

Notice of Non-Key Executive Decision

Subject Heading:	Stop Smoking Service pilot for people with Serious Mental Illness (SMI) – Award of Contract
Decision Maker:	Kate Ezeoke-Griffiths, Assistant Director of Public Health
Cabinet Member:	Councillor Gillian Ford – Lead Member for Health
SLT Lead:	Kathy Freeman, Strategic Director of Resources
Report Author and contact details:	<p>Paul Cosens</p> <p>Senior Commissioning and Projects Manager, Joint Commissioning Unit</p> <p>Paul.cosens@havering.gov.uk</p>
Policy context:	<p>This report relates to the achievement of objectives within the Joint Health and Wellbeing Strategy 2019/20 - 2023/24 and the Tobacco Harm Reduction Strategy 2019 – 2023.</p> <p>On the 20th September 2023, a community stop smoking service for people with severe mental illness to reduce the harm caused by tobacco at a cost of £79,000 was approved by the Director of Public Health.</p> <p>This report describes the lead provider selected to provide the pilot service and recommends the award of contract in order to commence the service in February 2024.</p>
Financial summary:	<p>Funding for the stop smoking pilot service for people with Serious Mental Illness (SMI) was initially from NEL Integrated Care Board (ICB) Inequality funds with an allocation of £79,000 for 18 months and spanning three financial years.</p> <p>However, government has announced additional funding for stop smoking activities for five years starting from 2024/2025 financial year through to 2028 to 2029 with £307,543 allocated to Havering to be spent in 2024/25. It is therefore proposed that the SMI service, due to start in Feb 2024, be funded as follows:</p>

Non-key Executive Decision

	Funding: <ul style="list-style-type: none">• 2023/24 (Q4) - NHS North East London NEL Integrated Care Board (ICB) Inequality funding• 2024/25 – Government Smoking Cessation funding• 2025/26 (Q1) – Government Smoking Cessation funding
Relevant OSC:	Health
Is this decision exempt from being called-in?	Yes

Non-key Executive Decision

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

Communities making		
Havering	[X]	
Places making		
Havering		[x]
Opportunities making		
Havering	[]	
Connections making		
Havering	[x]	

Non-key Executive Decision

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

RECOMMENDATIONS

1. It is recommended that the Director of Public Health authorises the award of contract to **North East London Foundation Trust (NELFT)** to deliver a stop smoking service for people with severe mental illness from February 2024 for 18 months at a cost of £79,000 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

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 impaired¹. Examples of SMI include Schizophrenia and bipolar disorders.

¹ <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#:~:text=The%20phrase%20severe%20mental%20illness,an%20SMI%20%5Bfootnote%201%5D.>

Non-key Executive Decision

A large body of research has documented the high levels of smoking amongst those with SMI and the disproportionate impact on their health. There is strong 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 smoking².
- 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 group³

Recent Smoking Data in Havering, September 2023 indicates that:

- Smoking by people with long term mental health conditions is increasing (from 21.4% in 2021 to 24.1% in 2022). The Havering level is lower than levels in London 27.2% and England 25.2%.
- Smoking by Employment (routine and manual occupations) is increasing from 11.4% in 2021 to 28.1% in 2022, representing an increase of 17%. This level is higher than London 20.2% and England 22.5%.
- Smoking in pregnancy at the time of delivery is decreasing (4.5% in 2021/22, which is similar to London 4.5%, lower than the England average 9.1%).
- Adult smoking is increasing from 10.3% in 2021 to 15.9%, up 5.6%. This is the highest increase in NEL. Notably, higher than London 11.7% and England, 12.7%.
- Smoking attributable mortality is falling in Havering overall although still remains higher compared to London average and England average levels.

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 interventions⁴.

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 together⁵.

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

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

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

⁴ <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

⁵ <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>

Non-key Executive Decision

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

- 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; and
- 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^[1] and show harm reduction behaviours including cutting down, using e-cigarettes, and using NRT;
- require more intensive support to quit; and
- 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 outcomes^[2].

In addition, responses from a local survey of people with SMI showed the 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 the 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 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 deliver stop smoking support to those with SMI. It will provide tailored, intensive and flexible support to

Non-key Executive Decision

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 to 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 practices
- substance misuse services
- 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 pathways 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.

