

## Notice of Non-Key Executive Decision

<b>Subject Heading:</b>	Stop Smoking Service pilot for people with Serious Mental Illness (SMI)
<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>	Kathy Freeman, Strategic Director of Resources
<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>	<p>According to the Havering Joint Strategic Needs Assessment (JSNA), 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. Over 1,700 people across BHR are recorded as smokers with SMI.</p> <p>Reducing the prevalence of smoking across the borough, particularly in disadvantaged communities and in vulnerable groups such as people with SMI forms part of the Havering Health and Wellbeing Strategy and the partnerships prevention agenda.</p> <p>The ICB is working with local partners to address inequalities and has provided funding for an 18-month pilot stop smoking service that will offer an innovative range of services to assist people with SMI to reduce harm and the unequal impact on the health of this group caused by smoking.</p>
<b>Financial summary:</b>	The stop smoking pilot service for people with Serious Mental Illness (SMI) will be funded by the NHS North East London NEL Integrated Care Board (ICB) Inequality funding allocation with an allocation of £79,000 for 18months. This will be

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	recurrent for 3 years spanning from 2023/24, 24/25 and 25/26 financial years.
<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 type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>	
Connections making Havering	<input type="checkbox"/>	

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### Part A – Report seeking decision

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

##### **RECOMMENDATIONS**

It is recommended that the Director of Public Health authorises

1. the funding of £79,000 allocated by the NHS NEL Integrated Care Board (ICB) to be used to pilot a specialist stop smoking service focusing on people with serious mental illness to start in January 2024 for a period of 18 months
2. the proposed plans set out in this paper to carry out a procurement exercise via the Request For Quote (RFQ) route to establish a stop smoking service for SMI to reduce the harm and health inequalities caused by smoking for people with serious mental illness

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

Part 3 [Responsibility for Functions] of Havering's Constitution

Part 3.4 Powers of Second Tier Managers

General powers

(a) To take any steps necessary for proper management and administration for their allocated portfolios.

Financial responsibilities

(a) To incur expenditure within the revenue and capital budgets for the relevant service as approved by the Council, subject to any variation permitted by the Council's contract and financial procedure rules

Contract powers

(a) To approve commencement of a tendering process for, and to award all contracts below a total contract value of £500,000 but above the EU Threshold for Supplies and Services

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

Background

Serious Mental Illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired<sup>1</sup>. Examples of SMI include Schizophrenia and bipolar disorders.

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<sup>1</sup> <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities->

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A large body of research has documented the high levels of smoking amongst those with SMI and the disproportionate impact on their health. This includes evidence that:

- Over 26.8% of adults with long-term mental health conditions smoke, with rates rising higher in those with more severe mental illness.
- Smokers with SMI are more nicotine dependent, more likely to develop smoking-related illnesses and die, on average, 10 - 20 years earlier than the general population.
- Smoking is the single largest cause of the life expectancy gap within this group with estimates of 50% of deaths in people with SMI attributable to smoking<sup>2</sup>.
- Cardiovascular disease, respiratory illness and cancers are the main causes of the observed gap in life expectancy, resulting in part from the very high prevalence of smoking amongst this group<sup>3</sup>

In Havering 10.3% of the general adult population smoke, however, the prevalence is higher, at 24.1% among those with long term mental health conditions (OHID 2021 data) ), and this rises to 39.4% among those with a serious mental illness according to data from the Tobacco Control Dashboard<sup>4</sup>.

The Tobacco Control Plan for England outlines the government's commitment to implementing comprehensive smoke-free policies to drive forward the vision of a smoke free generation by 2030. This includes rolling out the integrated tobacco dependency treatment pathways in all mental health services by 2018 and the recommendation for commissioners and providers of the local health and social care system to assess the need of stop smoking support for people with mental health conditions and to deliver targeted and effective interventions<sup>5</sup>.

Further research into improving the physical health of people with SMI include recommendations to address health behaviours such as smoking, poor diet, lack of exercise and substance misuse and to address multiple risk behaviours together<sup>6</sup>.

Reducing tobacco harm is identified as a key prevention priority in the Health and Wellbeing strategy and the JSNA recommends that stop smoking support be a priority for those living with Serious Mental Illness SMI

There is no specialised community stop smoking service locally available to support people with SMI to quit smoking. To address this gap, a bid was successfully submitted to the North East London Integrated Care Board (ICB) Inequality Funding stream to pilot a specialised stop smoking service resulting in an allocation of £79,000 to establish a service for 18 months.

