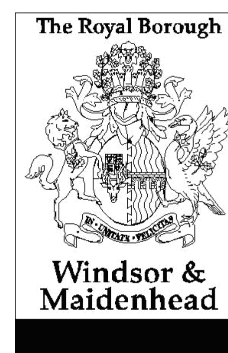
| Report for: ACTION |
|---|
| Item Number: 6iv |




| Contains Confidential or Exempt Information | No – part I |
|---|---|
| **Title** | **Public Health - Smoking Cessation Contract Procurement** |
| **Responsible Officer(s)** | Christabel Shawcross, Deputy Managing Director and Strategic Director of Adults, Culture and Health<br><br>Dr Lise Llewellyn, Strategic Director of Public Health |
| **Contact officer, job title and phone number** | Sue Longden, Head of Public Health, 01628 683532 |
| **Member reporting** | Cllr David Coppinger, Lead Member for Adult Services, Health & Sustainability |
| **For Consideration By** | Cabinet |
| **Date to be Considered** | 24 September 2015 |
| **Implementation Date if Not Called In** | Immediately |
| **Affected Wards** | All |
| **Keywords/Index** | Public Health responsibilities, Commissioning, Procurement, Efficiency, Lean system, improved service, Smoking Cessation, Prevention, Targeted groups |


**Report Summary**

1. RBWM's public health vision, aligned with the Joint Health and Wellbeing Strategy, integrates prevention, early intervention and targeted messaging to provide maximum benefit to residents, whilst ensuring a cost-effective use of resources. Consistent with that approach this report sets out the strategic goals of a new proposed approach to delivering smoking cessation (stop smoking) services

2. Good quality stop smoking services remain the most cost-effective, evidence-based way to improve healthy life expectancy and reduce health inequalities. This report proposes a new stop smoking service for RBWM from April 1st 2016, replacing the current Berkshire wide agreement which ceases on 31st March 2016.

3. The new service will focus on preventing uptake of smoking, particularly in young people and groups where greatest health inequalities are seen. For priority groups, where the risk to health is greater, the new service will offer

intensive smoking support. The service will positively promote self-help and access to free NHS services and local pharmacy provision for the majority of the smokers in RBWM.

4. The recommended option is to tender for a dedicated, stand-alone stop smoking service. A second option for the longer term whereby RBWM integrates prevention and stop smoking support into the services that already work with the target populations is possible. These are described in the report.
5. A recurrent reduction of 6.2% in the public health grant is anticipated from 2015/16. The proposed new specification will enable Public Health to keep within budget.

| **If recommendations are adopted, how will residents benefit?** | |
|---|---|
| Fewer residents will take up smoking. The health of children and young people will be protected as a result.<br><br>Current smokers will be supported to access evidence-based support to quit smoking.<br><br>Key groups of residents with higher risk will have continued access to services to help them quit. | Commencing 1 April 2016 |
| By implementing a service emphasising prevention and early intervention there are potential downstream savings from reducing future dependency on the health and social care system due to ill-health. This approach will enable investment in other services for the benefit of residents | Commencing 1 April 2016 |

## 1. Details of Recommendations

**RECOMMENDATION: That Cabinet**

**i. Agrees the preferred option 1 for the future stop smoking service delivery model for RBWM and delegates the final decision on the tender, pending children's service considerations, to the Lead Member, Strategic Director for Adult, Culture and Health and Strategic Director for Children's Services.**

**ii. Approves the draft service specification as set out in Appendix 1 subject to any changes due to the above.**

## 2. Reason for Recommendations and Options Considered

### Policy Context

2.1. A key aim of public health is to improve life expectancy and reduce health inequalities; the difference in life expectancy between people who live in the most and least affluent wards. Success is measured in terms of prevention of early death, below the age of 75 years. Life expectancy in RBWM is good, ranking of 17th out of 150 local authorities in England. The major causes of early deaths in RBWM are cancer and cardiovascular disease, including heart attack, stroke, circulatory problems and vascular dementia.

2.2. RBWM, in partnership with local residents and NHS colleagues, has developed the Joint Health and Wellbeing Strategy. This is a plan to improve the health and wellbeing outcomes for residents and those who come into the Borough. The strategy has three themes:

- Supporting a healthy population.
- Prevention and early intervention.
- Enabling residents to maximise their capabilities and life chances.

2.3. The Joint Strategic Needs Assessment (JSNA) assesses the current and future health healthcare and wellbeing needs of the local population in Windsor, Maidenhead and Ascot. Smoking and associated ill-health has been identified as a priority.

### Assessing need

2.4. Cancer and cardiovascular disease can be prevented. The single biggest preventable factor is smoking. Reducing smoking rates directly saves lives. In RBWM, it is estimated that 17,561 people smoke and, if they carry on smoking, half can expect to die early from a smoking related disease. In financial terms, stop smoking services are the most cost-effective intervention, measured statistically in terms of quality adjusted life years (QALYs), which is a combined measure of life expectancy and quality of life. Stop smoking services provide greatest Return on Investment (NICE Public Health Guidance 10) for the health and social care economy.

2.5. The JSNA provides local data for smoking and associated ill-health. Approximately 15.5% of the adult population of RBWM is estimated to smoke (17,561 smokers). Local Tobacco Control Profiles (August 2015) show that smoking levels amongst younger residents are a particular concern. Modelled estimates suggest that incidence of smoking amongst the 11-15, 15-16 and 16-17 age bands all came very close to the national average which is more than expected given the Borough's level of affluence.

2.6. There are particular challenges within key groups in the Borough. Approximately 8% of pregnant women smoke. Smoking in pregnancy causes low birth weight and poorer childhood development. Evidence shows that too many young people take up smoking. According to the What About Youth? (WAY) survey, carried out by the Health and Social Care Information Centre in 2014, nearly 8% of 15 year olds smoked. In the JSNA, it notes that "Additional services targeting pregnant and under 18 smokers should be considered http://www3.rbwm.gov.uk/info/200172/environmental_health/317/smoking/7 (accessed 03.09.15)

2.7. People with learning disabilities have a shorter life expectancy and increased risk of early death compared to the general population. The health inequalities faced by people with learning disabilities in the UK start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. Rates of smoking among adolescents with mild learning disability are higher than among their peers.

2.8. National studies show that smoking is higher amongst people with mental ill-health. Nationally 33% of people with a mental health problem smoke compared to 18.7% in the population as a whole. A Public Health England and NHS England survey found that smoking rates among service users in mental health units is even higher at 64%. People with mental health problems die between 10 and 20 years earlier than people with good mental health, with high smoking rates being the single largest factor. With proven, clear links between smoking and dementia and lung disease (with well-known implications for early death and disability and linked social care costs), it is therefore vital to commission services to prevent smoking through early intervention and continually support the most vulnerable residents to stop smoking.

**Current service**

2.9. Smokers have traditionally used a variety of tactics to quit, many of them self-directed, including NHS Smokefree, going cold turkey, hypnotherapy, acupuncture, laser therapy or self-funded nicotine replacement therapy. Smoking rates nationally are decreasing. Among women in England, there has been a steady decline since 2003 (24%in 2003 to 17%in 2013). For men, the trend is also downwards but at a slower rate. The rise in use of e-cigarettes and recent advice from Public Health England will likely contribute to a future further reduction in smoking prevalence. The Smoke Free Life Berkshire service complements these options by offering one to one support and advice.

