

Priorities:

Health and wellbeing

The required decision will meet the needs identified in the JSNA and health strategy to further reduce early deaths from cardiovascular and respiratory disease, whilst delivering immediate benefits to clients who quit in terms of improved financial benefits, protection of their children from ill health. *Specifically* stopping smoking at about aged 30 leads to a gain of almost 10 years of life expectancy, stopping at age 60 still yields a 3 year gain in life expectancy. Even after the onset of life-threatening disease there are rapid benefits from quitting: people who quit smoking after having a heart attack reduce their chances of having another heart attack by 50 percent.

Cross-Cutting themes:

The report informs the theme of Civic responsibility as smoking cessation must be voluntary and has immediate impacts on the person's health and that of their family (ASH factsheet).

The report informs the theme of Improving the image of the town as cigarette smoking is now illegal in workplaces and cars (October 2015 regulations) and will have a positive impact on waste collection.

The new JSNA for 2015 illustrates that although smoking prevalence has fallen since 2013 the rate remains the highest in the Southeast at 19%. Tobacco control measures are also included in the council's intentions to go smoke free by April 2016 and support the work of community safety through the collection of illicit cigarettes and work to reduce the impact of Shisha.

3b Five Year Plan Outcomes

The contract will help to deliver the following Five Year Plan's outcomes:

- More people will take responsibility and manage their own health, care and support needs. Smoking cessation is the most effective intervention for reducing health inequalities as a cause of modifiable disease. Attendance at stop smoking services is voluntary and every opportunity to educate smokers and enable them to promote personal solutions to help them to stay quit is adopted. The service employs people from all communities in Slough and achieves 4 week quit rates higher than national performance at 63% compared to 53% and a 12 week quit rate of 63% (for which there is no national comparator). The impact of smoking on Slough is significant. The most recent estimates suggest there have been around 204 deaths per year attributable to smoking in the Slough UA area in recent years, with Slough having a smoking attributable COPD death rate that is significantly worse than the English average. There are also an estimated 743 attributable hospital admissions each year (Local Tobacco Profiles, 2015). Given the strong inverse correlation between socioeconomic status and smoking prevalence, this impact is of course greatest on the poorest in the borough.
- Children and young people in Slough will be healthy, resilient and have positive life chances. Pregnant women are a target group with in the smoking cessation service specification. The impact of smoking during pregnancy on the foetus starts with higher risks of low birth weight, increased risks to children of ear infections. Further details are set out in the Wellbeing Board report on tobacco control.

- The Council’s income and the value of its assets will be maximised – rates of return on interest include benefits to adult social care through the reduction of stroke and to the workforce through reduced sickness with an estimated value to the Slough economy
The overall economic impact of smoking to Slough include £4.5m costs to the NHS and £1.2m in local authority funded social care. (ASH, 2015).
- The Council aspire to be a leading digital transformation organisation- the successful provider has demonstrated a real impact from online access as well as face to face intervention. Social media and many other forms of interaction are promoted to enable as many people as possible to quit.

4 **Other Implications**

(a) **Financial**

The source of funding for this contract is the public health grant. The financial implications of the proposed action are a capped contract for 3+1+1 years valued at £300k per annum, yielding a saving to the council of £180k against the current contract price.

The service will also deliver efficiencies for partners in the NHS and local businesses as it will reduce; heart disease, stroke and diabetes as well as reduce smoking prevalence.

The 2% reduction in smoking prevalence already achieved since the start of the contract provides assurance that the service is functioning optimally compared to benchmarks.

The rates of return on interest for have been calculated through the NICE ROI tool and for Slough are quoted within three years as £2 per £1 spent (JSNA support pack 2015).

Figure 1: Estimated cost of smoking



Comparator costs/benchmarking data and outcomes were used in the tender scoring exercise to arrive at a recommendation,. The winning provider achieved 98.4% out of a total of 100 in terms of financial and performance data. The selected provider has demonstrated the highest quitter rates in England.