The proposed stop smoking service aims to

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[briefing#:~:text=The%20phrase%20severe%20mental%20illness,an%20SMI%20%5Bfootnote%201%5D.](#)

<sup>2</sup> Callaghan, 2014 published in <https://pubmed.ncbi.nlm.nih.gov/24139811/>

<sup>3</sup> <https://www.haveringdata.net/joint-strategic-needs-assessment/>

<sup>4</sup> [Microsoft Power BI](#)

<sup>5</sup> <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

<sup>6</sup> <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#smi-and-interventions-to-improve-physical-health>

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- support local residents with SMI who smoke to either quit or reduce the number of cigarettes smoked thereby reducing the harm caused by tobacco
- reduce inequality of access to stop smoking support to SMI, who are amongst the most disadvantaged and bear a higher burden of smoking ill health
- contribute to improving their overall health and wellbeing with additional benefit in terms of potential savings, given the prevailing high cost of living.
- complement the NHS national Tobacco Dependency Treatment Programme, which recommends that mental health patients who start their quit programme whilst on admission in hospital, have onward support in the community to successfully continue their programme following discharge.

### **The Proposed Service Model**

The proposed service model has been informed by extensive review of the evidence of smoking among people with serious mental illness, guidance from NICE and NCST, focussed discussions with potential providers, and learnings from other boroughs delivering tailored mental health stop smoking service. In addition, information from a local Tobacco Harm Reduction workshop held on 28 June 2023 and survey of people living with mental health conditions, have helped to shape the service model.

The standard stop smoking service recommended by NICE Guideline (2021) NG209 consists of advice, behavioural support, the provision of Nicotine Replacement Therapy, NRT and vapes. Evidence from a range of studies indicate that smokers with mental health problems

- are more likely to report motivation to stop smoking<sup>7</sup> and show harm reduction behaviours including cutting down, using e-cigarettes, and using NRT
- require more intensive support to quit
- may have higher quit rates if treatments are adapted or tailored to meet their needs

Results of the Smoking Cessation Intervention for Severe Mental Illness (SCIMITAR) trial, involving heavy smokers with bipolar disorder or schizophrenia and published in the Lancet, 2019 showed that bespoke intervention utilising combined behavioural and pharmacological aids was effective in reducing the high levels of smoking among those with SMI with a significant proportion quitting at 6 months though waning by 12 months which means more effort is needed for sustained outcome<sup>8</sup>.

In addition, response from local survey of people with SMI showed majority have either made a previous quit attempt or have considered quitting in past 12 months. The impact of smoking on their physical health was main reason stated for wanting to quit. A workshop held on June 2023, which included providers and professionals working around mental health conditions, recommended a tailored and flexible community based model of service with a range of interventions including vape and Nicotine Replacement Therapy, NRT, as well as group support to maximise opportunity to reduce harm from cigarettes.

In view of the above collective evidence and recommendations including findings from the SMI survey and local workshop, the service will be a community-based specialist service provided by staff with knowledge and experience of mental health conditions and trained to

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<sup>7</sup> [Mental health, smoking, harm reduction and quit attempts – a population survey in England | BMC Public Health | Full Text \(biomedcentral.com\)](#)

<sup>8</sup> [Smoking cessation for people with severe mental illness \(SCIMITAR+\): a pragmatic randomised controlled trial - PMC \(nih.gov\)](#)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6546931/#bib10>

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deliver stop smoking support to those with SMI. It will provide tailored, intensive and flexible support to enable those with SMI to either quit smoking and or reduce the amount of tobacco smoked and is proposed to offer the following:

- an extended 12 week programme of intensive tailor made and flexible behavioural support people with SMI who smoke
- a wide range of Nicotine Replacement Therapy, both long and short acting
- vapes to enable those smokers to either cut down on quantity of cigarettes smoked or switch to vapes as a harm reduction measure
- Carbon monoxide testing to measure level of smoking during each contact and using these measurements to motivate them to stop smoking
- Group support session
- Pre-quit support – preparing clients to quit in the first 1-2 sessions before setting the quit date (this does not apply to discharged patients referred from acute sector)
- Ongoing post-quit support for 3 months
- Allow those who relapse to re-join the programme providing they demonstrate their continued motivation to quit but limiting this to up to 3 quit attempts in 18 months

### **Links to other services and referral pathways**

The service will be expected to have established links with key services including with:

- GP practice
- substance misuse service
- and other community services and support groups such as community pharmacies, Social Prescribers and Local Area Co-ordinators
- the acute mental health services with clear referral pathway to ensure that discharged patients with SMI under the national Tobacco Dependency Treatment Programme, TDTP who have started a quit programme as inpatients will continue to receive support to complete their programme in the community.