2.10. The stop smoking support for RBWM is currently provided by the Smoke Free Life Berkshire service run by Solutions4Health Ltd. The contract runs across Berkshire in each of the six Unitary Authorities (UAs) and expires on 31st March 2016.

2.11. Current services are delivered across a range of locations, including GP surgeries, pharmacies, hospitals, community venues (community centres, church halls and mosques), workplaces, shopping areas, Maidenhead train station and via a mobile clinic. RBWM residents, as part of the Berkshire arrangement, can also access services in other parts of Berkshire.

2.12. In 2013/14, approximately 750 RBWM residents had quit smoking (defined as not smoking when monitored at four weeks) through Smoke Free Life Berkshire (against a target of 800). In 2014/15, the number increased to 866.

2.13. Four week quit rates for RBWM are amongst the best in England. In 2013/14 (last full year for which validated data is available) it was 64%. This compared favourably against the regional South East average of 55% and well above the England average of 52%.

2.14. In addition to the currently commissioned service, RBWM residents can:

- Access free advice and support to stop smoking through NHS Smokefree (http://www.nhs.uk/smokefree).
- Choose local pharmacy services offering support to cut down or stop smoking at reasonable cost when compared with the price of tobacco.

**New commissioning focus**

2.15. The RBWM stop smoking service will be refocused with a strong emphasis on prevention and self-help, with intensive support being targeted towards priority groups. This approach will help tackle some of the Borough's health inequalities and builds on the twin principles of prevention and early intervention that underpin RBWM's public health vision. The priority groups are young people, pregnant women, people with mental health conditions and people with learning disabilities.

2.16. The service will focus on prevention; promoting non-smoking as the norm and the preferred option for RBWM residents. The service will have the following objectives:

- To adopt an innovative approach to interacting with children, young people and those at greatest risk of smoking-related harm and develop a new communication strategy based on nudging, empowering and targeting, and using social marketing and social media to promote positive public health messages.
- To support the further development of the local Smoke Free Homes initiative in partnership with Royal Berkshire Fire and Rescue Service.
- To work collaboratively with other public health providers to take and integrated and broader approach to public health, focusing on lifestyle and wellbeing rather than traditional disease specific functions.

- To ensure all smokers who want to stop smoking can access either appropriate specialist stop smoking support (target populations) or advice and guidance on where to access such services.
- To increase the number of people signposted to supported self-help opportunities including NHS Smoke Free (http://www.nhs.uk/smokefree) and programmes offered by local retail pharmacies.
- To meet key performance indicators for intensive support to priority target groups, as measured by the numbers of people setting a Quit Date (SAQD), Four Week Quitters (4WKQ) and Twelve Week Quitters (12WKQ).
- To provide a cost-effective service that is accessible across RBWM.

2.17. RBWM will seek to embed learning from behavioural science into the commissioning and delivery of stop smoking services; specifically the evidence in relation to the concept of "loss aversion" and incentivisation. It is proposed that RBWM explores the use of social media and develops app-based technology as a means to engage with younger smokers and to better understand behaviours in order to inform future incentivisation techniques

2.18. Some objectives of the services could be delivered/ carried out by a range of professionals who already work with priority groups – such as school nurses, health visitors, youth workers, Youth Offending Team workers and Family Workers.

2.19. This service will therefore build on this work and provide a more comprehensive service focussing on smoking and other risk-taking behaviours e.g. Drugs and alcohol. Early discussions with CCGs and Scrutiny Committee members on the proposed specification for the new service have been supportive of the approach.

2.20. There are two options for future commissioning arrangements.

**Option 1**

2.21. Option 1 is for RBWM to tender, procuring the services of a stand-alone Stop Smoking provider that would work to the specification set out in appendix 1. The advantage of this approach is that it builds on a model that has proven to be very effective. It is consistent with RBWM's approach of obtaining best value by competitive tendering.

2.22. A possible disadvantage of option 1 is that the newly procured service would operate alongside services already working with the identified priority groups. RBWM could miss an opportunity to develop alternative models of integrated delivery. To mitigate this risk, it is recommended that the new Stop Smoking service is commissioned on the basis of a two year contract with no option for extension. The rationale for this reduced contract term is to allow greater alignment of stop smoking services to the redesign of local drug and alcohol services, the transfer of commissioning responsibilities for children's public health services from

NHS to Local Authority and the policy direction of greater integration of health and care services.

2.23. It is proposed that RBWM develops longer term, credible plans to integrate stop smoking provision into services that already work closely with the target groups. This sets a future direction whereby stop smoking services are not a stand-alone service for those groups. Rather, RBWM could exploit wider developments including local changes to the provision of Drug and Alcohol treatment services and the integration of early help services across children's services to integrate stop smoking provision. Prevention of smoking and stop smoking support could be included in new delivery models.

2.24. There is a risk that this smaller contract may not attract a provider. However, the opportunity to develop and test a new and innovative service model should be attractive to potential providers.

**Option 2**

2.25. There is an opportunity to embed stop smoking services for pregnant women and young people into the new children's service offer and align prevention and treatment activity with planned changes in drug and alcohol services. Children's service need to consider urgently what aspect of the full prevention and smoking cessation service could be provided from April from within staffing resources with the transfer of health visitors and the existing school nursing service and will clarify this within 2 weeks prior to the final sign off the service specification. The intention then would be after April to move to greater integration of prevention of addiction into services for 0-19 years before the need to retender in 2 years,

2.26. As RBWM does not have the statutory duty to directly commission comprehensive NHS services for people with mental health conditions, option 2 would still mean that RBWM would have to tender for a stop smoking service for this client group and for people with learning disabilities.

| Option | Comments |
|---|---|
| 1. By developing a local service, RBWM reduces its investment to manage the new PH budget and procures a new targeted stand alone service, focusing on those with significant health inequalities. **Recommended** | Given overall positive performance for smoking prevalence in the Borough and the declining trend, RBWM wishes to re-prioritise funding. This service will provide advice and information and promote access to NHS and pharmacy services for all groups. In this option, RBWM stop smoking services will be targeted where greatest health gain is possible. A focus on children and families will protect the health of those who are too young to make their own choices. The reduction in budget could release funds to re-invest either in other public health programmes and/or enable the |

| Option | Comments |
|---|---|
| | council to continue to deliver public health services within the predicted 6.2% reduction in grant. |
| 2. RBWM integrates prevention and stop smoking services for children and young people into its new delivery model for 0-19 years and into newly procured drug and alcohol treatment services, thus ensuring that the early intervention and prevention focus is 'embedded' within wider service delivery. RBWM goes to tender to procure a stop smoking service for people with mental health conditions | This will see the Council move away from the procurement of a separate stand alone service and seek to integrate stop smoking delivery within those services that already work with the target populations including drugs and alcohol treatment services, children's centres and other early help services in children's services. For children's services, this option could be delivered by April 2106 as it does not rely on attracting an external provider. However, it would require additional recruitment to the children's workforce and training of staff to adopt extended roles.<br>Although option 2 presents an opportunity for initial innovation in the delivery of drug and alcohol and smoking cessation prevention services for those using children's services , the timing is more likely to be for the later contract tender. The possibility of integrating prevention and stop smoking services into mental health provision is more limited, as RBWM does not have the duty to currently commission these NHS services. Therefore, RBWM will still have to tender for a service for these priority groups, with a high risk that no suitable provider would be found for such a small service. |

## 3. Key Implications

| Defined Outcomes | Unmet | Met | Exceeded | Significantly Exceeded | Date they should be delivered by |
|---|---|---|---|---|---|
| Proportion of residents supported to quit smoking who remain smoke free at 6 months | Below 20% | 20-25% | 25-30% | 30%+ | 1st April 2017 |
| Number of residents quitting smoking 2016/17 (4 week quitters) amongst target groups | Below 220 | 220-250 | 250-280 | 280+ | 1st April 2017 |

| Defined Outcomes | Unmet | Met | Exceeded | Significantly Exceeded | Date they should be delivered by |
|---|---|---|---|---|---|
| Proportion of residents supported to quit smoking who remain smoke free at 6 months | Below 20% | 20-25% | 25-30% | 30%+ | 1st April 2017 |
| Number of promotion events held | Less than 12 | Between 12 and 15 promotion events in calendar year | 15-18 promotion events | 18+ promotion events | 1st April 2017 |

## 4. Financial Details

### Current contract

4.1 2015/16 - The budget for smoking cessation is £256k and the contract is expected to perform within this budget this year.

