



**Havering**  
LONDON BOROUGH

## Notice of Non-Key Executive Decision

<b>Subject Heading:</b>	Community Pharmacy Stop Smoking Pilot Service to Reduce Tobacco Harm
<b>Decision Maker:</b>	Mark Ansell, Director of Public Health
<b>Cabinet Member:</b>	Councillor Gillian Ford – Lead Member for Health
<b>SLT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author and contact details:</b>	Kate Ezeoke-Griffiths Senior Public Health Specialist <a href="mailto:Kate.Ezeoke-Griffiths@havering.gov.uk">Kate.Ezeoke-Griffiths@havering.gov.uk</a>
<b>Policy context:</b>	Implementing a universal community pharmacy stop smoking service as one of three Stop Smoking projects in support of Havering's Health and Wellbeing Strategy priority to reduce smoking-related harms and reduce inequalities caused by smoking
<b>Financial summary:</b>	The report seeks permission to pilot a universal community pharmacy stop smoking service for 18 months at cost of £85,000  This will be jointly funded from the public health grant and the NHS Integrated Care Board (ICB) with £42,500 (50%) each from public health and the Integrated Care Board (ICB) through North East London (NEL) Inequality funding allocation. The allocation is set out in the appendix, which is the Funding Letter Health Inequalities Havering.
<b>Relevant OSC:</b>	Health
<b>Is this decision exempt from being called-in?</b>	Yes

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**The subject matter of this report deals with the following Council Objectives**

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input checked="" type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input checked="" type="checkbox"/>

## **Part A – Report seeking decision**

### **DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION**

#### **RECOMMENDATIONS**

1. It is recommended that the Director of Public Health, in consultation with the Lead Member for Health, authorises the proposal, plans and processes set out in this paper to carry out a restricted procurement exercise to pilot a community pharmacy stop smoking service to start in January 2023 for 18 months at a cost of £85 000 using the public health grant and contribution from the NHS Integrated Care Board (ICB) to reduce the harm and health inequalities caused by smoking.

### **AUTHORITY UNDER WHICH DECISION IS MADE**

Part 3 Responsibility for Functions of Havering's Constitution

Para 3.3 Powers of Members of the Senior Leadership Team

Contract powers

(a) To approve commencement of a tendering process for all contracts above a total contract value £500,000.

### **STATEMENT OF THE REASONS FOR THE DECISION**

#### **Background**

Smoking is the leading cause of avoidable ill health such as cancer, heart and lung diseases and also results in premature deaths. In Havering the number of smokers is gradually declining but an estimated 18,000 (9.1%) of adults continue to smoke with 1,425 hospital admissions attributable to smoking between 2019 and 2020<sup>1</sup>. Available data point to clear inequality of impact caused by smoking with rates particularly high amongst disadvantaged groups, routine and manual workers and also among those with serious mental illness (SMI). The high rates of smoking within these groups further compound the negative impacts on their health, social and financial well-being.

Reducing smoking within these groups and in the wider population will therefore improve overall health and well-being. In addition, given the prevailing high cost of living, quitting smoking will provide additional benefit in terms of savings made to incomes.

Reducing tobacco harm remains a key prevention priority outlined in the Health and Wellbeing strategy and actions to reduce smoking are focused on

- supporting smokers, in particular vulnerable groups including pregnant women, to quit
- reducing inequality in access to stop smoking service provision and

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<sup>1</sup> [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk)

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- providing equal support to reduce smoking for those with mental health conditions (achieve parity of esteem with physical ill health)

Current stop smoking provision is limited to (a) a specialist stop smoking service for pregnant women provided by London Borough of Barking & Dagenham LBBB and (b) the London Stop Smoking Helpline including online support to residents wishing to quit smoking.

To improve local provision and reduce the unequal impact of smoking among residents it is recommended that funding be made available from public health grant to pilot a community pharmacy stop smoking service at an estimated cost of £85,000 with £42,500 contribution expected from North East London Integrated Care Board (ICB) Inequality Funding allocation, as shown in the appendix, which is the Funding Letter Health Inequalities Havering.

The community pharmacy stop smoking pilot service is one of three stop smoking service services proposed to be established. Two other community stop smoking services are proposed to be piloted for people with serious mental illness (SMI) and for those living with learning disability and a separate decision paper will follow outlining the plans and timescales for those two services.

The proposed pharmacy stop smoking pilot service is planned to be in place by January 2023 whilst the other two additional services are anticipated to be established by March 2023, if approved. The staged approach is being adopted to allow for capacity and adequate planning in implementing the three services.

