
REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	2 May 2019
Subject:	Stop smoking offer in Harrow
Responsible Officer:	Sally Cartwright Consultant in Public Health
Public:	Yes
Wards affected:	All
Enclosures:	none

Section 1 – Summary and Recommendations

This report sets out rationale and plans for stop smoking support in Harrow.

Recommendations:

The Board is requested to:

Endorse the further development of option 2 outlined in the paper.

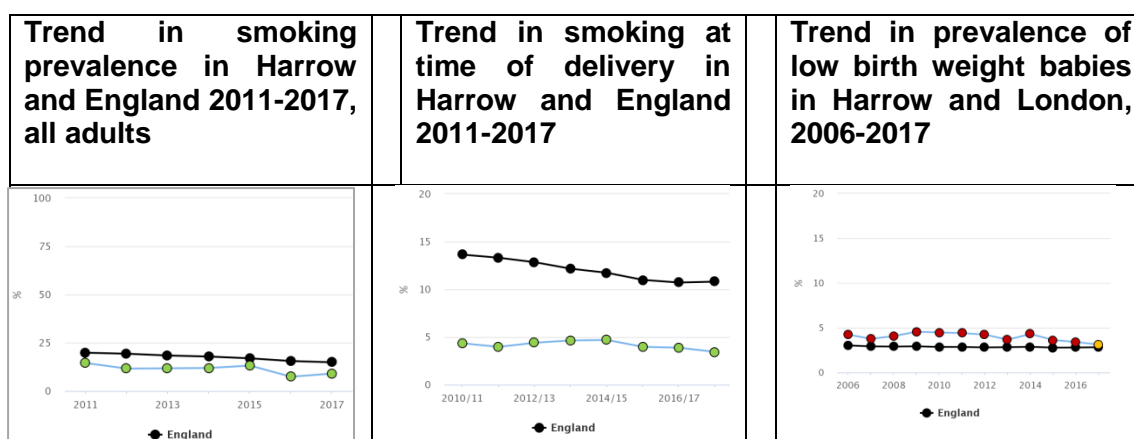
Section 2 – Report

1. Background

Smoking tobacco is the single biggest avoidable risk factor for cancer. It is also a major risk factor for cardiovascular disease, diabetes, dementia, and respiratory disease. Smoking in pregnancy is linked to miscarriage, premature birth, and low birth weight. Around half of all life-long smokers will die prematurely and on average, cigarette smokers die 10 years younger than non-smokersⁱ. Note that throughout this report, when we refer to smoking, we mean smoking tobacco whether in cigarettes, pipes, roll-ups or in shisha/water pipes.

In 2017, 9% of adults in Harrow were smokers. This is the lowest in London and second lowest in the country. Although this is comparatively low, a 9% prevalence equates to 17,265 adult smokers living in the borough. Nationally, smoking is more prevalent in people from routine and manual occupations, and in people with mental health conditions. The most recent estimate (2014/15) of smoking prevalence in people with serious mental illness in Harrow is 27.2% (40.5% for England). Smoking prevalence at the time of delivery in pregnant women in Harrow was 3.4% in 2017, which equates to 107 women and is the 7th lowest in London. Harrow has for a number of years had a prevalence of low birth weight in term babies higher than the England average. In 2017 this was 3.11%, equating to 104 babies. Local data from the hospital has shown that there is a large proportion of women smoking at time of delivery from Romanian background.

Despite the health benefits, these stop smoking services are discretionary and local authorities, through the public health grant, are not statutorily required to provide these preventative services.



Surveys consistently show that the majority of smokers want to quit. A survey conducted in 2008 showed that 68% of current smokers in Great Britain reported that they wanted to quit.ⁱⁱ

There is strong evidence that stop smoking services are effective and cost effective.ⁱⁱⁱ However there is also acknowledgement nationally that there are increasing pressures on budgets and limitations to the stop smoking offer some boroughs are able to provide. Stop smoking interventions have been ranked for evidence of effectiveness and effect size, ranging from Face-to-face group support with pharmacotherapy showing to boost quit rates by 300%, to text support increasing quit rates by 40-80% and websites as another option, but lacking evidence to date of the impact on quit rates.^{iv}

A report undertaken by Cancer Research UK and Action on Smoking and Health (ASH)^v in 2019 showed that between 2014/15 and 2017/18, nationally budgets for stop smoking services and tobacco control have reduced by 30% (£40.9 million), with 23% less spent per resident smoker in London boroughs.

