

## **Health Improvement Service - Stop Smoking Services Summary**

(Appendix H refers)

### **Context**

Smoking remains the leading cause of preventable death and disease in England, and is one of the most significant factors that impacts upon health inequalities and ill health. Smoking prevalence in Lancashire is similar to the England value (14.8% v 14.9%). Pendle (20.2%), Preston (20.2%) and Hyndburn (19.4%) have higher rates of smoking, all districts, except Ribble Valley, are still statistically similar to England. Ribble Valley is statistically lower.

Supporting smokers to quit is highly cost effective and when combined with pharmacotherapy products such as nicotine replacement therapy and behavioural support, they are four times more likely to quit. Previously the service provided a universal offer but it has become clear there are specific groups which need to be targeted based on needs. Whilst it is recognised that some groups will be determined locally, in alignment with the national Tobacco Plan and the locally agreed Pan Lancashire Tobacco Control Strategy, the following have been prioritised;

- Pregnant women who smoke
- Those with long term conditions
- Those with mental health problems
- Routine and manual workers

Previously services have been developed around a universal model but this approach is not the most effective. By targeting groups and focussing on pathways we can potentially improve relationships with health professionals and increase outcomes.

### **The Current Contract**

Lancashire County Council currently commissions a stop smoking service which is available to everyone over the age of 12 years in Lancashire. The current contract was commissioned from April 2016, for three years with options to extend of 1+1 years (2016-2021) and is provided by Lancashire Care Foundation Trust, operating under the brand 'Quit Squad'.

### **Proposed Re-modelling**

The proposal is to remodel stop smoking services in order to focus resources on those groups with the highest smoking prevalence. A more targeted offer of behavioural support with advice on stop smoking medicines would focus on:

- supporting pregnant women who smoke
- those where smoking rates remain high, such as routine and manual workers
- those with mental health conditions

- those with long-term conditions and/or those dependent on drugs and/or alcohol

The current universal offer will be managed via digital support; if anyone advises they do not have the resources to access digital services, this will be reviewed and they will be supported in the most appropriate way.

## **Consultation**

Lancashire County Council has undertaken a comprehensive consultation with a range of stakeholders to ensure views were sought on the proposal, to allow due consideration of the implications. The public, staff and partner organisations were invited to give their views on the proposal to re model stop smoking services. The consultation was promoted across Lancashire via partner organisations, community bodies and service providers. Electronic versions of the consultation questionnaire were available online through the council's website, with paper versions by request.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 17 completed questionnaires were returned for the service users/general public consultation. For the organisation consultation 27 completed questionnaires were returned.

Consultation workshops with partner organisations were held between 11 March and 21 March 2019. In total, 31 people from partner organisations attended the workshops.

The detailed Stop Smoking Services Consultation Report (Appendix H) has been developed from the consultation responses received.

## **Findings**

Overall Responses: The response rate to this consultation was low (17 public responses and 27 organisation response), potentially as there is no financial impact and the proposal reflecting national and local policies which partner organisations are currently working towards.

### **Key themes – Public/Service Users**

Eight respondents agree or strongly agree with the proposal and seven disagree or strongly disagree. When examining the reason for this, due to low responses it is difficult to meaningfully highlight any reasons given (a maximum of two responses for any point). Overall responses stated, the effect of the proposal on them would be 'no effect' (seven).

### **Key themes – Partner Organisations**

Eight out of 27 respondents agreed with the proposal and 17 out of 27 respondents disagreed with the proposal.

When asked why they agree or disagree with the proposal, respondents most commonly gave responses about;

- The impact on vulnerable people and the health of society (ten respondents)
- Everyone should be encouraged to access help (nine respondents).
- Addictions needs support to encourage long term quitting (seven).
- Some do not have the means to access through Wi-Fi, libraries etc. (five).

When asked if there is anything else they think we need to consider or that we could do differently, respondents most commonly said more discussion/research needed about proposed changes (eight respondents).

