste and littering.</p> <p>Globally, the tobacco industry is a major driver of deforestation and a contributor global greenhouse gas emissions.</p> <p><a href="#">WHO raises alarm on tobacco industry environmental impact</a></p>				
 <b>Developing the skills to thrive in life and in work</b>	✓			

Reducing harm and inequality through access to smoking cessation services for will have a positive impact on our communities.


There is a clear link between smoking initiation, education and childhood social and family factors

There is clear evidence linking adolescent smoking with poor educational outcomes and cognitive ability, higher education leads to lower probability to start smoking or higher probability of smoking cessation in smokers, not least because of better health literacy. Research carried out by the University of Bristol found that smokers at the age of 15 achieved lower grades in their GCSEs at age 16 than their no smoking counterparts.

 <b>Making Doncaster the best place to do business and create good jobs</b>	✓			
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A smokefree workforce benefits both employer and employee.

The Smoking, Employability, and earnings report 2020 by Action for Smoking and health showed that smoking has a significant negative impact on individual earnings and employment prospects. Unemployment and reduced earnings due to smoking result in £14.1 bn of lost income across the UK each year. In addition, current smokers are 5% less likely to be employed than non-smokers and long terms smokers are 7.5% less likely to be employed . This equates to around 309,000 people who are unemployed because of smoking. analysis found that almost all the relationship between smoking and employment is explained by disability. Furthermore, disability has a bigger impact on the employment prospects of smokers, with disabled smokers being 12.5% less likely to be in employment than disabled non-smokers. Disability among smokers is linked to the length of time someone has smoked, confirmed by the finding from this analysis that the impact of smoking on employment in the under 30s is not statistically significant. [SmokingEmployability.pdf \(ash.org.uk\)](#)

 <b>Building opportunities for healthier, happier and longer lives for all</b>	✓			
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58.4% of current smokers want to quit. Stopping smoking will always be beneficial to health. After the age of 35-40 years, for every year of continued smoking, a person loses about 3 months of life expectancy.




Studies show that if smokers quit before the age of 30, they can avoid more than 90% of the smoking-attributable risk of lung cancer. Stopping smoking at age 30, 40, 50 or 60 gains, respectively, about 10, 9, 6 or 3 years of life expectancy. A similar study of British women also found that stopping smoking before the age of


40 avoids more than 90% of the increased risk of dying caused by continuing to smoke, while stopping before the age of 30 avoids over 97% of the increased risk.

- Stopping smoking reduces the risk of 50 different illnesses and conditions
- Risk of heart attack will drop by a half one year after quitting
- Risk of cancer will fall
- Overall fitness and breathing will improve

### Smoking and Mental Health

It is a common misconception that smoking support mental wellbeing, aiding the smoker to deal with stress and anxiety. When in fact the opposite is true, evidence shows that after the withdrawal stage of quitting people will have reduced anxiety, depression and stress and increased positive mood compared with people who continue to smoke.

 <p><b>Creating safer, stronger, greener and cleaner communities where everyone belongs</b></p>	✓			
<p>A 2021 report by DEFRA examining tobacco litter estimated the cost to UK local authorities of around £40 million per year. The Litter strategy for England highlights <i><u>“the most effective way to tackle smoking related litter is by reducing the prevalence of smoking in the first place2</u></i></p> <p><a href="https://www.gov.uk/government/news/government-explores-next-steps-to-clean-up-tobacco-litter-in-england">Government explores next steps to clean up tobacco litter in England - GOV.UK (www.gov.uk)</a></p>				
 <p><b>Nurturing a child and family-friendly borough</b></p>	✓			
<p>One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. We know that children are heavily influenced by adult role models who smoke: Children are 90% more likely to smoke if they live in a household with a smoker. Continuing to encourage adult smokers to quit must therefore remain an important part of reducing prevalence amongst the young and achieving a smokefree generation.</p>				
 <p><b>Building Transport and digital connections fit for the future</b></p>				✓