2. Current situation

In 2016/17, the decision was made to stop offering stop smoking support in Harrow, to be effective from 1st April 2017, and the grant funding from this service redirected towards wider public health outcomes. There is currently no stop smoking offer for Harrow residents.

The budget in 2016-17 before the reduction was £279k. This comprised the following:

- £112k – staffing, 3 FTE
- £75k – Nicotine Replacement Therapy (NRT) costs
- £10k – GP smoking cessation Locally Enhanced Scheme (LES)
- £28k – pharmacy smoking cessation contract
- £45k – other contracted activity (including £10k promotional activities)
- £9k – North 51 quit system licence

3. Reason for review

In January Duncan Selbie, Chief Executive of Public Health England, visited the Harrow Public Health team. In discussion with Members and senior officers within the council, he raised the importance of stop smoking services. It was highlighted how cost-effective stop smoking services are, and that with smoking rates higher in particular vulnerable groups such as those with mental health needs, it is important to address these issues as part of tackling health inequalities despite these not being statutory services.

In addition, the NHS Long Term Plan highlights the importance of tackling smoking, particularly looking at smoking in acute settings.

With these points in mind, the position of a stop smoking offer in Harrow is now being reviewed to determine whether a low cost but effective approach to address this unmet need in Harrow could be developed. As part of this review, the elements given above have been taken into consideration.

4. Options for a stop smoking offer in Harrow

In considering the options for a stop smoking offer in Harrow, there are a number of elements of a traditional stop smoking service with costs attached that should be considered.

4.1 Common elements to stop smoking services

If offering traditional stop smoking support the following elements will be required universally:

- A data recording system. Previously this was North51, at a cost of £9k per year for the license. Alternatively, data could be recorded via excel
- Qualified stop smoking advisors who maintain their competence through regular CPD
- Cost of stop smoking advisors – whether salaries or through contract with pharmacists or primary care
- Nicotine replacement therapy
- CO monitoring
- Promotional materials or approaches

- Data submissions to NHS digital

4.2 London Portal

There is a London-wide tobacco control support offer. Boroughs sign up to this individually at a cost of £6,700 per borough. Within this offer is:

- National helpline – which directs to local programmes and now offers an option of 28 days proactive support to help people quit. As of April this offer will also be specifically aiming at pregnant women. They are also looking to build in text support into this next year at no or minimal additional cost.
- Campaign activity – targeting in local areas. Signposting to local services or national helpline and website. In 2019/20 there are plans to do more of this in hospital setting in line with NHS long term plan
- Website – information, tips, and tools, and linking to national helpline or local services

4.3 Options for Harrow

The re-introduction of a full specialist stop smoking service, including a coordinator role, specialist stop smoking advisors, training of advisors and contracts with primary care, is not considered a cost effective option in Harrow given the low rates of prevalence of smoking. However, there are a range of more cost effective options which enable support for these services to maintain the low prevalence rates. These are described below in more detail.

Detailed below are the annual costs of three reduced service options.

Option 1:

London portal only. This would involve signing in to the London portal, which would give Harrow residents access to the website with tips tools and information, and the national helpline which now offers 28 days of proactive telephone support to help people quit.

Cost	Benefits	Risks
£6,700 pa	<ul style="list-style-type: none"> - Low cost option - Smokers still get an opportunity for individual support - Limited resource needed from public health team to manage as admin and management done centrally - Promotion and campaign activity also coordinated through portal so no additional costs for this activity locally 	<ul style="list-style-type: none"> - Limited evidence-base for effectiveness of the telephone support service offer as it's a new option without large numbers yet going through - If there was low take up of this option there would be limited impact on the smoking population - Smokers would need to pay for their own NRT. This may disproportionately affect those with lower incomes, who are more likely to smoke. Thereby not offering a service proportionate to need, and risking increasing health inequalities. However it can be argued that the cost of NRT is less than the cost of smoking. - This doesn't directly tackle smoking in hospital or mental health setting

Option 2:

London portal and small scale stop smoking advice. Costings of a small scale stop smoking offer has been included in the appendix, the final cost given below incorporates 0.6 FTE stop smoking advisor (3 days per week), no administration

costs as these would need to be absorbed by public health team, an estimate of medication costs, venue costs, CO monitors and consumables.

There is also an additional possibility of purchasing some stop smoking advisor time from another borough service, with whom we share acute maternity services, to provide stop smoking support for women smoking in pregnancy. This is currently an idea in development and conversations need to be had with neighbouring boroughs to explore opportunities. This has been estimated as an option at £10,000 per year.