4.2 The new specification, with its focus on prevention and targeted support for priority groups, is likely to result in a smaller budget requirement. The saving will contribute towards the £221k the Directorate must make due to the expected 6.2% reduction in the public health grant.

### Public Health Grant Conditions

4.3 The Circular refers expressly to the Public Health Outcomes Framework and states that in setting spending priorities, local authorities should be mindful of the need to “tackle the wider determinants of health, for example through addressing the indicators within the Public Health Outcomes Framework such as violent crime, the successful completion of drug treatment, smoking prevalence and child poverty.”

4.4 In reporting on the grant, each authority must prepare a Revenue Outturn form which specifies in particular all lines of expenditure which will need to be reported. This includes the prescribed functions and non-prescribed functions. This service will meet the grant conditions.

The conditions make clear that if there is a failure to comply with the conditions, the Secretary of State may reduce, suspend or withhold grant payments or requirement the repayment of the whole or part of the monies paid.

| | 2016/17 | 2017/18 | 2018/19 |
|---|---|---|---|
| | Revenue £000 | Revenue £000 | Revenue £000 |
| **Addition** | Nil | nil | nil |
| **Reduction** | 128,000 | nil | nil |

## 5. Legal and Procurement Implications

### Legal

5.1 The legal position concerning local authorities responsibilities for providing public health services are complex and have been set out in a previous background paper on local authority responsibilities. The Health and Social Care Act 2012 places a statutory duty on RBWM in respect of public health.

5.2 The Secretary of State has published the Public Health Outcomes Framework, updates to which are published on a quarterly basis. This includes a number of indicators which are used to measure improvements to and protection of health. These include smoking prevalence and smoking quit rates.

### Procurement

5.3 RBWM will procure these services via an open tender process under option 1. Under the new EU regulations the tender timescales have reduced which makes it possible to conduct the procurement over the short space of time and to enable us to we have the new contract in place by 1st April 2016. This tender opportunity will be advertised on the south east business portal and the procurement process conducted on the local government sourcing portal. An indicative tender timeline is detailed at point 15. Tender submissions will be evaluated on the basis of M.E.A.T i.e. most economical advantageous tender to the Council with a quality to price ratio of 60%:40%.

**5.4** The Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended ("TUPE") may apply to some of the employees of the current Berkshire wide contractor (Solutions 4 Health Ltd). This will be dealt with during the procurement process by providing employee liability information.

**5.5** Option 2 carries a high risk that an adequate service will not be in place for April 2016. If option 2 is recommended by cabinet, it may be possible to integrate prevention and stop smoking for people with mental health conditions into the contract with an existing provider of mental health services by means of a contract variation. However, it is not certain that the existing provider will be able to or willing to accept the variation. In that event, a tender will be necessary with a strong possibility that insufficient time will remain to meet complete mobilisation by 1st April 2016. Option 1 is preferable. A tender for the entire service will ensure stop smoking provision to all target groups from April 2016. The two year contract will then enable development work to be undertaken to systematically integrate stop smoking into future contracts, including children's services.

## 6. Value for Money

**6.1.** Whilst the shared Berkshire arrangement provided the Council with a cost-effective means of procuring a smoking cessation service based on the previous specification (where the focus was on providing universal coverage with less of a focus on prevention, early intervention and targeted support for vulnerable groups), the same may not apply with the new specification. The latter, given its more focused approach, may benefit from going out to tender and testing the market

## 7. Sustainability Impact Appraisal

N/A

## 8. Risk Management

| Risks | Uncontrolled Risk | Controls | Controlled Risk |
|---|---|---|---|
| RBWM tenders for a local service but could result in higher costs due to loss of economies of scale. | High | The new service specification provides for flexibility and cost effective approach. | Medium |
| Refocus on prevention and targeted groups does not meet target numbers | High | Specification has a clear focus on target priorities and prevention. | Medium |

## 9. Links to Strategic Objectives

The proposed new model for stop smoking services supports RBWM's strategic objectives and those of the Joint Health and Wellbeing Strategy. It is a key step in setting RBWM's strategic direction for a future local public health system that is integrated into all Council functions.

**The health and wellbeing strategy themes are:**

- Supporting a healthy population
- Prevention and Early Intervention
- Enable Residents to Maximise their Capabilities and Life Chances.

**Our Strategic Objectives are:**

**Residents First**

- Support children and young people
- Encourage healthy people and lifestyles

**Value for Money**

- Deliver economic services
- Invest in the future

**Delivering Together**

- Deliver effective services
- Strengthen partnerships

**Equipping Ourselves for the Future**

- Developing our systems and structures.

## 10. Equalities, Human Rights and Community Cohesion

An Equalities Impact Assessment for the Berkshire wide contract has been completed and demonstrated that smoking prevalence tends to vary depending on particular groups. Whilst smoking prevalence tends to be higher amongst males, this differs from the 11-15 age group where smoking is higher among females. Furthermore, whilst smoking levels amongst Black and Minority Communities tends to be lower than White British communities, there is a higher prevalence amongst South Asian communities, Black British and Eastern European communities in terms of accessing the quit smoking service. All groups will be provided with services as identified in the target groups when the specification is agreed.

## 10. Staffing/Workforce and Accommodation implications

There may be TUPE or redundancy liabilities with the cessation of the contract with the existing provider assuming they did not bid and not be awarded new service.

## 11. Property and Assets

None

## 12. Any other implications

None

## 14. Consultation

To meet obligations under s 221-2 which requires RBWM to undertake an engagement exercise where decisions are made to review provision of local health services, RBWM held an engagement exercise in August with local stakeholders comprising representatives from the CCG (including mental health representatives). Responses from the exercise have been incorporated into the specification.

## 15. Timetable for Implementation

The indicative tender timetable for option 1 is set out below.

| Event | Date |
|---|---|
| Cabinet approval to tender | 24th September 2015 |
| Issue Invitation to Tender | Friday 9th October2015 |
| Deadline for submission of final tenders | Monday 9th November 2015 (12 noon) |
| Evaluate tenders | 10th – 12th November 2015 |
| Clarification/Interview | 16th /17th November 2015 |

| Meetings/Presentations ( if required) | |
|---|---|
| Contract award decision made by the Council | December 2015 |
| Council Standstill Period: notify Suppliers of contract award decision and award contract to supplier | December 2015 |
| Implementation/ Mobilisation/TUPE | January 2015- March 2016 |
| Contract Signed by the Council and commences | 1st April 2016 |

## 16. Appendices

Appendix 1 – proposed specification for new smoking cessation service.

