# Integrated Impact Assessment (IIA)

## Informing our approach to fairness

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| **Name of proposal** | Public Health: Proposals for future commissioning of Stop Smoking Services in Newcastle |
| **Date of original assessment** | June 2018 |
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**Version control**

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| **Replaces version** | N/A |

Newcastle City Council

## Section A: Introduction and background

Smoking remains one of the most significant contributors to premature mortality and ill-health. Reducing the number of people who smoking is a key public health priority.

Whilst rates of smoking have continued to decline over the past decades, 15.5% of adults in England still smoke whilst in Newcastle the percentage is higher at 17.6%, which is around 42,136 adult smokers.

Smoking is the primary cause of preventable morbidity and premature death. Deaths caused by smoking are more numerous than the next six most common causes of preventable deaths combined (i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse.

Tobacco does not only affect those individuals who smoke. Evidence shows that there is a clear link between exposure to environmental tobacco smoke and an increased risk in non-smokers of developing Coronary Heart Disease (CHD) and lung cancer and risk of stroke. In England it is estimated that 37% of children are exposed to tobacco smoke within the home. Children's exposure to tobacco leads to an increased risk of sudden infant death syndrome, developing respiratory disease, glue ear and coronary heart disease in later life.

**Life Expectancy Gap**

In 2014-16 there were an estimated 1598 deaths attributable to smoking in Newcastle. On average each year smoking contributes to the deaths of over 500 people in Newcastle. Early deaths from cancer, heart disease and strokes are also greater in Newcastle than the England average.

In Newcastle there is a significant gap in male and female life expectancy compared to the England average. Circulatory diseases such as Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD) along with Cancers present the biggest challenge to reducing inequalities and improving life expectancy.

Smoking causes 90% of COPD and lung cancers (30% of all deaths from all cancers) 90% of vascular diseases; 17% CHD and 50% of sudden infant deaths.

Stop Smoking Services make a significant contribution to tackling health inequalities, increasing life expectancy and supporting commissioners in meeting targets for smoking quitters. Approximately 120,000 people die prematurely each year because of smoking, with an average 16 life years lost.

**Smokers using e-Cigarettes**

The number of smokers using electronic cigarettes to quit is increasing. Evidence shows that electronic cigarettes can help people to stop smoking and that concurrent behavioural support and nicotine replacement therapy may improve an individual's chance of stopping smoking.

**Smoking in Pregnancy**

Pregnant women who smoke present a major challenge to local health services in Newcastle. Data from 2016/17 shows an average of 14.5% compared to the England average for the same period of 10.7%.

Nicotine Replacement Therapy (NRT) can be used by women who are breast feeding. The amount of nicotine the infant is exposed to from breast milk is relatively small and less hazardous than second-hand smoke they would otherwise be exposed to if the mother continued to smoke. NRT products taken intermittently are preferred as their use can be adjusted to allow the maximum time between their administration and feeding of the baby, to minimise the amount of nicotine in the milk.

## Section B: Current services

### 1. What stop smoking services are currently commissioned?

Since 2015, Newcastle City Council have commissioned a 'hub' and 'spoke' model of stop smoking service delivery. Presently Change, Grow, Live (CGL) hold the overall Programme Management contract and provide the specialist 'hub' service at a contract rate of £250,000 per annum. With various smaller community providers from pharmacy and the VCS providing 'spoke' delivery for which tariff payments are made according to quit status at week 5. These arrangements are all individually contracted by the Local Authority.

The current provider operates on a model of 50% direct delivery and 50% programme management of the wider service. The programme management function includes training, mentoring, data collection, management of the voucher scheme, marketing, and management of the referral gateway. The current contract expires December 2018.

Although there has been notable success in the service delivery over the last 3 years, such as, increasing access points for stop smoking services across the city, increased numbers of people setting quit attempts, and produced a 'brand' image for literature and promotional events, there have been several obstacles that have become apparent over the life of the contract that have impacted on the services ability to support higher successful quit rates. The recommissioning requirement offers the opportunity to consider addressing these through a revised commissioning model of service delivery.