Further conversations could also be explored around offering stop smoking support in hospital setting. Through having a Harrow stop smoking advisor in the community it could also strengthen any activity in a hospital setting through having a service to refer to on discharge if required.

Cost	Benefits	Risks
<p>£6,700 pa for London portal</p> <p>£46,000 for stop smoking service (Advisor: G8/G9 + on costs = approx. £25k (pro rata) NRT: £12-15K Other equipment /consumables:£1k Resources, and promotion: £2k Professional support / training- £3k Assumes no cost for room hire)</p> <p>£10,000 option for purchasing from /joining with a neighbouring service for stop smoking support in pregnancy.</p> <p>Total: £62k (full year costs)</p>	<ul style="list-style-type: none"> - Provides more options to support smokers in Harrow, giving smokers options of ways in which they can get support - Addresses the issue of smokers having to purchase their own NRT if we only had access to the portal, which could widen inequalities - Stop smoking support including behavioural change advice and NRT has best evidence of success to help people quit - With further support available we are more likely to positively impact on smoking prevalence in Harrow - If include the option to support in pregnancy, would mean that the hospital trusts do not have to differentiate between women who smoke and which borough they are from, support could then be offered universally 	<ul style="list-style-type: none"> - There could be challenges in recruiting a 0.6 FTE adviser to work without a full stop smoking or lifestyle team to support them - Public Health team would have to take on the administration and national returns, adding further pressure on an already small team - Making the decision previously to cease the stop smoking service was a challenge, which was met with resistance and was damaging to some relationships within Harrow. Reinstating a service offer has some reputational risks to the Council through revoking a previous decision. Relationships damaged through the previous decision will also need to be rebuilt, to ensure referrals are made into the new service. - As the decision to stop running the service previously was financially driven, there are risks that the same issues may be faced again in the future. We would not want to risk undertaking work to re-establish a service, if there was a risk that budgets would again not allow this to continue and we then had to cease the service once more. This would lead to further reputational and relationship damage.

For a service starting by end June 2019, the annual first year costs would be reduced to £50k.

Option 3:

London portal and pharmacy delivered Service: Pharmacists were the keystone of the stop smoking service when it began. Many pharmacists trained as stop smoking advisors and offered face to face support to hundreds of smokers over the years. However, fewer referrals from GPs meant that in more recent years fewer people attended the stop smoking services offered by pharmacists.

A pharmacy delivered service would require some coordination and training as well as purchase and maintenance of CO monitoring equipment and consumables. Pharmacists would be paid on a cost per referral /quitter basis to reimburse their time, plus the cost of the NRT distributed.

A paper based or email system of recording patient attendance at appointments and NRT prescribed and distributed would be needed. This would also require some administrative input to organise the data for national data returns.

This service would not provide direct support within the antenatal service but as in option 2 this could be provided through an arrangement with Brent council's service.

Cost	Benefits	Risks
<p>£6,700 pa for London portal</p> <p>£64,000 for stop smoking service (Coordinator: G8/G9 + on costs = approx. £8k (pro rata) Pharmacy Payments for up to 200 quitters – £35k including costs of NRT@ £12-15K Other equipment /consumables:£1k Resources, and promotion: £2k Professional support / training-£3k)</p> <p>£10,000 option for purchasing from /joining with a neighbouring service for stop smoking support in pregnancy.</p> <p>Total: £81k (full year costs)</p>	<ul style="list-style-type: none"> - Provides more options to support smokers in Harrow, giving smokers options of ways in which they can get support - Addresses the issue of smokers having to purchase their own NRT if we only had access to the portal, which could widen inequalities - Stop smoking support including behavioural change advice and NRT has best evidence of success to help people quit - With further support available we are more likely to positively impact on smoking prevalence in Harrow - If include the option to support in pregnancy, would mean that the hospital trusts do not have to differentiate between women who smoke and which borough they are from, support could then be offered universally 	<ul style="list-style-type: none"> - There could be challenges in recruiting a 0.2 FTE adviser to work without a full stop smoking or lifestyle team to support them - Public Health team would have to take on the administration and national returns, adding further pressure on an already small team - Pharmacists may not want to reinstate the service at all or not at the previous costs meaning budget would not deliver the expected number of quitters. - The time to establish a programme will be prolonged while engagement of pharmacists takes place, negotiation of contracts with LPC are agreed and while training requirements are addressed.. - As in option 2, reinstating a service offer has some reputational risks to the Council through revoking a previous decision. Relationships damaged through the previous decision will also need to be rebuilt, to ensure referrals are made into the new service. - As in option 2, further requirement for savings may result in service being stopped again resulting in further reputational risk.