## 17. Background Information

- NHS Smoke free (http://www.nhs.uk/smokefree -accessed 27.08.15)
- Economic model of adult smoking related costs and consequences for England; October 2010 (revised April 2011) Public Health Research Consortium, University of York (http://phrc.lshtm.ac.uk/papers/PHRC_A4-06_Final_Report.pdf accessed 1.09.15)
- What About Youth (WAY) Survey 2014: Questions to gather Local Authority preferences (http://www.hscic.gov.uk/media/17478/What-About-Youth-WAY-Survey-2014---outcome-paper/pdf/WAY2014-LA-Engagement-Feedback.pdf - accessed 01.09.15)
- Public Health Procurement Delegation of Authority 16 January 2014.
- Final PH Grant Determination and Conditions 2015-16, Department of Health, LAC(DH)(2014)2
- NHS Act 2006 http://www.legislation.gov.uk/ukpga/2006/41/pdfs/ukpga_20060041_en.pdf ( accessed 287.08.15)
- Local Stop Smoking Services: Delivery and Monitoring Guidance 2011-12 ahttps://www.gov.uk/government/publications/guidance-for-providing-and-monitoring-stop-smoking-services-2011-to-2012 ( accessed 287.08.15)
- Smoking attributable mortality - http://www.tobaccoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/3/par/E12000008/are/E06000040/iid/113/age/202/sex/4 ( accessed 287.08.15) (DH - Local Authority Circular – final_PH_grant_determination_and_conditions_2015_16)
- Legal implications from SLS
- Smoking Cessation Contract procurement, paper to RBWM Cabinet, 30th July 2015 available via http://www.rbwm.gov.uk/minsys3.nsf/d9c360870262e3708025765d004cf06a/96afd5f2de6a116180257e0000488d98/$FILE/meetings_150730_cab_smoking_cessation.pdf

## 18. Consultation (Mandatory)

| Name of Consultee | Post held and Department | Date sent | Date received | See comments in paragraph: |
|---|---|---|---|---|
| Cllr Burbage | Leader of the Council | 1.09.15 | 03.09.15 | |
| Cllr Coppinger | Lead Member for Adult Services & Health | 26.08.15 | 27.08.15 | |
| Cllr Carroll | Deputy Lead Member for Adult Services and Health | 26.08.15 | 27.08.15 | |
| Christabel Shawcross | Deputy Managing Director and Strategic Director for Adults, Culture and Health | 26.08.15 | 26.08.15 | |
| Alison Alexander | Managing Director and Strategic Director of Children's Services | 26.08.15 | 29.08.15 | |
| Lise Llewellyn | Director of Public Health | 26.08.15 | 01.09.15 | |
| Elaine Browne | Shared Legal Service | 28.08.15 | 29.08.15 | |
| Michael Llewelyn | Cabinet Policy Officer | 26.08.15 | 26.08.15 | |
| Alan Abrahamson | Finance partner | 28.08.15 | 02.09.15 | |

**Report History**

| Decision type: | Urgency item? | |
|---|---|---|
| Key decision | Yes | |
| Full name of report author | Job title | Full contact no: |
| Sue Longden | Head of Public Health | 01628 683532 |

# Smoking Cessation Services

# Specification

# April 2016- March 2018

# SERVICE SPECIFICATION

## 1. BACKGROUND

### 1.1 Population Needs

The Joint Strategic Needs Assessment (JSNA) for the Royal Borough of Windsor and Maidenhead (RBWM) provides local data for smoking and associated ill-health. Approximately 15.5% of the adult population of RBWM is estimated to smoke (17,561 smokers). Local Tobacco Control Profiles showed that smoking levels amongst younger residents were a particular concern. Modelled estimates suggest that incidence of smoking amongst the 11-15, 15-16 and 16-17 age bands all came very close to the national average which is more than expected given the Borough's level of affluence.

There are particular challenges within key groups. Approximately 8% of pregnant women smoke. Smoking in pregnancy causes low birth weight and poorer childhood development. Evidence shows that too many young people take up smoking. According to the WAY survey in 2014/15, nearly 8% of 15 year olds smoked. In the JSNA, it notes that "Additional services targeting pregnant and under 18 smokers should be considered

People with learning disabilities have a shorter life expectancy and increased risk of early death compared to the general population. The health inequalities faced by people with learning disabilities in the UK start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. Rates of smoking among adolescents with mild learning disability are higher than among their peers.

National studies show that smoking is higher amongst people with mental ill-health. Nationally 33% of people with a mental health problem smoke compared to 18.7% in the population as a whole. A Public Health England and NHS England survey found that smoking rates among service users in mental health units is even higher at 64%. People with mental health problems die between 10 and 20 years earlier than people with good mental health, with high smoking rates being the single largest factor. With proven, clear links between smoking and dementia and lung disease (with well-known implications for early death and disability and linked social care costs), it is therefore vital to commission services to prevent smoking through early intervention  and continually support the most vulnerable residents to stop smoking.

### 1.2 Service Aims

The aim of this service is to reduce prevalence of smoking in the royal Borough of Windsor and Maidenhead (RBWM) by the delivery of:

- A Borough-wide population based health promotion programme aimed at preventing uptake of smoking and harm reduction. The service will develop and deliver innovative strategies, appropriate to the target audience, to engage with groups at higher risk of harm from smoking
- Systematic signposting to self-help services to support smoking reduction for the population of RBWM

- The provision of skilled smoking cessation consultation and support in community, acute and primary care settings to targeted population groups within RBWM. The service will improve access to pharmacological and non- pharmacological aids via advisors who have received training at the appropriate level in line with the NHS Centre for Stop Smoking Services Training. The services will deliver a required level of smokers staying quit for 6 months after the quit date.

### 1.3 Evidence Base

The service shall be set up to deliver smoking prevention, signposting and specialist smoking cessation support in a range of settings to meet the needs of local communities. The service shall provide (a) health promotion in line with current best practice (b) support to behaviour change using brief intervention and nudge theories and (c) intensive support, either on a one to one basis, or on a group therapy basis, to support smokers who wish to stop smoking.

The service shall be set up and delivered in line with the following guidance and statutory framework for the provision of health promotion, behaviour change and smoking cessation services:

- NICE QS92 Smoking Harm Reduction; July 2015
- NICE QS43 Smoking cessation: Supporting people to stop smoking; August 2013
- NICE QS82 Smoking: reducing tobacco use; march 2015
- NCSCT Local Stop Smoking Services – Service and delivery guidance 2014 http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf
- NHS Stop Smoking Service and Monitoring Guidance 2010/11
- NICE PH10 Smoking Cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach groups (NICE 2008).
- NICE PH1 Brief interventions and referral for smoking cessation in primary care and other settings (NICE 2006)
- NICE Technology Appraisal Varenicline for smoking cessation (NICE 2007)
- NICE PH6 Behaviour change: the principles for effective interventions; October 2007
- NICE PH49 Behaviour change: individual approaches: January 2014

The service will also be informed by other government policy as detailed in:

- 10 High Impact Changes to achieve Tobacco Control (DH) May 2008
- A Smoke Free Future (DH) 2010
- Audit Commission Best Practice:
- Cabinet Office. Aplying Behavioural Insight to Health: a discussion paper; December 2010
- Cabinet Office. EAST: Four Simple Ways to Apply Behavioural Insights: April 2014
- National Audit Office. Tackling inequalities in life expectancy in areas with the worst health and deprivation; July 2010

Services provided should be in accordance with the minimum standards set out within these documents. Providers must also ensure compliance with current NICE guidance and updates as appropriate.