This paper outlines the plans and processes to be adopted in establishing the universal community pharmacy stop smoking pilot service planned to be located in the most deprived parts of the borough namely, Harold Hill, Romford Collier Row and Rainham. Those locations have been identified in order to give improved access to support to those in more disadvantaged areas in giving up smoking but can also be accessed by other residents in the borough.

The pilot service will align with NHS Long Term Plan which, includes a commitment to reduce smoking nationally through commissioning of the NHS Advanced Community Pharmacy Smoking Cessation Service (SCS) as part of its Tobacco Dependency Treatment Programme. The NHS service aims to create a smooth referral pathway for clients who want to give up smoking by enabling NHS Trusts to transfer those, who have started stop smoking treatment whilst in hospital, to a community pharmacy of their choice to complete their quit smoking treatment following their discharge from hospital.

The proposed local service will complement the NHS plan to reduce smoking through:

- commissioning of additional local pharmacies to provide stop smoking services
- reducing inequality by improving access to stop smoking support to the most disadvantaged who bear the higher burden of smoking ill health by locating the pharmacy services in the most deprived areas
- providing a wider opportunity for residents to stop smoking by ensuring a universal service open to those age 12 and over compared to the NHS service which is limited to adult inpatients in acute Trusts.

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The service specification for the pilot service will reflect the NHS Community Pharmacy Advanced Specification for Smoking Cessation Service (SCS) <sup>2</sup> with the same programme of behavioural support, advice and combined Nicotine Replacement Therapy (NRT). Community pharmacists providing the service will also be required to meet the national standards in training, equipment and premises provision as set out by the National Institute for Health and Care Excellence, NICE guidance.

### **The Procurement process**

The Procurement process will consist of the following key stages:

- Development of service specification and Expression of Interest Documents (EOI)
- Invitation to pharmacies to express interest
- Return of Expression of Interest (EOI) Form
- Selection of pharmacies meeting the criteria
- Notification of decision to pharmacies
- Training and promotional activity
- Service commencement

The service will commence as a pilot with the recruitment of eight pharmacies from the most deprived parts of the borough. This is to ensure easy access and opportunity for those most disadvantaged to give up smoking but also to enable the Council manage resources in setting up, monitoring the delivery and evaluating the service.

The deprived areas where the service will be located have been identified using the index of multiple deprivation and the number of pharmacies to be selected from each area are:

<b>Location</b>	<b>Number of pharmacies</b>
Harold Hill	2
Romford	3
Collier Row	1
Rainham	2

Three of the pilots are proposed to be located in Romford due to its larger population, transport links in addition to Romford having areas of greater need.

The eight pharmacies will be chosen based on meeting key criteria including:

- Location of pharmacies in areas of higher deprivation
- Evidence of completion of certified Stop Smoking Practitioner training by the National Centre of Smoking Cessation Treatment (NCSCT)
- Ability to meet other requirements set out in the service specification in line with national guidance

### **Cost and Payment**

The community pharmacy project aims to support up to 368 (up to 2%) of local residents to stop smoking with a target of between 30-50% of 368 supported residents (110-184 residents) expected to successfully reach 4 week verified quit. Evidence shows that for many people it is

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1298-community-pharmacy-advanced-service-specification-nhs-smoking-cessation-service.pdf>

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difficult to quit smoking and we therefore expect between 50% - 70% who engage in the service to drop off.

The estimated cost of the pharmacy service is broken down as shown in the below tables. The first two table compares the rates of payment for the local service against what is paid by the NHS to pharmacists for service set up and consultation under the NHS Advanced Community Pharmacy Smoking Cessation Service (SCS).

### Set up Costs

Description	NHS payment	Havering payment
Set-up fee covering equipment and consumables and IT system per pharmacy	£1,000	£775* (IT system licence £560 and equipment £215)
<b>Total set-up fee</b>	<b>£8,000 for 8 pharmacies</b>	<b>£7,320 (£5,600 for IT system licences + £1720 for equipment) for 8 pharmacies and 2 LA users</b>

\* PharmOutcome licence at £560/each will be £5,600 for 10 users (8 pharmacies and 2 LA users). Equipment cost for 8 pharmacies=£1,720. Equipment includes CO monitor, disposable mouth pieces and other necessary accessories

### Consultation Costs

Description	NHS payment per pharmacy per client	Havering payment per pharmacy per client
First consultation	£30	£15
Follow up consultations (5 maximum)	£50 (£10 x 5)	£60 (£12 x 5)
Last consultation fee	£40	£20
<b>Total</b>	<b>£120</b>	<b>£95</b>