### 2. Who the services are for?

The service is available as a general population service for those who are motivated to quit smoking, with specialist elements that target specific populations across the City:

- Those in routine and manual occupations
- Young people (aged under 55)
- Those who are pregnant
- BME communities
- Those with respiratory conditions, such as COPD
- Those who have mental health problems

### 3. What we are seeking to achieve?

The aims of services operating across the City are to:

- Contribute to the prevention and management of long term conditions to extend both length and quality of life and reduce health inequalities;
- Increase the number of individuals receiving support to stop smoking across the whole network;
- Deliver an evidence based stop smoking service in line with NICE, DH and NCSCT guidance;
- Improve the management of referrals from those seeking stop smoking support;

- Improve the use of pharmacotherapy in stop smoking support to achieve better outcomes for smokers;
- Supports individuals who are trying to quit using e-cigarettes.

### 4. What are our statutory requirements?

**There is no statutory duty to provide this service. There are regulations on the exercise of local authority public health functions as follows:**

Regulations made under Section 6C of the *NHS Act 2006* require local authorities to take particular steps in exercise of their public health functions, or aspects of the Secretary of State's public health functions. Part 2 of the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (SI 2013/351) makes provision for the steps to be taken by local authorities in exercising their public health functions.

## Section C: Change proposal

### 1. What is the proposal to change the way services are currently commissioned?

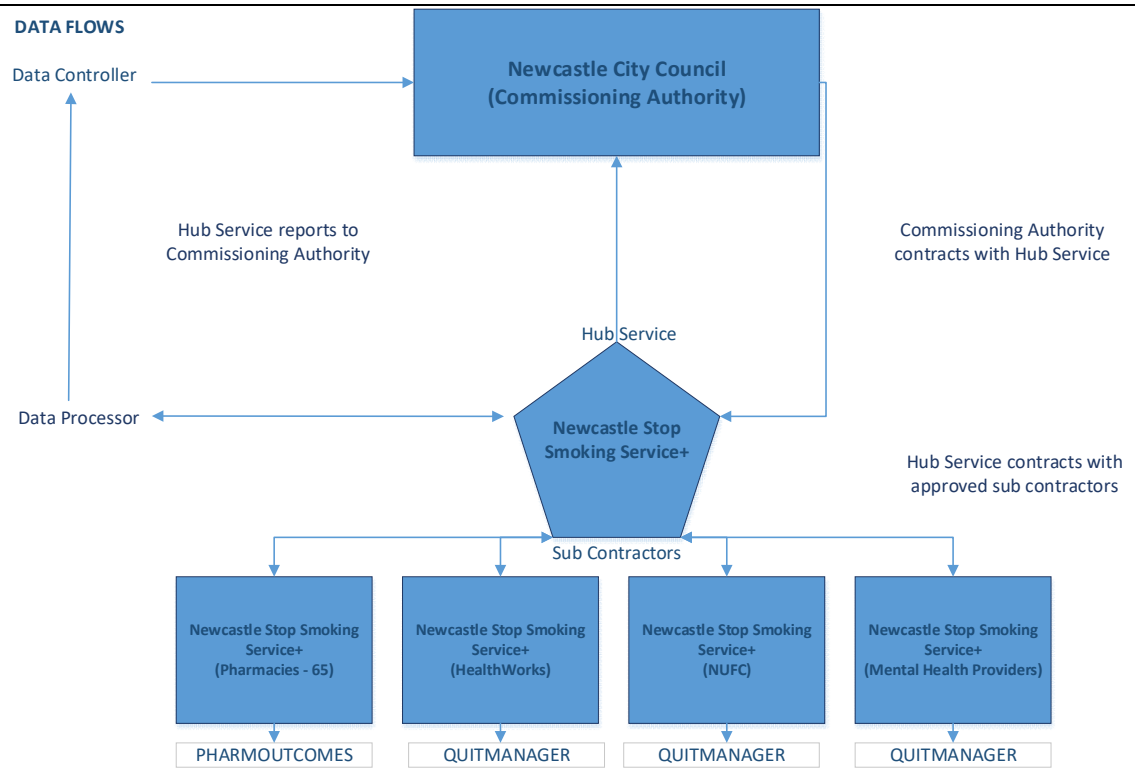
The proposal is to move to a contractual model whereby the Local Authority contract with an overarching "hub" service (Programme Management), which may be either a single provider or a consortium, for the management, delivery, and develop/support the entire stop smoking network ("spoke" partners).