### 1.4 General Overview

In the UK, one person dies from a smoking-related disease every four minutes and smoking contributes to a wide range of health problems. The Department of Health estimates that it costs the NHS £1.7 billion each year. The government has recognised that by reducing the prevalence of smoking among people in routine and manual groups, some minority ethnic groups and disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health.

In RBWM it is estimated that 17,566 people still smoke and, if they carry on smoking, half can expect to die prematurely from a smoking related disease. Cardiovascular disease, lung cancer and chronic obstructive pulmonary disease are all significant challenges within the Borough. In order for the council to meet its strategic commissioning aims of reducing mortality from these conditions and reducing health inequalities, effective stop smoking services are fundamental to the overall public health approach.

Stop smoking services are only one element of the overall approach to tobacco control. The main focus of these services is to identify smokers, offer assistance to stop, and provide information and raise awareness.

### 1.5 Objectives

Specific objectives are:

- To develop and deliver innovative health promotion strategies, using technology and social media where appropriate, to support the prevention of smoking and to support RBWM's vision of making non-smoking the social norm
- To deliver numbers Setting a Quit Date (SAQD), Four Week Quitters (4WKQ) and Twelve Week Quitters (12WKQ) and Six Month Quitters (6MQ) aimed at the target populations namely pregnant women, young people (under 18) those with mental health conditions and learning disabilities.
- To ensure all smokers who want to stop smoking can access either appropriate specialist cessation support (target populations) or advice and guidance on where to access such services.
- To signpost smokers who are not in priority groups described above to NHS Smoke free and local retail schemes for advice and support.
- To reduce smoking rates in the Royal Borough, improving the health of the population and reduce smoking related deaths
- To provide a cost effective service that is accessible across the Royal Borough of Windsor and Maidenhead.
- To provide an appropriate level of service to ensure outcomes are achieved

### 1.6 Expected Outcomes including improving prevention

The services are intended to deliver the smoking cessation targets in line with the Care Quality Commission standards and contribute to locally agreed outcomes, by reducing the number of smokers and the prevalence of smoking-related illnesses and deaths within the local population. Delivery of smoking cessation is identified as a local and national priority.

Work with Tobacco control alliance and local public health teams on prevention. Target communities relevant for this specification are pregnant smokers, those with mental health conditions and young people (Those under the age of 18)

## 2. SCOPE

### 2.1 Service Description

The services shall be set up to deliver prevention, harm reduction and specialist stop smoking cessation support, monitoring and follow up offering a service in line with the guidance detailed in section 1.4 across RBWM. The service must be staffed by appropriately qualified personnel. Smoking cessation interventions should be run by advisors who have received training at the appropriate level in line with the NHS Centre for Smoking Cessation and Training. The following sections define requirements for Service Scope and Quality and Reporting.

### 2.2 Service Scope

The Provider will be required to:

- Offer evidence-based specialist prevention and smoking cessation support, monitoring and follow up in accordance to NICE and NCSCT NHS guidance (as detailed above in section…. ).
- The programme of prevention should be tailored to the target population, using media accessible and acceptable. The provider will be expected to develop innovative strategies for engaging with populations at increased risk of harm, including young people and those with learning disabilities.
- Work in collaboration with RBWM officers and the Royal Berkshire Fire and Rescue Service to further extend and promote the Smoke Free Homes initiative
- Signpost individuals not in the target groups for smoking cessation services to alternative self-help and support, including NHS Smokefree and private providers.
- Smoking cessation support shall typically constitute intensive counselling (one to one), group sessions, drop in clinics and web/telephone support
- Services shall be offered in a variety of settings to meet the needs of the local community in geographical proximity to areas where the client group live or work. To include the following: healthcare settings including General Practice, Secondary Care (acute and mental health settings) and Community Pharmacy. Other settings may include Community Dentists and Community settings may include workplace, community centres, Children's Centres, shopping centres, children/young peoples' clubs and associations, pubs/licensed premises, prisons and home visits for pregnant women and those with long-term illness or disability (including any mental health conditions).
- Provide an accessible service that includes evening and weekend provision.
- Deliver services within identified wards with higher levels of deprivation across the Royal Borough of Windsor and Maidenhead
- Deliver specialist stop smoking support to young people in a range of appropriate settings that are specifically accessible to these groups.
- To undertake promotional work to encourage people from the target groups to come and access services.
- Link in with appropriate 3rd sector agencies.
- Tailor service provision to meet the needs of smokers from recent migrant communities, disadvantaged communities and low income groups.
- Provide culturally sensitive and specific services, including multilingual services in appropriate locally spoken languages, to meet the needs of groups who find it harder to use current services.

Deliver specific targeted interventions to meet the needs of BME and hard to reach groups.

- Identify key groups (e.g. acute trust, prisons, mental health, workplaces, and inequalities) in agreement with the commissioner. A programme of interventions are prepared and delivered in order to support clients wishing to quit in these settings.
- Explore new opportunities and ways to provide services to the community.

### 2.3 Quality and Reporting

The Provider will be required to:

**Pharmacotherapies**

Offer and supply at least 8 weeks of free Nicotine Replacement Therapy (NRT) and all relevant pharmacotherapies in accordance with NICE guidance and NCSCT guidelines. Provide prompt availability of pharmacotherapies together with appropriate referral back to GP when required. This should include offering Varenicline or Zyban as appropriate and in line with Berkshire Public Health protocols and NICE and HTA guidelines through GP prescription or a Patient Group Direction (PGD). The costs of GP & other subcontractor prescribed medication will be recharged back to the provider service on a quarterly basis ie. It is important to note that the costs of these prescribed medications to all patients SAQD will be reconciled as part of total quarterly payments.

Provide a monthly breakdown of NRT, Champix and Zyban usage for all clients.

Follow any updated DH or other reliable guidance for the provision of Pharmacotherapies, agreeing any changes with the commissioner as required.

### 2.4 Training

- Deliver the service through appropriately trained, skilled and experienced professionals – trained to appropriate level of competence in line with the NCSCT.
- Deliver training to other providers or sub-contractors of the smoking cessation service, and other providers through agreement in line with NCSCT and NICE guidelines. Provide mentoring to level 2 advisors to support and develop best practice. The Provider is expected to provide regular refresher training for staff and ensure that staff are working to the most recent published standards.

### 2.5 Carbon Monoxide Monitoring

- Use CO monitoring to confirm quit status as a routine part of service provision. Purchase and maintain CO monitors and other equipment used during intervention programmes and events.

### 2.6 Data Reporting

- The provider shall define and operate processes to capture and report as agreed in formats specified by the Royal Borough, profiling smokers by multiple criteria including (but not limited to), socio- economic classification, eligibility for free prescriptions, intervention setting and type, CO

validation tests, demography, ethnicity and other minimum data sets in accordance with the NCSCT and that required for Department of Health and NHS Information Centre monitoring of smoking cessation services. Reporting will also include schemes and events such as Stop b4 the Op and Stoptober.

- Maintain all necessary data collection procedures and ensure full and accurate data completion of monitoring forms and timely returns according to the requirements of The Royal Borough of Windsor and Maidenhead as they arise and as specified later in this service specification. To meet all externally and Commissioner set deadlines for submission of all data.
- Collect informed consent from all clients for client contact details with an explanation that the client may be contacted for 52 weeks follow up and for audit purposes.
- Provide quarterly collated activity data in the format of the DH returns to RBWM (Public Health smoking lead) on a quarterly basis within 5 working days of the DH return date.
- To submit monthly service performance reports using Monthly Service Performance Report to the Commissioner by 15th of the following ie April return to be received by 15th May. Alternatively access to a live anonymised database supersedes the requirement for monthly reporting. Reporting (with database access) will be quarterly.
- Provide up-to-date data as required by RBWM outside of monthly and quarterly reporting.