(b) **Risk Management**

Risk	Mitigating action	Opportunities
Legal	PH Framework agreement with BFBC	

Property	None	
Human Rights	None	
Health and Safety	None	Service is already supporting the councils tobacco free pledge
Employment Issues	None	
Equalities Issues	Approximately half of all smokers in England work in routine and manual occupations. Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles and unemployed people are twice as likely to smoke as those in employment. Ill-health caused by smoking is therefore much more common amongst the poorest and most disadvantaged in society (JSNA support pack 2015)	Smoking cessation services actively report on outcomes in protected groups see EIA
Community Support	Service recruits and trains staff from local communities	Service is already using local community settings
Communications	All communications are organised by the provider	A variety of social media are used in addition to conventional promotions
Community Safety	None	
Financial	£300k per annum for the lifetime of the contract	This is capped so that extra costs cannot be generated. This has reduced from £440 in 2013-14 to £378k in 2014-15.
Timetable for delivery	Decision required for contract award December 31 st 2015	
Project Capacity	The OJEU process will be complete In December 15	Project staff were seconded from BF and SBC PH teams
Other		

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications.

This contract would be the first to be awarded under the refreshed agreement with Bracknell Forest Council, who manage the Public Health Central Resource on behalf of Slough Borough Council.

(d) Equalities Impact Assessment

See Appendix A

5 **Supporting Information**

The aim of this service is to provide skilled smoking cessation consultation and support in community, acute and primary care settings. 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 National Centre for Smoking Cessation and Training (NCSCT). The services will deliver a required level of smokers staying quit for 28 days after setting a quit date (SAQD) and being followed up within 25 to 42 days after the quit date (Four Week Quitters). In addition, Four Week Quitters (4WKQ) will be supported for an additional 8 weeks and followed up within 81 to 98 days after the quit date as Twelve Week Quitters (12WKQ). Quitters will have access to post quit support if required. The target performance figures for Slough are

Measure	Nos of successful quits	Local quit rate expected
Minimum 4WKQ (4 week quits)	767	>60%
Minimum 12WKQ (12 week quits)	460	>60%

The current stop smoking service has had a positive impact. In the year preceding its operation, the smoking prevalence in Slough rose from 21.4% (in 2012) to 22% (in 2013 – bringing it to a level significantly greater than the national average). However, since its implementation the prevalence has fallen to 19% and is no longer significantly higher than the national average (Local Tobacco Profiles, 2015). The stop smoking services in Berkshire achieve some of the best performance outcomes in England (including very high quit success rates). This was reflected in the programme winning a national award (The MJ Public Health Award) in June 2015.

Performance will be measured against the mandated the Public Health Outcomes Framework, NICE guidance and local outcome measures e.g the specification requires a minimum of four training sessions delivered per annum \geq 10 Attendees per session per local authority and requires 4% as a minimum to be carers

As a result of the competitive tendering process Solutions4Health scored highly across the board, but scored particularly high for their innovative and highly locally focussed approach to future delivery. Evidence of past success, and plans to continue highly specialised innovation was of note.

6 **Comments of Other Committees**

The views of commissioners, are that every effort should be made to seek a contribution to the costs from partners who benefit from this level of investment.

7 **Conclusion**

This report sets out the results of the OJEU retendering exercise conducted by the Berkshire Central Public Health Team, on behalf of all UAs in Berkshire. Slough

stakeholders were consulted fully during the process and the recommendation by the lead consultant and other Slough stakeholders on that tendering panel is that Cabinet approve the award of the contract in line with the OJEU timescales. The date for contract award notification is December 31st.

That in making a decision to award Cabinet note that Solutions4Health scored highly across the board, but scored particularly highly for their innovative and locally focussed approach to future delivery. Evidence of past success, but also plans to continue highly specialised innovation was also of note. Evidence of their innovative and responsive approach can be seen in their closer working relationship with the hospital, their actions to educate the younger population about Shisha, and their inclusive practice of employing and training staff from the local community.

