	Health and Wellbeing Board **25th January 2018**
Title	**Smoking Cessation Strategy**
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	A smoking cessation strategy for Barnet 2018
Officer Contact Details	Jeffrey Lake, Consultant in Public Health Jeff.lake@harrow.gov.uk

Summary

A smoking cessation service strategy for the borough has been developed in collaboration between public health, current providers and CCG commissioners and governing body members. It outlines the intention to deliver services via a London Digital Portal, at GP surgeries and pharmacists, co-ordinated by a lead provider and with a more specialist service offer for patients with complex needs. It also outlines the intention to maintain regulatory actions concerning tobacco sales and shisha as well as relevant prevention campaigns.

Recommendations

1. **That the Board agree the smoking cessation strategy.**
2. **That the Board agree the implementation actions outlined in this cover sheet.**

1. WHY THIS REPORT IS NEEDED

1.1 Despite significant reductions in population smoking prevalence, approximately 15% of the adult Barnet population continue to smoke. Nationally, smoking remains a significant driver of morbidity, mortality and health inequalities accounting for approximately 12% of the burden of disease in the population as a whole. It is estimated to cost the NHS approximately £8.5 million each year and the societal cost is over £70 million.

1.2 Both the number of Londoners setting a quit date through NHS Stop Smoking Services along with the number reporting successful quits have declined consistently in recent years. In the light of this experience, significant attention has been directed across London to exploring new and innovative approaches to help smokers access services or to help smokers to quit.

1.3 Public health has worked with partners across the borough to develop a strategic vision to guide future commissioning of smoking cessation services in the borough.

2. REASONS FOR RECOMMENDATIONS

2.1 The strategy outlines a proposed service model to deliver maximal health benefit and ensure an equitable offer across the borough.

2.2 This will be achieved by promoting the use of the London Portal, by shifting to a hub based model of provision in primary care (ensuring access for all Barnet patients and tackling variation in quality and performance), and by developing a level 3 service (with trained specialist staff) in collaboration with local commissioners and providers.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The current model of provision is through local commissioned service arrangements with GP surgeries and pharmacies. This will be retained but with a move to a lead provider arrangement to simplify administration, ensure consistent quality and performance, and provide access to all Barnet patients.

4. POST DECISION IMPLEMENTATION

4.1 The strategy sets out a clear direction of travel for future smoking cessation services in the borough. Implementation will be led by Public Health.

4.2 Public health is exploring local appetite for improving the recording of smoking status, provision of brief advice and referral to smoking cessation services from community clinics and provider trusts. The extent of this engagement and potential contractual levers will determine the scope of the level 3 offer.

4.3 It is intended that a tender invitation for a lead provider will be issued during the 2018/19 financial year.

4.4 Alongside the development of smoking cessation services, regulatory actions concerned with tobacco sales will be maintained as well as relevant prevention campaigning particularly amongst vulnerable children.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's Corporate Plan 2015–2020 sets out the Council's vision, strategy and plans for Barnet, including its plans to improve health and wellbeing for Barnet residents.

5.1.2 The Joint Health and Wellbeing Strategy outlines partners' commitment to supporting residents to adopt healthy lifestyles in order to prevent avoidable disease and illness.

5.1.3 The Barnet Joint Strategic Needs Assessment notes that smoking, along with bad diet and a lack of exercise are the main causes of premature death in Barnet.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 The financial resources available for smoking cessation have previously been identified in the public health commissioning plan. The strategy identifies how these resources may best be utilised.

5.2.2 It is noted that cooperation between public health and CCG commissioners has the potential to deliver more optimal resource utilisation across the health economy since the CCG spends a significant sum on prescription of Nicotine Replacement Therapy outside of any support services.

5.2.3 No financial resources are set aside for campaigning but it is intended that small scale prevention activities targeted at vulnerable children will be maintained.

5.2.4 Tobacco related regulatory activity is unaffected by this strategy.

5.3 **Social Value**

N/A

5.4 **Legal and Constitutional References**

5.4.1 Article 7 of the Council's constitution sets out the Terms of Reference of the Health and Wellbeing Board as follows.

5.4.1.1 To jointly assess the health and social care needs of the population, with NHS England commissioners, and to apply the findings of the Barnet JSNA to all relevant strategies and policies.

5.4.1.2 To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

5.4.1.3 To directly address health inequalities through its strategies and have specific responsibility for regeneration and development as they relate to health and care, and to champion the commissioning of services and activities across the range of responsibilities of all partners, in order to achieve this.

5.4.1.4 To promote partnership and, as appropriate, integration, across all necessary areas, including the use of 'joined-up' commissioning plans across social care, public health and the NHS.

5.4.1.5 To take specific responsibility for overseeing public health and developing further health and social care integration.

5.5 **Risk Management**

5.5.1 The strategy outlined and its implementation depends on cooperation and collaboration with partners locally and regionally.

5.5.2 It assumes operation of the London Portal for smoking cessation. We have contributed to the funding of the portal in this financial year and our future

plans envisage that we will continue to do so. The investment is expected to deliver good value for money but we will review this on an annual basis.

5.5.3 Moving to a lead provider model presents the opportunity for significant efficiencies and quality improvements but is dependent on their ability to deliver against the service specification. The commissioning process will give careful consideration to the provider's capacity to ensure appropriate assurance.

5.6 **Equalities and Diversity**

5.6.1 The 2010 Equality Act sets out the Public Sector Equality Duty which requires public bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, to advance equality of opportunity between people from different groups, and to foster good relations between people from different groups. Both the local authority and the CCG are public bodies. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

5.6.2 There is no evidence to suggest that access to services locally is associated with any protected characteristics but this strategy does aim to deliver greater equity of access across the borough.

5.7 **Consultation and Engagement**

5.7.1 The strategy has been developed in partnership with current providers, CCG commissioners and board members, and the membership of the CCGs Primary Care Working Group.

5.8 **Insight**

5.8.1 The public health data used in this report was collected by the team from national public health data sources. No specific requests were made to Insight as this was not required.

6. BACKGROUND PAPERS

6.1 None.