

Joint Public Health Board

16 February 2023

Treating Tobacco Dependency

For Decision

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health, Dorset Council
Cllr J Kelly, Communities, Health and Leisure,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

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Report Status: Public

Brief Summary:

This report provides a brief overview of the Treating Tobacco Dependency work featured on BBC South Today on 12 December. The work focuses on action within Dorset's hospitals. Contracts are in development with each Trust for this work. This paper clarifies these arrangements to ensure transparency and deliver compliance with Dorset Council governance in respect of procurement processes and Public Contract Regulations.

Recommendation:

The Joint Public Health Board is asked to:

- Note the excellent work on Treating Tobacco Dependency
- Note the contracts awarded to Dorset County Hospital and Dorset HealthCare, and
- University Hospitals Dorset

Reason for Recommendation:

There is commitment across the Dorset ICS to support Treating Tobacco Dependency work in our hospitals. National funding allocations for this work were transferred to Public Health Dorset to support this.

These services must integrate within our NHS hospital trusts and contracts have been entered into.

Smoking is the largest avoidable cause of death, and of social inequalities in life expectancy. It also impacts on the need for social care. Estimated costs of smoking in Dorset, across the NHS and both local authorities, are over £30M per year.

1 Background

1.1 Smoking tobacco remains the largest modifiable risk to health. It impacts on both mortality and morbidity. It is also one of the greatest drivers of health inequality in England. The NHS Long Term Plan, 2019 included three commitments on tobacco for delivery by the NHS:

- all inpatients (admitted overnight in physical acute and mental health related settings) to be able to access NHS-funded tobacco dependence treatment services by the end of 2023/24,
- all pregnant women will also be able to access treatment services by the end of 2023/24 – with novel pathways to ensure support for partners/significant others, and
- development of a new universal smoking cessation offer as part of specialist mental health services for long-term users of specialist mental health (national rollout from 2023/24).

1.2 Dorset already had a range of work in place to support people to quit:

- Dorset Healthcare Trust was seen as an exemplar of support to inpatients that smoke since 2017. This was not, however, spread across all mental health and community settings.
- Public Health Dorset (PHD) pump-primed work to integrating support to stop smoking into maternity care. Poole Hospital saw significant improvement, with fewer women still smoking at the birth. This involved working with the whole family to support the best environment for the pregnant smoking mother to quit. Bournemouth and DCH hospitals had more limited success. PHD funded a programme manager to share the learning.
- The programme manager set up a system-wide steering group in 2019. The aim is to support progress towards the LTP commitments.
- Public Health Dorset also commissions community-based support to stop smoking. GPs, community pharmacies and LiveWell Dorset all play a part.

- 1.3 The NHS LTP commitments on smoking cessation are supported by 3 years of funding to each Integrated Care System between 21/22 and 23/24. NHS Dorset agreed to transfer these funds to PHD to combine with the programme manager funding. Delivery will be overseen by the system-wide steering group.
- 1.4 As this service needs to be part of all other hospital services, our NHS hospital trusts are the only potential providers. Contracts have been agreed in respect of work with DCH and Dorset HealthCare Trust and approved in accordance with Dorset Council's Contract Procedure Rules.
- 1.5 As UHD is our larger acute hospital, and they host the programme management support, their contract value is higher and exceeds Dorset Councils Key Decision threshold. Ordinarily, the Joint Public Health Board would be requested to approve award of a contract with financial consequences of £500k or more. Dorset Council's Scheme of Delegation, (Part 3 of the Constitution) provides for Chief Officers to take urgent decisions, where there is not time to seek formal approval.
- 1.6 The contract directly awarded to UHD also falls under the Public Contract Regulations 2015, namely Regulation 32(2)(b)(ii) where direct award is permitted where competition is absent for technical reasons.
- 1.7 Dorset Council legal services have advised that the requirements of Regulation 32 have been met.
- 1.8 In January 2023 the Director of Public Health exercised delegated powers to award the contract to UHD and now reports the award of contract to the Joint Public Health Board for noting.

