

Health Inequalities Project Progress Evaluation Template

Havering Place Based Partnership



North East London

PROJECT INFORMATION	
Project Name	Pilot Stop Smoking Service for people with Serious Mental Ill-health
Project Lead	Kate Ezeoke-Griffiths, Natalie Naor
Project Description (detail what you are doing and why i.e. what need are you addressing and how are you addressing the need)	<p>Smoking remains the leading preventable cause of premature mortality and ill health. For those with serious mental illness (SMI), smoking prevalence is much higher than the national smoking average and increases with the severity of mental illness, despite the same levels of motivation to quit. (evidence.nihr.ac.uk/alert/community-pharmacies-may-be-a-useful-place-to-deliver-stop-smoking-services/)</p> <p>People with severe mental illness die on average 10 - 20 years sooner than the general population. Cardiovascular disease, respiratory illness and cancers are the main causes of the observed gap in life expectancy, in part due to the very high prevalence of smoking (and heavier smoking) amongst people with mental health problems. The reasons for the mortality gap between people with SMI and the population as a whole are complex. One of the more obvious contributory factors is the very high prevalence of smoking for people with SMI. (bhrsna.communityinsight.org)</p> <p>Differences in smoking prevalence are the immediate cause of a significant proportion of health inequalities.(OHID, Feb, 2020)</p> <p>New approaches to assist people with SMI to adopt healthier lifestyles are needed. Over 1,700 people across BHR are recorded as smokers with SMI. (bhrsna.communityinsight.org)</p> <p>It was our initial proposal to commission community mental health services to pilot a 12 month smoking cessation service for residents with mental health conditions or learning disabilities. As we have progressed our investigations, it became clear that it would be less effective to develop a service to address both groups due to very different needs. Thus, we are focusing initially on developing a tailored service for people with SMI as this is where there is the highest prevalence and where there is existing guidance. Once this service is established, we will explore a tailored approach for people with LD.</p> <p>The stop smoking service specification for people with SMI is currently being developed. It will meet NICE and NSCT guidelines, including a flexibility to suit the needs of each service user, and will be developed in consultation with relevant stakeholders, including clinicians (and those providing health checks for patients with SMI), patient representatives, etc.</p> <p>Providing a tailored stop smoking service for people with SMI will ensure parity of esteem is for those with mental health conditions and will aim to reduce health inequalities experienced by this group. It will support the NHS Long Term Plan (LTP) which sets out a commitment to offer tobacco dependency treatment services to all inpatients, pregnant women, and outpatients with learning disabilities and/or mental health conditions.</p>
Current status of project (please delete as appropriate)	1. Mobilisation – project is being developed/scoped
Contract Start Date	January 2024
Contract End Date	December 2024
Service Provider(s)	To be confirmed

FINANCES	
Total Funding allocated to project from 22/23 Health Inequalities allocation	£11,000
Total amount of 22/23 allocation spent by 31 st Mar-23.	£0
Please detail what the 22/23 allocation has been spent on/will be spent on.	Itemised breakdown of what 22/23 allocation was planned to be spent on: N/A

Are you expecting to spend the full 22/23 allocation? (If no – please estimate how much underspend there will be).	Yes: to be carried over to 23/24 with additional funding (as a result of investigations carried out so far – see above)			
Are you seeking further funding to extend the service beyond the current contract end date? If so – please provide a yearly breakdown of how much is needed, what this pays for and for how long this extension will be (HI funding is available to cover an extension of up to 36 months).	22/23 allocation underspend	23/24 allocation	24/25 allocation	25/26 allocation
	11,000	68,000 + 11,000 underspend 22/23 = 79,000	79,000	79,000
		50,000 - full time staff cost (quoted by NELFT)	50,000 - full time staff cost (quoted by NELFT)	50,000 - full time staff cost (quoted by NELFT)
		29,000 – 12 weeks of combination NRT for up to 60 clients	29,000 – 12 weeks of combination NRT for up to 60 clients	29,000 – 12 weeks of combination NRT for up to 60 clients
Timeframe funding is to cover: 3 years				

HEALTH INEQUALITIES TARGETTED	
Which Health Inequality or Inequalities are being addressed by your project (delete as appropriate)	<p>List of Health Inequality Priority Areas:</p> <ul style="list-style-type: none"> Core20Plus5 Adults - (20% most deprived, improved maternity care for BAME, Health Checks for those with Serious Mental Illness, increased uptake of flu, pneumonia and covid vaccines, early cancer diagnosis, hypertension casefinding, smoking cessation).