First year costs for service beginning by end September 2019, could be reduced by up to £21k if reduced target is agreed.

5. Recommendation

It is recommended that option 2 is further developed and implemented. This would likely take approximately 3 months to implement once agreed due to establishing procedures and governance, and recruitment of an advisor.

6. Implications of the Recommendation

Implications are outlined in the tables above including costs, resources, and risks.

Ward Councillors' comments

None

Financial Implications/Comments

The annual 2019-20 Public Health budget of £10.523m approved by cabinet in February 2019 did not assume any funding for the re-introduction of a stop smoking service.

However, the funding for wider health improvement was increased by £180k to £220k following reductions in the cost of the provision of sexual health services, achieved through procurement of services.

The funding for the stop smoking services could be funded on an ongoing basis within the annual public health grant by reducing the wider health improvement budget by just under £70k. Alternatively this could be funded from the specific public health reserve, albeit this would need to be kept under review based on the level of available reserves.

The Public Health grant is currently ring-fenced until March 2020, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource and future funding decisions will be considered as part of the annual budget setting process.

Legal Implications/Comments

Under the Health and Social Care Act 2012, a local authority must establish a Health and Wellbeing Board. The terms of reference of the Board include improving the health and wellbeing for the residents of Harrow and reducing inequalities in outcomes.

Risk Management Implications

Risks outlined as given in the table above:

- There could be challenges in recruiting a part time adviser to work without a full stop smoking or lifestyle team to support them
- Public health team would have to take on the administration and national returns, putting pressure on the team
- Making the decision previously to cease the stop smoking service was a challenge, which was met with resistance and was damaging to some relationships within Harrow. Reinstating a service offer has some reputational risks to the Council through changing the direction of a previous decision. Relationships damaged through the previous decision will also need to be re-built, to ensure referrals are made into the new service.

- As the decision to stop running the service previously was financially driven, there are risks that the same issues may be faced again in the future. We would not want to risk undertaking work to re-establish a service, if there was a risk that budgets would again not allow this to continue and we then had to cease the service once more. This would lead to further reputational and relationship damage.

For points one and two we would implement the proposal and monitor this. If we couldn't recruit we would need to look at alternative options such as buying in sessions from another borough. In a small team if the administrative requirements proved to be too demanding on time and resources we would need to review this and look at other options. We would monitor the impact on the team on a monthly basis.

As the proposal is progressed, stakeholder meetings will need to be held such as with the Local Pharmaceutical Committee, GPs, and others to discuss the proposal, and build in referral pathways.

Reputational risks and risks of not having continuing budgets for this service will need to be closely monitored and managed as the proposal progresses.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

No formal EqIA carried out on this proposal but a full EQIA was undertaken when the service was cut in 2017-8. The aims of this proposal are aligned with reducing inequalities, through helping those in more vulnerable populations stop smoking, and is aligned with the objectives of the Inequality Act 2010 and particularly the Public Sector Equality Duty.

Council Priorities

Making a difference for the vulnerable – through helping address smoking in some of the more vulnerable populations, thereby tackling health inequalities. Through providing an option for women smoking in pregnancy to get support to help them quit thereby protecting children's early development. Also through providing stop smoking support for adults who may have children, giving wider benefits that just to the individual but also benefiting the wider family through reduction in second-hand smoke.

**Section 3 - Statutory Officer Clearance
(Council and Joint Reports)**

<p>Name: Donna Edwards</p> <p>Date: 5 April 2019</p>	<p><input checked="" type="checkbox"/> on behalf of the Chief Financial Officer</p>
<p>Name: Sharon Clarke</p> <p>Date: 5 April 2019</p>	<p><input checked="" type="checkbox"/> on behalf of the Monitoring Officer</p>

Name: Paul Hewitt



Corporate Director

Date: 23/4/19

Ward Councillors notified:

NO

Section 4 - Contact Details and Background Papers

Contact: Sally Cartwright, Consultant in Public Health, Harrow Council

Background Papers:

Bibliography:

ⁱ Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *Bmj*. 2004 Jun 24;328(7455):1519.

ⁱⁱ Lader D. Opinions Survey Report No. 40 Smoking-related behaviour and attitudes, 2008/09. Office for National Statistics.

ⁱⁱⁱ <http://www.ncsct.co.uk/usr/pub/NCST%20briefing-effectiveness%20of%20local%20cessation%20and%20prevention.pdf>

^{iv} https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf

^v Cancer Research UK and Action on Smoking and Health. A changing landscape: Stop smoking services and tobacco control in England. 15th March 2019