In response to the organisation consultation 37% (10 respondents) were from the current provider. When asked how our proposal would affect their services and the people they support, respondents most commonly said that they would have to let staff go (six respondents) and there would be an increased risk of cancer or other health issues (six respondents). There is no financial reduction in this proposal, the focus is on re-modelling and utilising digital support for those who want to stop smoking.

Other organisational concerns were around the criteria and people not being able to access the service (six) and how some people do not have the resources or the capability to use of digital apps (four).

There will be no restriction placed on anyone accessing services. The offer of digital applications will be promoted to all those who are motivated to quit. For those who identify themselves as being unable to use or access digital support suitable alternatives would be arranged.

## **Findings – Consultation Workshops**

As part of the workshop consultation there was a consensus for the following to be considered:

### **Children and Young people; Prevention and the Smokefree Generation**

The current and any future service will continue to deliver around the Smokefree agenda for future generations targeting young people by focussing on:

- Smokefree pledges - Smokefree homes and cars will continue to be promoted and schools will be targeted along with grassroots sports promoting smokefree side lines messages.
- Working in partnership with the Lancashire County Council's Children and Family Wellbeing Service; training staff in brief intervention and signposting to the service. There will be a focus on areas of deprivation where smoking prevalence remains high.

### **Online support and digital applications**

The most popular way for service users in Lancashire to access support is through face-to-face contact (68% chose this approach in Quarter 3 18/19). Nationally it is

reported more people are giving up on their own without accessing stop smoking services, for example, through switching to e-cigarettes. For those who are motivated to give up smoking these people will be signposted to digital technology for additional support. The service reports on average each quarter around 40 people access telephone support. It is anticipated these service users will also access digital support and continue to quit. This approach will be widely promoted for others to utilise although there will need some monitoring.

## **Partner Organisations**

The service will continue to work closely with partner organisations to improve health outcomes for all. The NHS Long Term Plans highlights the importance of addressing smoking and also potentially of investment in supporting smokers to quit.

The Stop Smoking Service is already working with hospitals around the Smokefree Hospitals initiative, and developing pathways to support patients who are discharged into the community, this focus will continue.

It was suggested in the feedback for the service to explore how we can integrate the offer into other service provision, for example, NHS Health Checks and Making Every Contact counts, embedding very brief intervention into practice. If all health professionals asked about smoking status, advised and took action this could potentially lead to an increase in referrals.

## **Risk Management**

### **Wider Policy Agenda**

The NHS Long Term Plan has identified the following NHS commitments:

- To contribute to making England a smoke-free society, including that by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- To develop a smoke-free pregnancy pathway including access to focused sessions and treatments.
- To provide a universal smoking cessation offer that will also be available as part of specialist mental health services for long-term users of specialist mental health, and learning disability services, including the option to switch to e-cigarettes while in inpatient settings.

## **Equality Impact**

The Public Sector Equality Duty requires that public sector organisations give "due regard" to the needs of groups with protected characteristics in discharging their functions, including decision making. Having "due regard" means giving the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. The law requires that the duty is fulfilled in substance not that a particular form is completed in a particular way. In this context the paragraph below sets out the information required to give "due regard" to this proposal.

It is not anticipated that this proposal will adversely impact disproportionately any groups with protected characteristics therefore there was no requirement to complete an Equality Impact Assessment. The responses to the public consultation were low and did not specifically identify particular concerns from protected characteristics groups. There was a larger response from organisations (37% were from the current provider) but this again raised only one area of concern which was potentially relevant to people with protected characteristics.

A number of responses raised concerns about what some felt to be a reliance on the use of digital support including apps. As part of this proposal support will continue to be available to those who require or request it in a face to face manner either individually or part of a group for the remainder of this contract.

The largest group of service users are aged 45 years and older, in Quarter 3 18/19, 34% of these were routine and manual workers who set a quit date. It is accepted that some people will not be as familiar with or comfortable with apps or email support and this is reflected in the model which will maintain supporting service users face to face. The focus will be for those who have a willingness and motivation to quit and identify themselves as being able to do this with minimal interaction with the service. The use of apps will also continue to support others after the standard offer of support with the service has ended. The service will highlight the impact of smoking for children and young people through the smokefree homes and cars campaign engaging with partner organisations such as schools.