Comments:				
 <b>Promoting the borough and its cultural, sporting, and heritage opportunities</b>				✓
Comments:				
<b>Fair &amp; Inclusive</b>	✓			
<p>It is anticipated that the new service will have a positive impact on people of all ages, for example by reducing smoking in improving workplace health, encouraging smokefree homes and environments and preventing illnesses related to smoking.</p> <p>Evidence shows that the most deprived wards in Doncaster have the highest smoking rates, it is anticipated that the contract will help ensure that preventative interventions are available within these areas. This will have a positive impact on changing behaviour and preventing smoking related ill-health.</p> <p>Implementation of the revised model will support the aim of reducing health inequalities in Doncaster by continuing to offer support to those communities that have highest levels of need in an accessible way.</p> <p>It is expected that the provider of the service is committed to working collaboratively with existing local organisations, demonstrating social value delivery through partnerships and through delivery of services in community venues.</p>				

### Legal Implications [Officer Initials: PCol | Date: 15.08.23]

34. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do.
35. Section 111 of the Local Government Act 1972 gives the Council the power to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.
36. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) places a duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.
37. The procurement of a provider must be undertaken in accordance with the Council's Contract Procedure Rules and Public Contracts Regulations 2015.

38. Legal Services should be consulted at the earliest opportunity to provide the contractual documentation.

### **Financial Implications HR 16/08/23**

39. The Council receives a ring-fenced Public Health grant annually (£26.1m in 23/24) from which there are a number of non-prescribed functions to be funded from this grant which include Stop Smoking Services and Interventions. The current Stop Smoking service has an annual budget of £619k which is fully funded from the Public Health Grant. Any future increase to the cost of the new contract will need to be met from the Public Health grant.
40. Where the council receives an uplift in the Public Health grant specifically to cover NHS pay increases this is currently passed on to the provider if relevant via a contract variation and therefore increases the overall annual cost of the service. If the council does not receive this uplift the contract needs to be clear where the responsibility of meeting these additional costs sit in order to avoid future financial pressures on the Public Health grant.

### **Human Resources Implications [Officer Initials: SB | Date:18.08.2023]**

41. There are no obvious HR Implications arising from this ODR

### **Technology Implications [Officer Initials: PW Date: 11/08/23]**

42. There are no technology implications in relation to this report.

### **RISKS AND ASSUMPTIONS**

43. Failure to award contract following tendering process. The lack of a smoking cessation service would have a detrimental effect on people's ability to quit without the use of pharmacotherapy.
44. Substantial change in size or status of ring-fenced public health grant. This option assumes that the public health grant continues to be ring fenced and is of a similar quantum. A reduction in the grant will require additional savings and if the ring fence is removed, the Council may choose to use the grant differently and/or take money out of contracts.
45. Insufficient volume in contracts. As reductions in investment in any programme are almost entirely related to staff costs there is a possibility that clinical or 'face to face' hours will be reduced. Risks associated with this scenario include:
- Increased time between referral and intervention thus there is potential for service users to dis-engage from programme and relapse.
  - Increase in individuals who do not attend as the increased waiting time means they lose interest or motivation to quit.
  - A reduced offer may mean that staff are not able to adequately support service users in their quit journey.

## **CONSULTATION**

46. An extensive review of the smoking cessation services in Doncaster was carried out in early 2023 which explored the cost effectiveness of services and identified opportunities to reduce smoking prevalence and increase the health of our community, which included:-
- Working with partners to ensure a MECC approach
  - Awareness raising campaigns focussing on illicit tobacco and vapes.
  - Commissioning services to deliver face to face in communities, which encompasses behaviour change and harm reduction, prevention, and treatment.
47. It is a requirement of the provider that as part of the mobilisation and continual service improvement they will seek the views of smokers who are not accessing the stop smoking service in order to understand and address barriers, to ensure the service is fit for purpose and meets the needs of our communities.

## **BACKGROUND PAPERS**

48. N/A

## **REPORT AUTHOR & CONTRIBUTORS**

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