### 2.7 Record Keeping and Data Protection

- Collect and record evidence of patient ID and NHS number.
- Maintain detailed client records that provide information on each stage of treatment as well as client motivation and quit history. The provider should maintain appropriate records to ensure ongoing effective service delivery and audit. Records should be retained for a minimum of two years. These forms should include all information required for the DH gold standard monitoring forms.
- On a six monthly basis the commissioning organisation will arrange for an audit of patient records to reconcile 4 week quit returns.
- Establish administrative processes to ensure the secure storage and handling of all records. Compliance with the Data Protection Act must be adhered to at all times. Electronic transmission of data must be in accordance with the **NHS Information Security Management code of practice.** A signed data confidentiality agreement must be obtained from each member of the public attending the service to ensure anonymised or psuedoanonymised data can be shared with the commissioning organisation.
- Attend regular quarterly and ad-hoc performance monitoring meetings as required by RBWM.

### 2.8 Marketing

- Provide support on an agreed basis with the Commissioner, for public campaigns to promote smoking cessation, including No Smoking Day, Stoptober and World No Tobacco Day events. Purchase and distribute national promotional and local materials to the wider health economy (e.g. GPs, pharmacists, etc.) within RBWM.
- Produce and distribute bespoke promotional and reporting materials. Provision of information packs for smokers accessing the service in accordance with the national branding for smoke free NHS. http://smokefree.nhs.uk/resources/
- Publicise the service and generate own referrals and market the service to generate activity in line with the national branding. http://smokefree.nhs.uk/resources/
- Respond to requests from the commissioning organisation and other local statutory and community organisations for support for promotion of smoke free initiatives and tobacco policy initiatives.

- The provider will report quarterly on marketing events and promotional activities performed in that quarter.

### 2.9 Patient Experience

- Conduct surveys of all patients who complete the course to gather their suggestions for continuous improvement.
- Contact all patients who drop out to understand their reasons.
- Develop service development action plans from the results of patient experience surveys for discussion with commissioners at quarterly reviews.

### 2.10 Accessibility/Acceptability

All clients will be treated equally and be given access to the smoking cessation service regardless of gender (including gender reassignment), race, nationality, ethnic or national origin, age, disability, religion, beliefs, or sexual orientation. The service will be flexible and responsive, adapting to the individual needs of clients in terms of their circumstances. The Provider will work in partnership and in an integrated way across General Practice, acute sector, community health services, and third sector providers to deliver the service. In delivering services to young people the provider will be expected to meet the You're Welcome Quality Criteria (DH 2005).

### 2.11 Whole system relationships

This service will support relevant RBWM and local CCG Care Pathways. Stop Smoking Services will be expected to contribute to discussions and action planning for tobacco control in RBWM.

Relationships will include the following agencies:

- RBWM including its constituent departments
- NHS Community Health
- NHS Acute Hospital Services
- General Practices
- Local pharmacies and dental practices
- Voluntary sector, community groups and local businesses.

### 2.12 Interdependencies

This service will form interdependent links with all of its referring agencies across local NHS (includes GPs, pharmacies, schools, hospitals, dentistry, etc).

### 2.13 Relevant Networks and Screening Programmes

- Sub national tobacco control networks
- Berkshire Tobacco Control Alliance
- NHS Health Check Programmes
- Local Authority Networks

The provider will hold sub contract arrangements with other organisations, including, but not limited to RBWM Community Pharmacies and General Practices and local charities and community groups. The provider will keep updated lists of GP and Community Pharmacy sub contractors and these will be shared with the commissioner. The provider remains responsible for ensuring that sub-contractors maintain the quality standards detailed in this service specification.

No other work within the scope of this contract shall be assigned to any sub-contractor by the provider. All additions to this list must be agreed and approved by RBWM, by contract variation

## 3. SERVICE MODEL

The smoking cessation provision will be offered by the Provider and subcontractors, delivered in both healthcare and non-healthcare settings by staff with relevant knowledge and who are appropriately trained in the operation of the service. The Provider has a duty to ensure that the staff involved in providing the service are made aware of, and act in accordance with NHS codes of practice and NICE guidance.

### 3.1 Care Pathway/s

These services shall be community based and take open referrals that may include any of the following: individual referrals, self-generated by the provider, GPs, Community Health Services, local pharmacies or other professional, workplaces, acute sector, occupational health etc. Care Pathways will be developed and agreed for different care settings as agreed with the commissioning organisation. These services are to be provided broadly in line with the list of activities set out below:

- Evidence-based specialist cessation support
- Offer at least 8 weeks of Nicotine Replacement Therapy (NRT) and all relevant pharmacotherapies in accordance with NICE guidance. Provide prompt availability of pharmacotherapies through direct supply together with appropriate referral back to GP when required or through a Patient Group Direction (PGD).
- Monitoring and follow-up in accordance with NICE and NHS Stop Smoking Service and Monitoring guidance.

#### 3.1.1 Initial assessment should, at a minimum, include:

- An eligibility test (see 4.4)
- An assessment of the clients commitment to make a quit attempt
- An assessment of the client's willingness to use appropriate treatments

#### 3.1.2 Initial consultation should, at a minimum, include:

- A carbon monoxide (CO) test, and an explanation of its use as a motivational aid
- A description of the effects of passive smoking on children and adults
- An explanation of the benefits of quitting smoking
- Information on the nature of tobacco withdrawal syndrome and advice on the management of withdrawal symptoms together with a description of the common barriers to quitting
- Comprehensive advice about available/appropriate treatment options that have proven effectiveness and methods of access

- Informing of client expectations in relation to the structure and process of the intervention including the programme's aims, duration, how it works, and its benefits.

**3.1.3 The remainder of the programme should also cover:**

- Reinforcement of the motivation and commitment to the target quit date
- Building of a repertoire of coping and behavioural support strategies
- Agreement on the chosen treatment pathway, ensuring the client understands the ongoing support and monitoring arrangements
- Onward planning (at the end of treatment) in relation to coping mechanisms, follow-up/ support options and pharmacotherapy
- Assessment of client satisfaction with the intervention provided

**3.1.4** If considered appropriate, the provider will deliver treatment from the full range of NRT products by Direct Supply and prescribed medication and will advise on its use.

**3.1.5** The 4 week and 12 week follow-up must include self-reported smoking status followed by a CO test for validation. A CO test must be completed in at least 70% of cases.

**3.1.6** A successful 4 WKQ is defined by the 'NHS Stop Smoking Services and Monitoring Guidance". A successful quitter is a self reported quitter whose expired air CO reading is assessed 28 days from their quit date (-3 or +14 days) and whose CO is found to be less than 10ppm. Any clients whose follow up dates fall outside this timing range should not be counted / counted as lost to follow up.

**3.1.7** A successful 12 WKQ is defined as a self reported quitter whose expired air CO reading is assessed 84 days from their quit date (-3 or +14 days) and whose CO is found to be less than 10ppm. Any clients whose follow

**3.1.8** A successful 6 month quit is defined as a self-reported quitter whose expired air CO reading is assessed 6 months from their quit date and whose CO is found to be less than 10ppm. Any clients whose follow up dates fall outside this timing range may not be counted / counted as lost to follow up

## 4. Referral, Access & Acceptance Criteria

### 4.1 Geographic coverage/boundaries

To include patients who are registered with RBWM GP's and clients who work or reside within RBWM.