This would require either a consortium arrangement in the prime contract, or, more likely, subcontracting arrangements between the hub service and the wider community providers. This type of arrangement places greater control on the Programme Management to manage the network including, contract arrangements (with pharmacies and VCS organisation), building the network capacity, providing training and mentoring, managing performance, developing and maintaining referral routes, and submitting performance returns.

The precedent for this type of contractual relationship has already been set in the redesign of the commissioned sexual health services in Newcastle.

Stop Smoking Services make a significant contribution to tackling health inequalities, increasing life expectancy and supporting commissioners in meeting targets for smoking quitters. Moving towards this service model facilitates effective whole system programme management by cementing the relationship between the hub and spoke providers, embedding the training and mentoring offer and, driving quality and performance improvements through clear accountability on reporting requirements.

The following diagram depicts the proposed network structure of the stop smoking service proposal, it demonstrates the clear contractual relationship will be between the Local Authority and the overarching Programme Management, who will in turn sub-contract with the wider community partners to deliver the intermediate service.




## 2. Evidence that informed this proposal

| Information source | What has this told you? |
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| **Know your city: A profile of Newcastle's people – A part of the Newcastle Future Needs Assessment** | When assessing Social deprivation – whether measured by poor housing, low income, lone parenthood, unemployment or homelessness – it is associated with high rates of smoking and very low rates of quitting. Smoking is a major drain on poorer people's incomes and a huge cause of ill health and premature death. But nicotine offers no real relief from stress or improvement in mood.<br><br>Information analysed in the profile identifies the same trends in the target populations that the service is currently aimed at supporting:<br><br>**Adult Population:**<br>The estimated smoking prevalence of those aged 18+ in Newcastle is 17.6% which is **42,136** adult smokers.<br><br>**Routine and manual occupations**<br>• People in routine and manual occupations account for a greater volume of smokers compared to other socio-economic groups. It is estimated that 27% routine and manual workers smoke compared to 17.6% of adults in Newcastle.<br>• Research also suggests that, though smokers in routine and manual occupations tend to experience more difficulties in quitting smoking, they are not 'hard to reach' in terms of wanting to quit. Improved quit rates amongst this group, then, can ultimately de-normalise smoking in communities with the highest smoking prevalence. |

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| | **Smoking In pregnancy**<br>• Smoking during pregnancy increases the risk of complications during pregnancy and labour, such as miscarriage, and can also result in low birth weight, genetic abnormalities such as cleft lip, and sudden infant death syndrome ('cot death').<br>• In 2016/17 14.5% of women reported smoking at time of delivery around **463** women. Although this number has shown a downward trend over recent years, there was an increase in 2016/17. Newcastle does remain significantly worse than England.<br>• Smoking contributes to the onset and progression of a range of long term conditions. Although smoking cessation is advocated as part of the management of many of these conditions, a significant proportion of those suffering with a long-term condition continue to smoke. In terms of impact of lifestyle on health the largest risk factor in causing cancer in both men and women is smoking.<br><br>**Young People**<br>Nationally 18% of secondary school pupils reported they had tried smoking at least once. Local information from the Health Relates Behaviour Questionnaire (HRBQ) in 2017 shows that in Newcastle there is a reduction in childhood smoking.<br>• 2% of primary school pupils reported having tried smoking down from 5% in 2011<br>• 18% of secondary school pupils reported having tried smoking a reduction from 31% in 2011.<br><br>**Long Term Conditions**<br>Smoking contributes to the onset and progression of a range of long terms conditions and people who smoke are more likely to have flare ups in their condition and more likely to be admitted to hospital. It is estimated that 18% of people with Long terms conditions are smokers nationally.<br>(Source: ENHANCING THE QUALITY OF LIFE, FOR PEOPLE LIVING WITH LONG TERM CONDITIONS, NHS England) |
| **Public Health England: Local Tobacco Control Profiles** | Smoking is the biggest single cause of preventable death and ill-health within England and accounts for approximately 5.5% of the overall NHS budget.<br><br>**Smoking Related Mortality in 2014-16 in Newcastle:**<br>• There were an estimated 1598 deaths attributable to smoking in Newcastle which has risen since 2012-14. There were 139 smoking attributable deaths from heart disease and 52 smoking attributable deaths from stroke which has also risen since 2012-14.<br>• There were 645 deaths from Lung cancer which has risen since 2012-14 and an increasing number of deaths from COPD which has been rising since 2009-11. |