ENGAGEMENT	
Explain how all place partners were engaged in the development of plans, including residents and the voluntary, community and faith sector	<p>Engagement so far with NHS ICS partners, Havering MIND, NELFT, COMPACT Forum for Community & Voluntary organisations, ELFT, Tower Hamlets, Newham, Barking & Dagenham, Adult Social Care Mental Health team, Change, Grow, Live (CGL) and Havering Learning Disabilities Partnership Board.</p> <p>Stakeholder group to be developed to assist with the design and content of the programme.</p>
Explain how residents, patients and service users will be/have been involved in delivery	Will offer service users the chance to take part in a survey and/or focus group to gather insights. Invite a patient representative to the stakeholder meetings.
Describe how you have/or will taken into consideration opportunities for projects across NEL or spanning more than one place	Discussions with ELFT regarding current stop smoking service pilot which supports SMI inpatients through to discharge into the community with the provision of Vape. Discussions with other NEL boroughs to gather feedback and look at delivery models.

MONITORING	
Key outcomes expected, including how it will meet selected health inequalities outcomes in the ICP strategy (NEL ICP Strategy) (Delete as appropriate and list	<p>Key health inequalities outcomes listed in the ICP strategy supported:</p> <ul style="list-style-type: none"> Reducing health inequalities for Babies, Children & Young People, those living with long term conditions and Mental Health for those most deprived <p>Key outcomes expected: Parity of esteem for those with serious mental health conditions, and addressing health inequalities for people with SMI.</p>

List metrics and targets that you will use to judge the success of a scheme. If you have data or qualitative information available please include this.			
	METRIC	TARGET	CURRENT PERFORMANCE (LIST TIME PERIOD)
	To be developed through stakeholder group (see above)	To be developed through stakeholder group (see above)	
Qualitative measures:			
PROGRESS SUMMARY			
Describe how the project has progressed so far i.e. task & finish groups, business cases, meetings seeking decisions, approvals, any challenges you've faced along the way that have been overcome	<p>Better understanding of the requirements for a specialist stop smoking service for people with SMI, as a result of:</p> <ul style="list-style-type: none"> • A review of the evidence (e.g. NICE, NCST) • Discussions and feedback from potential providers • Collation of other boroughs' feedback on their experiences of delivering a tailored stop smoking service for people with SMI <p>As a result, a change in approach has been identified (as summarised in the project description above) – to include:</p> <ul style="list-style-type: none"> • A group support aspect of the programme • A service that takes into account the interactions between medications and NRT • Opportunities for harm reduction (i.e. switching to vaping) • Pre-quit support • Ongoing post-quit support <p>It is expected that this new approach will involve a system-style delivery (i.e. more than one provider)</p> <p>Stakeholder engagement is continuing, and a detailed project plan is being developed. Broad timescales for 23/24 are:</p> <ul style="list-style-type: none"> • Needs assessment completed by August 2023 • Service specification developed by October 2023 • Procurement completed by November 2023 • New service in place January 2024 		
List key risks and issues affecting delivery or any key risks/issues if the service was to not be extended. State what mitigations there are for any risks/issues listed.	<p>Risk: lack of interest from potential providers. Mitigation: work with providers to develop the service, so ensuring sufficient interest.</p> <p>Risk: Lack of clients engaging. Mitigation: work with provider and service users to get feedback around challenges, and take learning from ELFT pilot.</p>		

RECOMMENDATION FROM HEALTH INEQUALITIES OPERATIONAL WORKING GROUP	
(TO BE COMPLETED BY HEALTH INEQUALITIES OPERATIONAL WORKING GROUP)	
STOP/CONTINUE	
VALUE AWARDED	
RATIONALE	