### Nicotine Replacement Therapy (NRT) Costs

The cost of medicinal products (NRT) to be supplied vary with type and can rise to £29 per item. Our local service will be tailored to an agreed number and types of licensed medicinal products to be supplied due to the limited funding with the most expensive NRT to be supplied capped at a flat fee of £15 per item

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<b>Item</b>	<b>Estimated NRT Cost For 368 Clients</b>
NRT (6 - 9 items per client)	45,540
<b>TOTAL</b>	<b>£45,540</b>

Total Costs for supporting up to 368 clients by 8 pharmacies

Set up cost for 8 pharmacies	£7,320
Consultation cost (368 clients)	£26,864
NRT cost	£45,540
Contingency	£5,000
<b>Total</b>	<b>£84,724 ~£85,000</b>

### **Data collection and management using PharmOutcome IT system:**

The PharmOutcome system is a secure, web-based clinical and service data collection and communications platform that allows for collection, storage and transfer of patient information and special category personal data. Encryption levels and design make the System suitable for recording and storing data and meets the requirements of Data Protection Legislation and the Data Security and Protection Toolkit.

The system allows data collected about the service provided and about the recipients to be transferred from other healthcare providers to allow for continuity of care. All data is processed and stored on secure servers for the appropriate retention period as set out under the current NHS guidelines Records Management Code of Practice for Health and Social Care or as otherwise directed by the Data Controller.

The PharmOutcome system has been recommended by both the Local Pharmaceutical Committee and NHS North East London ("NEL") Smokefree Programme Manager due to the following reasons:

- It is widely used by pharmacists and other health professionals and so it is familiar, easy, convenient, and will reduce training requirements
- It has been purchased by the NHS for the delivery of the Advanced Community Pharmacy Smoking Cessation Service (SCS) as part of the Tobacco Dependency Treatment Programme to ensure smooth referrals into the community service
- The system can be tailored to our specific service requirements
- It is cheaper than the alternative recognised Quit Manager programme.
- The system can be used by up to 36 service providers

It is recommended that PharmOutcome be selected as the IT system to be used for client data monitoring, management, reporting and invoicing for the pharmacy stop smoking service and to purchase a 24 month licence to allow for continuity of service after pilot phase and pending decision on how service will continue.

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### **Monitoring and Evaluation**

The service will be monitored and managed to ensure delivery with focus on activity levels, trends and any issues arising with a view to resolving them timely. A suite of Key Performance Indicators (KPI's) against which the service delivery will be monitored are set out in the service specification and includes the number of client seen by pharmacy, number of smokers quitting at 4 and 12 weeks, as well as, the number of smokers in routine or manual employment.

The service will run for 18 months and evaluation will be undertaken at 6 and 12 month intervals to assess the level of uptake, including amongst different groups; to understand why people continue to smoke and whether the majority of people accessing the service are long term smokers who may find it more difficult to stop smoking and so drop off. The findings from the evaluation will help to shape future provision.

### **Outcomes and Benefits**

- Up to 368 smokers to engage in the community stop smoking service
- At least 110 smokers (30%) successfully quitting smoking via the community pharmacy service allowing for between 50% - 70% drop off
- Reduction in long term smoking related risk of morbidity and mortality
- Support to the most disadvantaged smokers to restore money into their budgets and assist with costs of living from savings made from quitting smoking
- Reduction in NHS treatment costs for smoking related illnesses
- Reduction in inequality of access to stop smoking by providing locally available and accessible free stop smoking support particularly for local residents within areas of deprivation.
- Using local resources such as community pharmacies which evidence from pilots elsewhere in the country has shown to be as effective and more popular due to easy access, convenience in location and previous established relationships.
- Creating an effective pathway between health services and local community which the NHS Long Term Plan recommends as part of its roll out of the NHS tobacco dependence treatment

Overall, implementing the pharmacy stop smoking service will help in reducing the prevalence of smoking, the morbidity and mortality associated with smoking as well as reduce the unequal impact of harm caused by smoking.

It is therefore recommended that the Director of Public Health, in consultation with the Lead member for Health approves the proposed spend and plan outlined in this report and the selection of eight pharmacies to provide the pilot service in the identified areas of the borough.

### **OTHER OPTIONS CONSIDERED AND REJECTED**

1. Do nothing – this option was rejected as current provision is inadequate to reduce the smoking prevalence and harm caused by smoking. Establishing the services will reduce inequality and premature deaths arising from smoking and therefore improve health and wellbeing of local residents.
2. Consideration was given to either directly deliver the Community pharmacy stop smoking service by the council through pharmacies or to procure the service via an external provider who will also manage the service delivery. The former approach was



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adopted due to being a pilot and the need to evaluate the service and use the findings to shape future provision.