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| | **Smoking Related Ill Health:**<br>• There were 3,753 Smoking attributable hospital admissions in 2016/17 in Newcastle<br>• There were 1029 emergency hospital admissions for COPD in 2016/17 |
| **NHS Digital: Statistics on NHS Stop Smoking Services in England** | In 2016/17 Newcastle achieved 44% successful self-reported quits. There were 2405 people setting a quite date in Newcastle Stop Smoking Services which resulted in 1058 successful quits at week 4, with 781 quits were validated with a CO monitor.<br>• There were 81 pregnant women setting a quit date and 23 smoking quits<br>• There were 591 routine and manual workers setting a quit date and 295 smoking quits<br>• There were 178 BME people setting a quit date and 89 smoking quits |
| **ASH Ready Reckoner: The Local Costs of Tobacco (2018)** | It is estimated that smokers in Newcastle spend around £87.9 million on tobacco products each year, this is around £2,050 per smoker. Which highlights how expensive smoking can be particularly for those in more deprived areas.<br><br>There are a wider range of costs associated with smoking, it is estimated the smoking in Newcastle costs society £67.9 million each year, which consists of range of **estimated costs**:<br>• The annual cost of smoking to the NHS across Newcastle is about £12.1 million<br>• The annual costs to social care in Newcastle £7.1 million, from local authority social care costs as well as individual and families self-funded private care<br>• £46.5 million of potential wealth is lost from local economy in Newcastle each year due to lost productivity due to smoking<br>• £2.3million is lost annually due to house fires, with around 12 smoking related house fires each year in Newcastle<br><br>It is estimated that smokers in Newcastle consume around 455,900 cigarettes every day, with 398,710 being filtered resulting in around 68KG of daily waste and 25 tonnes of waste annually. |
| **HRBQ** | The Health-Related Behaviour Survey (HRBQ) was carried out in 2011, 2013, 2015 and 2017 in primary and secondary schools throughout the city. In the most recent survey (2017), 4253 primary school pupils in years 4 and 6 and 2,151 secondary school's pupils in years 8 and 10 were surveyed. It looks at a number of topic areas, one being smoking behaviours and perceptions. It found:<br>• 2% of primary school pupils and 18% of secondary school pupils reported having tried smoking.<br>• Children access their cigarettes mainly from family or friends |