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 successfully 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, given the prevailing high cost of living, quitting smoking will provide additional benefit in terms of savings made.

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

Non-key Executive Decision

- number of people remaining abstinent or continued reduction in harm for 6 months post quit

The service provider 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:

A restricted procurement exercise has been undertaken in recruiting a provider to deliver the pilot service which involved:

- Inviting expression of interest (EOI) from potential bidders
- Return of Expression of Interest (EOI) Form
- Market engagement event
- Request for Quote (RFQ) from three potential bidders.
- Evaluation and Moderation.

Overall, 4 providers expressed an interest in providing the service out of which 1 bid was received and successfully met the criteria leading to NELFT being selected. The successful bidder achieved a score of 48 out of a possible 50 for Quality. The bid was evaluated as achieving 4 out of 5 with regard to Social Value. In summary, the bid was of high quality and comprehensively addressed the essential criteria in the service specification.

The service is planned to be in place by February 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 bid was proposed within the context of the financial envelope. The service will be delivered at a cost of £79,000 over 18 months.

Summary

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 by agreeing to the award of the contract to NELFT.

^[1] [Mental health, smoking, harm reduction and quit attempts – a population survey in England | BMC Public Health | Full Text \(biomedcentral.com\)](#)

^[2] [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>

OTHER OPTIONS CONSIDERED AND REJECTED

Non-key Executive Decision

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
- 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: Paul Cosens

Designation: Senior Commissioning and Projects Manager, Joint Commissioning Unit

Signature:



Date: 29/11/23

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

This report seeks to award a contract to NELFT to deliver a stop smoking service for residents with SMI for a period of 18 months at a cost of £79,000.

The Council has the general power of competence under section 1 of the Localism Act 2011 to do anything an individual may generally do subject to any limitations. The contract may be awarded in accordance with these powers.

The Council is a contracting authority for the purposes of the Public Contracts Regulations 2015 (as amended) (PCR). The value of the contract over the life of the contract is below the threshold for light touch services and therefore is not subject to the full rigours of the PCR. However, the procurement must comply with the Council's Contracts Procedure Rules (CPR).

The body of this report confirms that the proposed procurement route is compliant with CPR 9.8 and thus the contract may be awarded to NELFT.

FINANCIAL IMPLICATIONS AND RISKS

Non-key Executive Decision

This report is seeking approval to award the contract for the Stop Smoking pilot for people with Serious Mental Illness' to North East London Foundation Trust (NELFT). The contract will commence in February 2024 and is for 18 months. The total cost of the contract for the 18-month pilot will be £79,000. This pilot was initially going to be fully funded from the ICB Health Inequalities funding, however since the approval to go out to tender for this contract, the government have announced additional funding for stop smoking services for the next five years commencing in the 24/25 financial year until 2028/29. Havering's allocation for the 24/25 financial year is £307,543 and this will be a ringfenced grant.

The pilot is due to start in February 2024 and therefore, the costs will span the 23/24, 24/25 and 25/26 financial year.

Any costs that materialise from the pilot in the 23/24 financial year will be funded from the Health Inequalities funding.

Any costs that materialise in the 24/25 and 25/26 financial years as a result of the pilot will be funded from the new stop smoking services allocation from Government.

The costs will vary per month as the provider will be paid on a payment by results basis.

£11,000 had been allocated to the project from the 22/23 Health Inequalities funding and £68,000 had been allocated to the project from 23/24 Health Inequalities funding. Confirmation has been given that the plans for the pilot were signed off by the Havering Partnership Board and ICB subcommittee in May and following on from the Government announcement of additional funding for stop smoking services, the ICB have confirmed that any unspent funds can be returned to the Health Inequalities Fund pot for them to be repurposed on other schemes. The funding from the Health inequalities fund will still be available to this project until confirmation of the new grant funding is received. The 22/23 Health Inequalities funding was agreed under a S256 agreement and the S256 agreement will be varied for the 23/24 funding.

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

Approval was 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;

Non-key Executive Decision

- (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).

BACKGROUND PAPERS

APPENDICIES

Appendix A

Non-key Executive Decision

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: Kate Ezeoke-Griffiths

Management Title: Assistant Director of Public Health

Date: 29/11/2023

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 _____