Subject:	Royal Borough of Windsor & Maidenhead Stop Smoking Service update.
Reason for briefing note:	This briefing note has been prepared to advise the Adult Services and Health Overview and Scrutiny Panel of the main findings from the Smoking Cessation Service review and the current position.
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Royal Borough of Windsor & Maidenhead

SUMMARY

The Health and Social Care Act 2012 places a duty on local government to improve and reduce the gap in life expectancy between those in the most and least affluent wards. The Royal Borough has commissioned stop smoking services since 2013 because these interventions are cost effective and support our mandated duties to improve life expectancy and reduce health inequalities; with a focus on prevention and assistance for those most in need.

In 2016, the Royal Borough took the decision to revise its universal smoking cessation service offer, by providing specialist cessation support to targeted groups identified as being most in need.

Since this time the smoking cessation budget has been underspent and targets have not been reached. A decision was, therefore, taken by Cabinet to set up a task and finish group, through the Adult Services and Health Overview and Scrutiny Panel, to review local need, better understand issues affecting the service and develop a targeted timely action plan.

The task and finish group was held on 16th March 2017. The group received a Smoking Cessation Service Review discussion document and was satisfied with the proposed plans. This report sets out the plans for Panel consideration.

1 BACKGROUND

1.1 On 20 July 2015 the Cabinet approved the Council re-commission a smoking cessation service outside of the Shared Berkshire arrangement. By developing a local service, the Council reduced its investment from £256 - 296K per year to £128k per year over a period of three years and procured a new targeted service, focusing on those with significant health inequalities, namely the mentally ill, pregnant women and under 18's.

1.2 These recommendations were made because stop smoking services are the most cost effective public health intervention as evidenced by National Institute for Health and Care Excellence (NICE) to tackle our mandated duties to improve life expectancy and reduce health inequalities, see appendix 1 for evidence sources.

1.3 The target groups were selected because of the impact they could make on reducing inequalities and overall prevention. People with mental health problems, especially those with serious mental health illnesses are likely to die 20 years earlier than the general population. In RBWM at the time there was a higher than average death rate amongst this group.

1.4 There was also a persistent problem with smoking rates amongst young pregnant women, a targeted approach was therefore sought to address this challenge. It was also identified that many smokers developed their addiction in their teens. It was therefore considered prudent to commission activities which helped to prevent young people from starting to smoke.

2 KEY IMPLICATIONS

2.1 The Health and Social Care Act 2012, places a duty on local government to improve life expectancy and reduce the gap in life expectancy between those in the most and least affluent wards.

2.2 Smoking prevalence in the Royal Borough currently stands at 13% (approximately 18,792). This is better than the England average; however masks underlying pockets of need in certain communities. Such groups include manual workers and persons with severe mental health problems.

2.3 Smoking remains the biggest single lifestyle cause of preventable mortality and morbidity, therefore helping residents to stop smoking contributes to both length and quality of life.

2.4 The single biggest generic cause of preventable death in the Royal Borough is cancer, 80 % of all lung cancers are caused by smoking. Evidence from the RBWM Annual Public Health Report, 2016 identifies men as being particularly at risk of preventable death from cancer.

2.5 Evidence suggests that 90% of all variation in health outcomes can be attributed to tobacco. In the Royal Borough, men, people with mental illness and persons from routine and manual groups are more likely to smoke than the rest of the adult population.

3 DETAILS

3.1 A rapid service review was conducted on the Smoking Cessation Service in 2017. The main findings from the review were that there was a need to revise and refine the current service model, delivery and management procedures in line with new evidence. The relationship between partnership working and health improvement was duly recognised. It was therefore identified that collaboration with partners such as the Clinical Commissioning Group (CCG) and partnerships such as the Berkshire Tobacco Control Alliance should be maximised in order to drive forward health improvements.

3.2 The review identified that there was evidence to support the service being delivered to the current target groups. However, the offer required some refinement. People with mental health problems who were inpatients or outpatients should both be offered support to quit.

3.3 The evidence from NICE supporting prevention interventions in young people was considerable, additionally local data suggested young people in the Royal Borough were more likely to use other tobacco products by 15 years than the England average (22% compared to 15.2%). The review therefore recommended that a combination of cessation support (including support for parents, child minders and carers) and school based prevention activities would be of greater benefit to local residents than the previous offer.

3.4 Activity data from the stop smoking service from 2013 to 2016 showed that persons with hypertension, asthma and depression were more likely than other persons with a long term condition (LTC) to set a quit date. This data suggests there is greater demand for the service from these client groups. Evidence also suggests that persons from lower socio economic groups are more likely to have a long term condition. Smokers living with a long term conditions face increased health risks and complications. The review therefore proposed the inclusion of persons with hypertension and asthma into the service model.

3.5 The review noted the need for flexibility in supporting smokers, therefore the introduction of 'spot intervention' funding for smokers with exceptional circumstances was proposed. This group would include persons referred by their GP, who had sufficient motivation to quit and had a diagnosis of vascular dementia, liver disease, respiratory disease or cardiovascular disease or were drug and alcohol service users.

3.6 In order to effectively manage the changes to the service and ensure performance achievement, the management of the Stop Smoking Service contract was recommended to be brought in house, from the shared Berkshire team.

3.7 The review noted the challenges associated with quitting in the target groups. Prior to March 2016, quit rates for RBWM were amongst the best in England. In 13/14, 64% compared favourably against the regional average 55% and the England average of 52%. Activity data from April 2013 to March 2016 showed a decline in the number of people accessing the service. In 14/15, 1347, persons accessed the service (68% set a quit date), in 15/16, 1132 accessed the service (57% set a quit date). An overall decline in persons accessing the service of 15.9% despite a universal service offer.