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| | • Smoking behaviour is influenced strongly by parental/carer smoking and over a third (37%) of secondary school pupils stated their parent/carer smokes, significantly less than in 2011 (45%).<br>• Just over 1 in 10 (11.5%) of primary and secondary school pupils reported that their parent smokes inside their home and 6% of pupils reported that their parents/carers still smoke in the car when they travel inside it. These are reductions since 2011, when 19% were exposed to parental smoke in the home and 15% in the car. |
| **Department for Health** | *Towards a smoke-free generation: tobacco control plan for England* (July 2017) describes how tobacco control will be achieved in the future and how we will maintain the downward pressure on smoking prevalence.<br>The objectives of the tobacco control plan are to:<br>• reduce the number of 15-year olds who regularly smoke from 8% to 3% or less<br>• reduce smoking among adults in England from 15.5% to 12% or less<br>• reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population<br>• reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less |
| **NICE Guidance** | NICE guidance clearly identifies many effective stop smoking interventions for everyone involved in, or responsible for stop smoking services, including brief intervention, individual behavioural counselling, group behaviour therapy, pharmacotherapy, self-help materials, telephone counselling and quit lines. |
| **Public Contracts Regulations 2015** | The Public Contracts Regulations 2015 ("PCR 2015") implement in England and Wales the new EU Directive 2014/24/EU (the "Directive") on public procurement.<br><br>The PCR 2015 came into force from 26th February 2015 and replaced the Public Contracts Regulations 2006 ("PCR 2006") from that date.<br><br>Under the PCR 2006, contracts for so-called Part B Services were exempt from the full application of the rules (particularly, there was no requirement to advertise in the OJEU). Under the PCR 2015, the distinction between Part A and Part B Services has been removed and replaced by what is becoming known as the "Light Touch" regime. A services contract falls within the scope of the Light Touch regime if it is for the certain types of health, social and other services listed at Schedule 3 of the PCR 2015. For these Light Touch regime contracts, a higher threshold than that for ordinary service contracts applies, before the Light Touch regime is applicable.<br><br>The thresholds for light tight regime contracts from 1 January 2016 is £615,278.<br><br>While the Light Touch regime is not prescriptive as to how contracting authorities design their procurement process for Light Touch regime services contracts, it does for the first time require that services contracts that fall within the Light Touch regime are advertised. |

| 3. Engagement about the current Stop Smoking Service provision | | | |
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| **Date** | **Who** | **No. of people** | **Main issues raised** |
| 13 June 2018 | Current contracted stakeholders (invited organisations: cgl, HealthWorks, NUFC, Anxious Minds, Crisis, Regional Pharmacy Forum, and LPC) | 6 | Positive reactions to proposed service model.<br>Request for further details of the arrangements in relation to the tariff budget and the structure of how the retention/claw back of underspend will be managed would be welcomed once available. |
| 13 & 18 June 2018 | Public Health | 5 | Specification reviewed and modified.<br>Clarity required on the data performance returns format and how to manage reported trends. |
| 20 June 2018 | cgl Staff Briefing | 6 | Positive reactions to proposed service model. |
| 24 July 2018 | Wider Market Engagement (inc. potential bidders) | 10 | Positive reactions to proposed service model.<br>The only request was for further clarification on how the tariff budget will be administered by the Local Authority to the successful provider, and how the retention/claw back of any underspend will be managed to support the increase in expected quits. |

| 4. What are the potential impacts of the proposal? | | | | |
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| **Staff / service users** | **Specific group / subject** | **Impact**<br>(actual / potential disadvantage, beneficial outcome or none) | **Detail of impact** | **How will you address or mitigate disadvantage?** |
| **People with protected characteristics** | | | | |

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| Service users | Younger people and / or older people (age) | Beneficial outcome | As highlighted above young people are a high demographic user of tobacco and, therefore, have the potential to suffer proportionately more from the future impact of smoking on their health. Therefore, it is of importance to target younger smokers to quit to reduce the impact on their future health needs. | We will address this by continuing to include younger people as part of the target priority groups for stop smoking services. |
| Service users | Disabled people | Beneficial outcome | People with mental illness have higher than average rates of smoking and consequent physical illnesses. Historically this group has been under-served by Stop Smoking Services. | We plan to continue to build specific referral routes for people with mental health problems to enable stop smoking services to work alongside their other support services. |
| Service users | Carers | Beneficial outcome | Carer's need support to look after their own health and wellbeing and the development of mutual support groups has been identified as a key enabler. | As part of the emphasis moving forward to develop and strengthen referral routes and collaborative working across the stop smoking service working alongside the Carer's Centre will be an expectation of the service to provide key opportunities to engage with those carers wanting to stop smoking. |
| Service users | People who are married or in civil partnerships | None | There is no available evidence to suggest the proposal will have a disproportionately negative impact on people who are married or in civil partnerships | Not applicable |