#### **PRE-DECISION CONSULTATION**

Pre-decision engagement have taken place including with the following:

- NEL Local Pharmaceutical Committee (LPC). Public health service has worked closely in partnership with the LPC, a representative body of the local community pharmacists, to shape the service model, identify the best IT data system to be used and to agree a competitive payment offer to successfully engage local pharmacists to deliver the service.
- Awareness and presentations have been made at various partnership fora including the Compact Forum on the proposed pilot service
- Engagement is planned local GPs, other service providers to raise awareness of the proposed service and to encourage signposting and referrals
- Internally, meetings have been held with the Joint Commissioning Unit (JCU), the legal team and the Procurement team – advice sought for procurement of IT and selection of pharmacies

#### **NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER**

Name: Kate Ezeoke-Griffiths

Designation: Senior Public Health Specialist

Signature:



Date: 29/11/2022

## Part B - Assessment of implications and risks

### LEGAL IMPLICATIONS AND RISKS

The Council must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support; contribute towards preventing or delaying the development by carers in its area of needs for support; reduce the needs for care and support of adults in its area and reduce the needs for support of carers in its area in accordance with section 2 of the Care Act 2014. The Council is making a decision to carry out a procurement exercise to pilot a community pharmacy stop smoking service for that purpose.

The Council has the power to procure a contract for these services through section 111 of the Local Government Act 1972, which allows the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions, or through its general power of competence under section 1 of the Localism Act 2011 to do anything that individuals generally may do. There are limitations on the general power of competence, but the limitations do not apply to this decision.

The proposed procurement value is below the applicable public procurement threshold for the light touch regime stipulated in the Public Contracts Regulations 2015 ("PCR") of £663 540. Therefore, this procurement is not subject to the full PCR regime.

For the reasons set out above, the Council can start the procurement process.

### FINANCIAL IMPLICATIONS AND RISKS

This report seeks permission to pilot a universal community pharmacy stop smoking service for 18 months at a cost of £85,000. The project will be funded jointly between Public Health and Integrated Care Board (ICB) at £42,250 each. The ICB funding is provided through the Health Inequalities dedicated fund.

In the 2022-23 financial year c£21,104 of cost will be incurred, covering set up costs and the running of 8 pharmacies from January to April 2023. The rest of the project costs will be incurred mostly during the 2023-24 financial year.

The Public Health funding is covered by the Ring-fenced annual grant. Period 6 budget monitoring showed that the 2022-23 Public Health full year forecasted spend will be the same as the annual grant received. As such, there are no financial risks to the authority's core budget.

### HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The pharmacy Stop smoking pilot service is one of several projects, partly funded by NEL Integrated Care Board allocation, to reduce inequalities in the borough. The Council is requesting additional resources from the ICB to effectively contract manage and process payments for the various projects to ensure timely delivery of the projects.

The stop smoking service pilot will be managed through the additional resource funded from the ICB and there will be no direct HR consequences for the Council as staff involved will not be LBH employees. The recommendations made in this report therefore, does not give rise to any identifiable HR risks or implications to either the Council or its workforce.

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### **EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS**

The proposals outlined in this report can only have a positive impact regarding take up by each defined group as outlined by the Public Sector Equality Duty. Locating the pharmacy smoking cessation service in the most disadvantaged areas will improve equality of access for different groups. Smoking cessation will be monitored to ensure that there is an equitable approach in regard to this project.

The Council is committed to equalities in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants and this project will endeavour to exemplify that.

### **ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS**

The proposal to pilot a universal community pharmacy stop smoking service is likely to have a positive impact on the environment through reduction in the number of cigarettes people smoke thereby improving air quality. The proposal to locate three of the pilot sites in Romford, which has good public transport links, will help to reduce travel-related carbon emissions.

### **BACKGROUND PAPERS**

None

### **APPENDIX**

Funding Letter Health Inequalities Havering

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**Part C – Record of decision**

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

**Decision**

Proposal agreed

*Delete as applicable*

~~Proposal NOT agreed because~~

**Details of decision maker**

Signed



Name: Mark Ansell

Cabinet Portfolio held:

CMT Member title:

Head of Service title: Director of Public Health

Other manager title:

Date: 24<sup>th</sup> November 2022

**Lodging this notice**

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

**For use by Committee Administration**

This notice was lodged with me on \_\_\_\_\_

Signed \_\_\_\_\_

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