### 4.2 Location(s) of Service Delivery

Service shall be offered in a variety of settings to meet the needs of the local community in geographical proximity to areas where the client group live or work.

Specific services will be provided to target harder to reach groups in settings and at times that meet their needs.

To include the following: healthcare settings (GPs, hospitals (acute and mental health and pharmacies), workplace settings, community settings, Children's Centres, shopping centres (Retail Marketing

Units), children/young people setting, clubs and associations, pubs/licensed premises and home visits for pregnant women and those through long-term illness of disability.

The physical area used for the service must provide a sufficient level of privacy and safety and be accessible to disabled clients.

### 4.3 Days/Hours of operation

This should include day time, evening and weekend access over 7 days for 52 weeks of the year: On a quarterly basis provide a report on clinic provision by settings and times across Berkshire.

### 4.4 Referral criteria & sources

Open access should be available to all eligible clients.

Confirmation of client eligibility is the responsibility of the provider of the service, the criteria to include:

- Client is part of one of the target groups (pregnant women, young people under the age of 18 and people with a diagnosed mental health condition)
- Client registered with a RBWM GP practice
- Client resides within the RBWM catchment area
- Client must be able to commit to a twelve week programme
- Clients have not failed an attempted quit in the previous six months (this is at the discretion of the service provider)

Patient's resident but not registered with a RBWM GP must register with a GP before treatment is invoiced. Providers should signpost how to do this.

### 4.5 Referral route

Referral from multiple sources as below for any smoker committing to the programme:

- Patients can receive the specified stop smoking service support either through referral from another health/community/social care professional or by self or carer-referral.
- Immediate intervention at drop in clinics in high footfall areas.
- All clients should be contacted by the service within 4 working days of receipt of referral.

### 4.6 Exclusion criteria

Patients not meeting criteria set out in section 4.4.

### 4.7 Response time & detail and prioritisation

Appropriate administrative systems must be used to ensure clients are managed through an efficient booking service, including appointment dates and times. For initial sign up to the smoking cessation programme, clients will be managed on a first come first served basis.

## 5. Discharge Criteria & Planning

The Provider will deal with all administration requirements from the point of referral onwards

including a bookings and appointments system.

The provider will notify the clients GP of the outcome of the intervention and of any further treatment required in line with client consent.

Discharge of clients will be based on:

- Evidence of a confirmed Twelve Week Quit being established and confirmed by self report or CO levels monitored at 25-42 days follow up and 81-98 days from quit date set.
- Non attendance at consecutive appointments.

The provider will be committed to delivering services to all clients who Set a Quit Date until discharge.

**6. Prevention, Self Care, Patient and Carer Information**

The provider shall ensure that there are structured processes to establish in accordance with The Code of Practice for Promotion of NHS Services, as is Health and as may be amended from time to time.

**7. KEY SERVICE OUTCOMES**

| PERFORMANCE INDICATOR | INDICATOR | THRESHOLD | METHOD OF MEASURMENT |
|---|---|---|---|
| | | **Quality** | |
| Public Health Outcome Indicators | 1. Number of 4-week smoking quitters who attend NHS Commissioned Stop Smoking Services<br>2. Number of 12-week smoking quitters who attend NHS Commissioned Stop Smoking Services<br>3. Number of 6 month quitters | The council expects 220 four week quits per annum and 130 twelve week quits broken down as follows<br><br>40% of 4wk quits being pregnant smokers<br>40% of 4 week quits being people with mental health conditions<br>20% of 4 week quits being young people. | Monthly patient datasets |
| | | **Service User Experience** | |
| %tage Service Users reporting | Of all Service Users responding to the | ≥ 80% | User Satisfaction |

| an excellent experience. | satisfaction question, the percentage reporting that they were satisfied with the service (Response Good or better) | | Survey |
|---|---|---|---|
| Experience Improvement Plan | User Feedback + Complaints | N/A | Analysis of complaints received |
| | | **Performance and Productivity** | |
| Pregnant Smokers | 4 Week and 12 Week Quitter | ≥ 40% of the total defined performance target for the 4 and 12 WKQ | Quarterly Review |
| Young people (aged under 18) | | ≥ 20% of the total defined performance target for the of 4 and 12 WKQ | |
| Smokers with mental health conditions | | ≥ 40% of the total defined performance target for the 4 and 12 WKQ | |
| Six month quitters | | 20% of all total number of quits per annum | |
| | | **Reducing Barriers** | |

| | | | |
|---|---|---|---|
| New front line staff (teachers, school nurses youth workers, social care, voluntary care staff) trained in brief smoking cessation interventions and referral methods to Stop Smoking Services<br><br>Numbers of Provider and Sub contractor Staff Trained | Training Sessions delivered and Attendances | 6 Training Sessions delivered per annum<br>≥ 10 Attendees per session | Count<br>Attendance Registers returned to Commissioner, specifying trainer details<br><br>Count<br>Attendance Registers returned to Commissioner<br><br>Examples of case studies. |
| **Care Planning Outcomes** | | | |
| No. Setting A Quit Date (SAQD) | SAQD | | Quarterly Review |
| CO Monitoring Target | CO Quit Confirmation | >65% | Quarterly Review |
| **Access** | | | |
| Number of Out of Hours clinics delivered per week.<br><br>Number of Clinics in NHS Setting<br><br>Number of clinics in non NHS settings.<br><br>Number of marketing events and promotional activities attend. | | | Quarterly Review |
| | | | |

**Activity Plan / Activity Management Plan**

Providers will be commissioned to deliver an annual activity plan. This will specify the minimum number of 4 and 12 week quitters to be delivered.

Providers will be paid on a Payment by Results basis for quitters delivered up to the maximum agreed spend. Providers will submit monthly invoices detailing the quitters delivered at each tariff.

Providers will be allowed no tolerance over the maximum spend at year end – no performance over this maximum spend will be paid for unless agreed in advance by contract variation.

Targets may be agreed with the minimum target (for example by target group and by quarter), but must still follow the year end stipulations.

**Capacity Review**

While the distribution of quitters for RBWM may vary, it is likely that a minimum of 350 4 week quitters and 260 twelve week quitters will be commissioned for the length of this contract (2016-2018).

**Variations to Tariff Prices**

Prices agreed through the tender process will remain fixed for the life of the contract. This does not preclude annual review and variation if provider and commissioner agree there is justification for change.