2 The Dorset CARED model

- 2.1 The Dorset CARED model has been developed from the Ottawa model for smoking cessation. The Ottawa model has been shown to improve long-term quit rates by 11%, reduce re-admission within 30 days by 50% and reduce the risk of death by 40% over 2 years.
- 2.2 Our model provides a comprehensive programme that systematically identifies all active smokers admitted to secondary care (including maternity, mental health and community hospital settings) and gives them very brief advice (VBA) and nicotine replacement therapy (NRT) for the duration of their hospital care.
- 2.3 Unless they opt-out, patients are also supported by specialist staff to develop an individualised long term treatment plan.
- 2.4 Services are provided within the context of smokefree hospital environments, backed up by Trust policy.

3 Financial Implications

- 3.1 Public Health Dorset has a budget to provide for smoking cessation work. As well as community services this has funded a post to support development of smoking cessation approaches in hospital.
- 3.2 In 21/22 national funding was made available to CCGs (now ICBs) to support NHS Long Term Plan aspirations about the expansion of smoking cessation through hospitals. The Dorset ICS agreed transfer of funds to Public Health Dorset to ensure this was delivered.
- 3.3 Action on Smoking and Health estimated the costs of smoking for Dorset council at £8.7M and for BCP council at £7.8M, while the TTD business case suggested costs to Dorset NHS partners of £13.7M.
- 3.4 Modelling from the Ottawa evidence suggest that direct costs to Dorset NHS partners due to smoking related illness could drop by £4M by March 2023. This is cost avoided rather than cost-releasing savings.

4 Wellbeing and health implications

- 4.1 Smoking is the largest avoidable cause of death, and of social inequalities in life expectancy, in the UK. Smokers who start smoking at around the start of adult life lose an average of 10 years of life expectancy, or around 1 year for every 4 years of smoking after the age of 30. Smoking is a recognised cause of lung cancer, COPD, cardiovascular disease and a wide range of other diseases. [RCP 2018]
- 4.2 Smoking also impacts on the need for social care. Current smokers are over 2.5 times more likely to receive social care support in their home than never-smokers, while ex-smokers are just over 1.5 times more likely to receive care in their home. On average, smokers report difficulty completing tasks 7 years earlier than never smokers and receive care support 10 years earlier than never smokers. Smokers and ex-smokers receive more hours of care than never smokers. On average, current smokers in receipt of social care support receive 4 times as many hours of care as never smokers. [ASH March 2021]
- 4.3 Treating smoking prolongs life and substantially improves the natural history of many diseases. Smoking cessation interventions are highly effective and cost-effective, far more so than many treatments and interventions used routinely to treat smoking-related diseases.

5 Environmental implications

- 5.1 The environmental costs of tobacco production and consumption have not been extensively studied but here is a growing body of evidence to show that it has a significant impact at every stage of the process.
- 5.2 The tobacco supply chain is a contributor to deforestation, the use of fossil fuels and the dumping or leaking of waste products into the natural environment. Chemicals used in tobacco growing mean that the land is unsuitable for supporting any other crop.
- 5.3 Cigarette butt littering is both a public nuisance and also exerts hazardous and toxic effects on the environment and ecosystems where they end up.

6 Other Implications

- 6.1 None identified in this paper.

7 Risk Assessment

- 7.1 Having considered the risks associated with this report, the level of risk has been identified as:
Current Risk: MEDIUM
Residual Risk: LOW

8 Equalities Impact Assessment

- 8.1 Smoking is not evenly distributed across the population. Some populations are more likely to smoke than others. Checking the smoking status of every patient and offering all smokers information and treatment ensures no bias. Each person can make their own informed choice about stopping smoking. It also shows that smokers' health is not deemed less important than that of non-smokers. Smoke-free NHS estates protect the health of patients and staff. They also signal that smoking is a crucial health issue and support those smokers who are trying to quit.
- 8.2 Evaluation of the service should check access by different population groups.

9 Appendices

None

10 Background Papers

[Hiding in plain sight, treating tobacco dependency in the NHS, The Tobacco Advisory Group for the Royal College of Physicians, 2018.](#)
[NHS Long Term Plan 2019.](#)
[The cost of smoking to the social care system. ASH, March 2021](#)
[Tobacco and the Environment, ASH, September 2021](#)