8 **Appendices Attached**

'A' - Equality impact assessment of the new service

9 **Background Papers**

'1' - ASH factsheets available at <http://www.ash.org.uk/information/facts-and-stats/fact-sheets>

'2' - Tobacco control report to the Wellbeing board

'3' - Tobacco Control JSNA support pack 2015

APPENDIX A

Equality Impact Assessment

Directorate: Wellbeing	
Service: Smoking cessation	
Name of Officer/s completing assessment: Angela Snowling	
Date of Assessment: 12th November 2015	
Name of service/function or policy being assessed:	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing? The aims of the service are; to provide skilled smoking cessation consultation and support in community, acute and primary care settings. 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 National Centre for Smoking Cessation and Training (NCSCT).</p>
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners. Solutions4health in conjunction with their subcontracted services i.e. GPs, hospitals, pharmacies and community nursing services</p>
3.	<p>Who will be affected by this proposal? All external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed will benefit from this service (more information is available in the background information). There are two tariffs with an approximately 50:50 split for general and priority groups. Priority groups include routine and manual workers, unemployed, offenders, those with mental health problems, BAME groups and pregnant women. The new service will include young people and will prioritise wards with increased deprivation</p> <p>Age: positive all clients of general local stop smoking services are aged 17+. The redesign sets targets for young people which will create a positive impact</p> <p>Pregnancy and maternity: positive Targets are set to increase the percentage of pregnant women supported by the new service</p> <p>The service has a neutral impact on the following protected groups Gender Reassignment, Marriage and Civil Partnership, Race, Religion and Belief, Sex, Sexual orientation, Other</p>

4.	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <ul style="list-style-type: none"> • Increased life expectancy for the whole population • Reduced health inequalities • Clinically effective services providing improved health outcomes within two years for individuals as witnessed by reduction in prevalence • all services
5.	<p>What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?</p> <ul style="list-style-type: none"> • There are no negative impacts for the groups defined in 3 above
6.	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>In May 2015 Slough began a countywide process to review the gaps and assets against the levels of service described in the existing programme. Common themes emerged and were captured as priorities to address prior to tender i.e. a greater focus on early year's settings, workplace settings, schools and mothers smoking in pregnancy. These and other outcomes are now embedded into the final specification.</p> <p>Representation by the following agencies are included in the final specification</p> <ul style="list-style-type: none"> Public Health Advisory Board for Berkshire Slough Corporate Management team Berkshire CCG clinical leads and the local medical council Berkshire local pharmaceutical committee SmokeFree Berkshire provider staff Slough Children's Centre staff Slough CCG Neighbouring Health and Wellbeing Boards Senior Management Team Wellbeing
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results e.g. have the staff forums/unions/ community groups been involved?</p> <ul style="list-style-type: none"> • Voluntary sector representation on the panel and during the consultation period • The service actively recruits workers from a range of local communities to ensure accessibility
8.	<p>Have you considered the impact the service might have on local community relations?</p> <ul style="list-style-type: none"> • The award of the contract to the existing supplier will not impact on community relations

9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p> <ul style="list-style-type: none">• NA this is an established service that is fully integrated into the community
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <ul style="list-style-type: none">• 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• Client satisfaction scores must reach 80% target

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to activity promote equity and equality have been taken	

Action Plan and Timetable for Implementation

Action (in 2016-19)	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date
New front line staff trained in brief smoking cessation interventions and referral methods to Stop Smoking Services	Teachers, school nurses youth workers, social care, voluntary care staff	Provider	Nos of staff by background	Quarterly review meetings	May 2016	NA at this stage
4 week and 12 week quitter rates further enhanced in specific groups	Routine and manual workers	Provider	≥ 40% of 4 and 12WKQ	Quarterly review meetings	May 2016	
	BME		≥ 15% of 4 and 12WKQ	Quarterly review meetings	May 2016	
	Young People <18 Years Pregnant Women Carers		All ≥ 4% of 4 and 12WKQ	Quarterly review meetings	May 2016	

Name: Angela Snowling

Signed:(Person completing the EIA)

Name:Mervyn Msaya.....

Signed:**INSERT Mervyns signature**.....(Policy Lead if not same as above)

Date: 13.11.2015