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| Service users | Sex or gender (including transgender, pregnancy and maternity) | Beneficial outcome | Smoking in pregnancy is an issue of enormous significance, and our population continues to have rates that are much higher than the national average. | Continue to emphasise the service supports midwives and antenatal care services to provide key opportunities to engage with pregnant women who smoke. |
| Service users | People's sexual orientation | None | There is no available evidence to suggest the proposal will have a disproportionately negative impact based on people's sexual orientation. | Not applicable |
| Service users | People of different races | Beneficial outcome | It is recognised that people of different races can be more difficult to engage with in relation to the impact smoking has on health inequality. Supporting individuals from BME communities is therefore a key target demographic. | Emphasis will be upon engaging with and building local community networks particularly with those that work closely with BME communities to provide key opportunities to engage with people of different races who are wanting to stop smoking. |
| Service users | People who have different religions or beliefs | Beneficial outcome | It is recognised that people of different religions and beliefs can be more difficult to engage with in relation to the impact smoking has on health inequality. Supporting individuals who have different religions or beliefs is therefore a key target demographic. | Emphasis will be upon engaging with and building local community networks to provide key opportunities to engage with people who have different religions or beliefs who are wanting to stop smoking, for example, building on group behavioural support to link |

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| Service users | People living in deprived areas | Beneficial outcome | Smoking rates are particularly high amongst people living in deprived areas. In the priority wards, the rates of COPD and lung cancer are much higher than average in these areas. | A key issue for the services is to increase levels of appropriate support into recognised areas of depravity in the City through a local and integrated network of stop smoking provision and support within the community. |
| Service users | People in low paid employment or in households with low incomes | Beneficial outcome | There is a substantial inter-related correlation between smoking rates and people in low paid employment or in households with low incomes. | A key issue for the services is to increase levels of appropriate support into recognised areas of depravity in the City through a local and integrated network of stop smoking provision and support within the community. |
| Service users | People facing barriers to gaining employment, such as low levels of educational attainment | Beneficial outcome | Smoking is markedly higher among people facing barriers to gaining employment, such as low levels of educational attainment | A key issue for the services is to increase levels of appropriate support into recognised areas of depravity in the City through a local and integrated network of stop smoking provision and support within the community. |

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| Service users | Looked after children | None | There is no available evidence to suggest the proposal will have a disproportionately negative impact on looked after children. | Not applicable |
| Service users | People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness | Beneficial outcome | The evidence is very clear that people facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness are much more likely to be impacted on health inequality through smoking. | A key issue for the services is to increase levels of appropriate support into recognised areas of depravity in the City through a local and integrated network of stop smoking provision and support within the community. |
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| N/A | Businesses providing current or future jobs in the city | Potential disadvantage | Current providers may not be successful in the tendering process. | We will work with providers to help them understand the procurement process. |
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| N/A | Area, wards, neighbourhoods | Beneficial outcome | Evidence indicates there are certain wards across the City where smoking is more prevalent than others. | A key issue of the service is to increase Stop Smoking Service provision in areas of high deprivation which are linked as areas of high smoking prevalence. The main target areas cover Elswick, Walker, Byker and Cowgate / Blakelaw. |
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| N/A | Community cohesion | None | There is no available evidence to suggest the proposal will have a disproportionately negative impact on community cohesion. | Not applicable |
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| N/A | Community safety | None | There is no available evidence to suggest the proposal will have a disproportionately negative impact on community safety. | Not applicable |
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| N/A | Environment | Beneficial outcome | Smoking not only affects individual's health, it also influences the surrounding environment. Smoke and cigarette butts affect the environment the most, resulting into air, water and land pollution that can impact on the wider population of the City. | Working to reduce the number of smokers in Newcastle will have a positive impact on the local environment through a reduction in the pollution caused by cigarettes. |