### **Collaboration**

This is expected to be an innovative service providing a range of interventions to maximise opportunity for people with SMI to either quit smoking or reduce the number of cigarettes smoked. It is recognised that one provider may not be able to offer all the elements required for this service as detailed below and we will therefore, during the procurement process, encourage collaboration between providers especially where one provider has more experience in an area such as group support sessions for people with SMI.

### **Outcomes and benefits expected**

- Support at least 40 smokers (50%) with SMI to either quit or reduce the number of cigarettes smoked thereby reducing the harm caused by tobacco
- Reduce inequality of access to stop smoking support to SMI, who are amongst the most disadvantaged who bear the higher burden of smoking ill health
- Support to the most disadvantaged smokers to restore money into their budgets and assist with costs of living from savings made from quitting smoking
- Complement and contribute to the NHS national Tobacco Dependency Treatment Programme, which recommends that mental health patients who start their quit programme as inpatients, have onward support in the community to successful continue their quit programme following discharge.
- Reduction in long term smoking related risk of morbidity and mortality
- Reduction in NHS treatment costs for smoking related illnesses
- Contribute to improving their health and well-being and, given the prevailing high cost of living, quitting smoking will provide additional benefit in terms of savings made.

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### **Outcomes to be measured will include**

- number of people reducing the quantity of cigarettes smoked, as measured by the Fagerstrom Test for Nicotine Dependence
- Number of people partially switching to vapes (smoking and vaping)
- number of people completely switching to vapes
- number of people achieving a quit between 4 -12 weeks
- number of people remaining abstinent or continued reduction in harm for 6 months post quit

The service provider(s) will 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 and will be sufficiently trained, with expertise to take into account the interactions between medications and NRT.

### **Procurement approach and evaluation of bids:**

To ensure an effective planning and implementation of the service a project team consisting of key officers from across the council has been established and a procurement plan developed. The service will be procured using a Request For Quote (RFQ) inviting at least three different providers to submit quotes and the bids will be evaluated using a clear set of criteria based on the price/ quality weighting described below

#### **Change to the evaluation of bids using price/ quality weighting**

The standard weighting for evaluation of tenders as stipulated in the Contracts Procedure Rule 18.4 is 70% cost and 30% quality.

A decision paper has been written and approved to waive the weighting from the standard 70% Price and 30% Quality split to a higher weighting on quality-with a split of 50% price and 50% Quality in the procurement of the service to ensure it offers a full range of interventions to people with SMI to maximise the opportunity to quit smoking and reduce tobacco harm

The service is planned to be in place by January 2024 and will run for 18 months. The findings from the evaluation at 6 months will help to shape future provision of the service.

### **Cost of service**

The procurement approach to be used will require potential providers to submit bids for the service using a pricing schedule and the bids assessed using a set of criteria by an evaluation panel. Bids will be assessed against the level of funding allocated. If bids received are higher then some elements of the service may be capped or limited e.g. the range of NRT provided. If bids are lower then surplus can be carried over to following year.

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

The PharmOutcome system is a secure, web-based clinical and service management 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 special category patient data and meets the requirements of Data Protection Legislation and the Data Security and Protection Toolkit.



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It allows data collected about the service provided and about the recipients to be transferred from other healthcare providers to allow for provision and continuity of care. All data is processed and stored on secure servers then stored 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 NEL Smoke free 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 Pharmacy Smoking Cessation Service (SCS) as part of the Tobacco Dependency Treatment Programme to ensure smooth referrals into the community service
- It is cheaper than the alternative recognised programme including Quit Manager.
- The system can be used by up to 36 service providers

It is proposed that PharmOutcomes be selected as the IT system to be used for client data monitoring, management, reporting and invoicing for the pharmacy stop smoking service. Also to extend purchase of the license for another 24 months when the current license ends in March 2025 to allow for continuity of service after pilot phase and pending decision on how service will continue.