**QUALITY**

**Quality Requirements**

| Section name | Quality Requirement | Threshold | Method of Measurement | Consequence of breach | Frequency |
|---|---|---|---|---|---|
| **Workforce** | **Staff Appraisals**<br>No. of staff appraisals by professional group | All staff to have an annual appraisal | Provider report | As per contract terms and conditions | Quarterly |
| **Patient Experience** | Patients asked "Would they recommend the hospital as a place to receive treatment" | To be agreed as part of contract award. | Results form patient satisfaction questionnaires | As per contract terms and conditions | Quarterly (broken down monthly) |

| | | | | | |
|---|---|---|---|---|---|
| **National Standards** | The Provider will deliver clinical services in line with relevant Royal College/Professional Body standards and guidelines wherever possible unless the Co-ordinating Commissioner has commissioned a different level of service. The Provider will inform the public health shared team if any applied standards and guidelines are breached. The public health shared team reserves the right to request the Provider to carry out an audit against a relevant Royal College/Professional Body standard or guideline if a specific issue or concern arises (e.g. through complaints, incidents, serious untoward incidents, national audits, patient surveys etc) | Exception reporting | | | |
| **Clinical Governance** | The Provider will agree to send the Commissioner papers from the provider's Clinical Governance Committee (or equivalent) for the purpose of assuring quality of the Provider Services. | Full compliance | Provider Clinical Governance reports | As per contract terms and conditions | Quarterly |
| **SIRIs** | The Provider verbally notifies the Commissioner immediately (or as a maximum within 24 hours) of a SUI.<br><br>SUI reported to the Provider within two working days.<br><br>Final investigation report and action plan available to Commissioner within 45 working days (unless otherwise negotiated).<br><br>Commissioner representation on SUI panels (if applicable). | Full compliance with reporting of SUIs as nationally required | SIRI reports, RCA investigations reports, lessons learnt and action plan | As per contract terms and conditions | Monthly |

| Section name | Quality Requirement | Threshold | Method of Measurement | Consequence of breach | Frequency |
|---|---|---|---|---|---|
| **Incidents** | The Provider will have a robust process for Patient Safety Incident reporting, management and learning | The Commissioner will have sufficient assurance that learning takes place as a result of an incident. | Twice yearly incident reports. | As per contract terms and conditions | twice yearly |
| **Safeguarding** | The Provider will have processes in place to safeguard **children** and will have a training strategy in place. | All staff should have an appropriate level of training in safeguarding, according to their contact with children. | Report on training to include the total number of eligible staff for training and the Number of staff trained. | As per contract terms and conditions | Twice Yearly |
| **Safeguarding** | Safeguarding<br>The Provider will have processes to safeguard **vulnerable adults** and will have a training strategy in place. | All staff should have an appropriate level of training in safeguarding, according to their contact with adults. | Report on training to include the total number of eligible staff for training and the Number of staff trained. | As per contract terms and conditions | Twice Yearly |
| **CAS alerts** | Implementation of national alerts such as relevant drug alerts, NPSA alerts, Central Alerting System (CAS) and patient safety notices should be within the allocated time. | 95% | Provider report twice yearly | As per contract terms and conditions | Twice Yearly |
| **Clinical Audits** | The Provider will be expected to contribute records of all eligible patients to National Clinical Audits | n/a | Annual Provider report. | As per contract terms and conditions | annually |

| | | | | | |
|---|---|---|---|---|---|
| **Complaints** | The Provider shall have a Complaints Policy and Procedure that deals with patient complaints and concerns in a timely manner. | establish baseline and then set threshold | No and description of complaints received in quarter.<br>Total number of complaints referred on to the Ombudsman and number upheld by Ombudsman (per quarter).<br><br>Complaints policies and procedures available to commissioner on request. | As per contract terms and conditions | Quarterly (broken down monthly) |

| Section name | Quality Requirement | Threshold | Method of Measurement | Consequence of breach | Frequency |
|---|---|---|---|---|---|
| **Patient Experience** | The Commissioner expects Providers to utilise a range of patient feedback mechanisms (e.g. complaints, comments, questionnaires, etc) to develop action plans for improvement, to measure the impact of the improvement activity and to feedback outcomes to individual patients/users/carers or representative groups. | To be agreed at contract award. | Quarterly provider report on Internal patient experience. | As per contract terms and conditions | Quarterly (broken down monthly) |
| **Patient Information** | The Provider will have evidence of a comprehensive Patient Information programme of work. | n/a | Provider report on annual review of patient Information leaflets | As per contract terms and conditions | Annual |
| **Reducing Barriers** | New front line staff (teachers, school nurses youth workers, social care, voluntary care staff) trained in brief smoking cessation interventions and referral methods to Stop Smoking Services.<br><br>Numbers of Provider and Sub contractor Staff Trained | 6 Training Sessions delivered per annum ≥ 10 Attendees per session | Quarterly provider report. Count Attendance Registers returned to Commissioner, specifying trainer details | As per contract terms and conditions | Quarterly |
| **Reducing Inequalities** | 4 Week, 12 Week and 6 month Quitter | Young People <18 Years ≥ 40% of 4 and 12 WKQ*<br><br>Pregnant Women. ≥ 20% of 4 and 12 WKQ*<br><br>those with mental health conditions ≥ 40% of 4 and 12 WKQ*<br><br>6 month quitters – 20% of all quitters | Quarterly provider report | As per contract terms and conditions | Quarterly |

| CO Monitoring Target | CO Quit Confirmation | >65% | Quarterly provider report ( broken down monthly0 | As per contract terms and conditions | Quarterly |
|---|---|---|---|---|---|

* Note to reducing inequalities targets for young people, those with mental health conditions and pregnant women. It is anticipated that to effectively address these target groups will require commissioning of a specialist service to work with partner organisations: midwifery services and schools. It is planned to review the commissioning of such specialist services during this contract

**QUALITY INCENTIVE SCHEMES**

**Locally Agreed Incentive Schemes**

The Council encourages the use of incentivisation/nudge theory techniques and in particular the application of the concept of 'loss aversion' and the use of social media and app-based technology to engage with young smokers and to better understand behaviours in order to inform future incentivisation techniques.

**SERVICE USER, CARER AND STAFF SURVEYS**

Service user satisfaction is to be monitored and results analysed and discussed with commissioners at quarterly review meetings in order to identify areas of service strength / weakness to inform continuous service improvement.

**REPORTING AND INFORMATION MANAGEMENT**

**National Requirements Reported Centrally**

1. The Provider and Commissioner shall comply with the reporting requirements of SUS and UNIFY2 where applicable.

2. Compliance with the required format, schedules for delivery of data and definitions as set out in the Information Centre guidance, Review of Central Returns (ROCR) and all Information Standards Notices (ISNs), where applicable to the service being provided.

3. The Provider shall ensure that each dataset that it provides under this Agreement contains the Organisation Data Service (ODS) code for the relevant Commissioner, and where the Commissioner to which a dataset relates is a Specialised Commissioning Group, or for the purposes of this Agreement hosts, represents or acts on behalf of a Specialised Commissioning Group, the Provider shall ensure that the dataset contains the ODS code for such Specialised Commissioning Group.

4. The Provider shall collect and report to the Commissioner on the patient-reported outcomes measures (PROMS) in accordance with applicable Guidance.

**National Requirements Reported Locally**

- Monthly activity report (Unless online database access is available). If online database is available reporting is expected quarterly in line with review meetings.
- Report Quarterly on performance against the HCAI Reduction Plan.
- Equality monitoring report. Quarterly.
- Complaints monitoring report. Quarterly
- Report on service improvement, development and innovation. Quarterly.
- Monthly summary report of all incidents requiring reporting.

**Local Requirements Reported Locally**

3.1 All contracted data and information returns from the Provider to be sent to: Public.health@rbwm.gov.uk or relevant specified officer on or before due date.

3.2 Definitions of frequency for reporting: Monthly, Quarterly and Annually means the next submission date (2 days following SUS Inclusion Date) following the month the return relates to, unless otherwise specified in the schedule.

3.3 The Provider will submit all commissioner-based reports and datasets to the Commissioner at Local Authority, CCG, Ward and GP level. Any reports where this is not possible will be highlighted and justified to the Commissioner with a timetable for inclusion.