3.8 Since April 2016, it has no longer been possible to accurately compare local smoking performance to regional or national averages. Local targets have not been reached despite an improved performance in Q3. Reasons for this include the difficulty in helping groups who find it harder to quit, limited awareness of the referral process and shared service management. It was therefore proposed that the current target be halved, to 100 quits from pregnant women, the mentally ill and young people; with 218 further quits sought through spot intervention and persons with long term conditions.

3.9 The estimated cost of all the Tobacco Control interventions proposed, £128,000 per annum, will be met through the existing budget and other appropriate funding streams. Considering the lead in time required for the changes and the relative newness of the proposed service model it was agreed that performance should be closely monitored.

3.10 Actions taken since the Task and Finish group was held include,

- Contract management brought in house.
- Providers made aware of service model changes to take effect from quarter 2, 2017/18.
- New venues for service delivery are being sought in line with local smoking prevalence by ward and GP practise and schools with high pupil premium numbers.

- Opportunities for delivery are being sought within integrated Health and Social Care models.
- Plans are in place to train the drug and alcohol service providers to deliver brief stop smoking advice.
- The Royal Borough had joined the Berkshire Tobacco Control Alliance.
- Discussions have commenced with the CCG about opportunities to be harnessed through patient participation groups, the pulmonary rehabilitation pathway and the case by case route.

4 RISKS

4.1 The new service model may take some time to bed in and improvements in performance are unlikely to be seen until Q3. This will allow for sufficient publicity and awareness to be raised amongst stakeholders and residents.

4.2 The new target of 318 quits per year will require some flexibility as it includes new cohorts and spot intervention clients. It is therefore proposed that targets by cohort are used solely for contract monitoring purposes and are phased in over a three year period.

5 NEXT STEPS

5.1 The Adult Services & Health Overview and Scrutiny Panel endorse the

- new target of 318 quits and the phasing in of this target over three years:

Year 1 = 200; Year 2= 250 Year 3 = 318

- New target groups (See table 1)

Table 1: New target groups

Target Group	Definition
Persons diagnosed with a Mental Health problem	Mental Health service inpatients and outpatients
Pregnant women	No change
Young people	Including carers, parents, and childminders
Long term conditions	Persons diagnosed with hypertension and asthma
Spot intervention cohort	GP referral, exceptional circumstances, diagnosis of respiratory disease, vascular dementia, cardiovascular disease or service user of referral from drug and alcohol service.

5.2 Public Health will continue to monitor the new service in detail, paying particular attention to uptake in all target groups; reporting to the Health Overview and Scrutiny Panel In November 2017.

5.3 Public Health will work with the Communications team to conduct a comprehensive health promotion campaign promoting the service through digital and traditional channels.

5.4 Public Health will evaluate the new service model in between January and March 2018 with a view to refining future commissioning intentions.

Appendix 1: Evidence Table

Target Group	Evidence sources	Comments
Relevant to all target groups and general population	Stop smoking services. Public health guideline [PH10] February 2008	Details the evidence of effectiveness underpinning smoking cessation interventions.
Young People	The National Institute for Health and Care Excellence. Smoking prevention in schools [PH23]. https://www.nice.org.uk/guidance/PH23 The National Institute for Health and Care Excellence. Smoking: preventing uptake in children and young people [PH14]. https://www.nice.org.uk/guidance/PH14 Health & Social Care Information Centre Smoking, Drinking and Drug Use Among Young People in England – 2014 http://www.hscic.gov.uk/catalogue/PUB17879/smok-drin-drug-youn-peop-eng-2014-rep.pdf Public Health Research Consortium. A Review of Young People and Smoking in England http://phrc.lshtm.ac.uk/papers/PHRC_A7-08_Final_Report.pdf	Risk factors associated with increased likelihood of smoking initiation among young people include associated, exposure to parent, carer, sibling and peer smoking, lower socio economic status, higher levels of truancy and substance misuse. Smoking prevention is therefore not achieved by youth targeted interventions alone. School based interventions; mass media interventions and enforcement to restrict illegal access to tobacco among young people are effective.
Vascular Dementia	Smoking, dementia and cognitive decline in the elderly, a systematic review. Peters R1, Poulter R, Warner J, Beckett N, Burch L, Bulpitt C.	Smoking increases risk of Alzheimer's disease and may increase risk of other dementias. This reinforces need for smoking cessation, particularly aged 65 and over.
Pregnant women	NICE 26 – Quitting Smoking in Pregnancy and Following childbirth.(2010) http://www.nice.org.uk/guidance/pH26 Challenge Group Report (2013). Smoking cessation in pregnancy: A call to action NICE 48 -Smoking: acute, maternity and mental health services. Public health guideline	NICE provided evidence-based recommendations on stopping smoking for people using maternity, mental health and acute services. Smoking during pregnancy is strongly associated with a number of factors including age and social economic position. Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy

Target Group	Evidence sources	Comments
Persons with Mental Health Problems	NICE 48 -Smoking: acute, maternity and mental health services. Public health guideline	People with mental health problems smoke significantly more and are more dependent on nicotine than the population as a whole, with levels about three times those observed in the general population. NICE provided evidence-based recommendations on stopping smoking for people using maternity, mental health and acute services
Long term conditions	Smoking and long term conditions ASH (accessed 24/4/17) Stop Smoking Service Activity Data 2013-2016	Activity data from the stop smoking service 2013 to 2016 shows that persons with hypertension, asthma and depression were more likely than other persons with a long term condition (LTC) to set a quit date. People suffering from asthma who smoke experience higher rates of hospitalisation, worse symptoms and more rapid decline in lung function than those with asthma who do not smoke. Smoking significantly increases the risk of heart disease and stroke. Smokers are 2-4 times more likely to have a stroke.