A further decision paper will be submitted prior to award of the contract outlining the specific provider commissioned and the amount awarded.

Overall, implementing the SMI 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 to vulnerable smokers with SMI.

It is therefore recommended that the Director of Public Health authorises the use of the allocated funds and the proposed plans in this report to establish a stop smoking service for people with SMI.

## **OTHER OPTIONS CONSIDERED AND REJECTED**

1. Do nothing – this option was rejected as there is no local provision for people living with SMI to reduce smoking and the harm caused by smoking. Establishing the services will reduce inequality and premature deaths arising from smoking and therefore improve health and wellbeing of residents living with SMI.
2. Consideration was given to either directly deliver the specialist stop smoking service by the Council or to procure the service via an external provider who will also manage the service delivery. The latter approach was adopted due to mental health expertise required and the need to locate the service in a setting already familiar to this cohort.

## **PRE-DECISION CONSULTATION**

Pre-decision consultations have taken place extensively including with the following:

- potential providers and services such as North East London Foundation Trust (NELFT), MIND, internally with the Adult Mental Health Team and with professionals working in the field including clinicians from BHRUT

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- Learnings from other boroughs' experiences of delivering tailored mental health stop smoking service e.g., Tower Hamlets has also been taken into account

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

Name: Kate Ezeoke-Griffiths

Designation: Senior Public Health Specialist

Signature:



Date: 29 September 2023

### **Part B - Assessment of implications and risks**

#### **LEGAL IMPLICATIONS AND RISKS**

This report seeks authority to use the grant funding of £79,000 from the ICB to procure a stop smoking service for people with SMI.

##### Grant Funding

Section 1 of the Localism Act 2011 gives the Council a general power of competence to do anything an individual can do, subject to any statutory constraints on the Council's powers. The recommendations in this report are in keeping with this power and the Council has the power to receive grant funding.

The proposed value of the procurement is £79,000 which is below the threshold for light touch services as stipulated in the Public Contracts Regulations 2015 (PCR). Therefore the procurement is not subject to the PCR but any procurement activity must still be fair, transparent and treat providers equally and be in compliance with the Council's Contracts Procedure Rules.

The body of this report confirms that the proposed procurement is compliant with CPR 9.8 and 25.1.

#### **FINANCIAL IMPLICATIONS AND RISKS**

This report is seeking approval to go out to tender for an 18-month contract for the Stop Smoking pilot for people with Serious Mental Illness', commencing in January 2024 till July 2025. The 18-month pilot is expected to cost £79,000. This pilot is being funded from the ICB Health Inequalities funding and the success of this pilot, which is suggested to be 40 clients to stop smoking, should have cost benefits to the health service with less people having smoking related ill health and requiring health care services.

£11,000 has been allocated to the project from the 22/23 Health Inequalities funding and £68,000 has been allocated to the project from 23/24 Health Inequalities funding. The pilot is due to start in January 2024 and therefore, the costs will span the 23/24, 24/25 and 25/26 financial year. Confirmation has been given that the plans for the pilot were signed off by the Havering Partnership Board and ICB subcommittee in May and therefore any unspent funds will not be clawed back for this project if they are not fully spent by the end of the agreement period.

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The 22/23 Health Inequalities funding was agreed under a S256 agreement and the S256 agreement will be varied for the 23/24 funding.

Approval has been given to waive the Council Procedure rules of evaluating the stop smoking pilot service for people with Serious Mental Illness tender at 70% price and 30% quality and for the tender to be evaluated on the following weightings: 50% Price and 50% quality.

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

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

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

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, sexual orientation.

The Council is committed to all of the above 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.

Due to the nature of the contract, it will have a potential to impact all residents living in the Borough. An Equality Impact Assessment has been undertaken and will be kept under review.

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

The impacts of tobacco production and smoking include 'pollution, soil degradation and deforestation, contributing to adverse climate change and biodiversity losses.' (Tobacco and the Environment - ASH). Reducing smoking rates through stop smoking services can help mitigate some of these environmental impacts:

### **BACKGROUND PAPERS**

None

### **APPENDICIES**

None

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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

Other manager title:

Date: 29 September 2023

**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 \_\_\_\_\_