

Appendix 2 – Overview of Commissioning Intentions 2023-24.

1.1 Oversight, monitoring, development, planning, management, and administration of the programme through existing TMBC staff.

The report seeks permission to spend £0.020m of the section 31 Stop Smoking grant funds to enable oversight, monitoring, development, planning, management, and administration of the programme through existing TMBC staff.

1.2 Stop Smoking Community Engagement Officer to support the monitoring, training and quality assurance of community stop smoking delivery.

To enable the effective implementation and monitoring of the delivery of the community stop smoking service, the delivery of initial and ongoing training to all front-line advisors and to provide quality assurance across the Stop Smoking service and further capacity is required in the Public Health team. The proposal is to recruit a Stop Smoking Community Engagement Officer to support the Be Well Health Improvement Manager and Public Health Programme Manager to manage programme delivery, ensure quality across the service and meet monitoring requirements for the Department of Health and Social Care.

The report seeks permission to allocate £0.039m of the stop smoking grant to a budget to recruit a Grade F FTE Stop Smoking Community Engagement Officer on a 5-year fixed term contract. Further annual uplifts will be forecast and factored into the budget until 2025.

1.3 Nicotine Replacement Therapy Budget - uplift for increased service use.

Due to the increased activity expected following the expansion of the Stop Smoking service in Tameside, an increase to Public Health's existing prescribing budget will be required to meet the needs of the increased demand for nicotine replacement therapy. Funding has been secured for the Swap to Stop scheme in Tameside, however not all residents will choose to use vapes as a quit aid. A new stop smoking medicine, Cytisine, has been made available from January 2024 and it is anticipated there will be a further demand placed on the prescribing budget.

The report seeks permission to allocate £0.061m of the stop smoking grant to the Nicotine Replacement Therapy Budget to meet the increased demand for nicotine replacement therapy.

1.4 LCS Smoking Cessation Service - Primary Care Contracts uplift for increased activity to increase the number of smokers being supported to quit.

The Locally Commissioned Services framework in Tameside is a series of services commissioned by Public Health from pharmacies and general practices located in Tameside to provide additional services for residents around preventative issues under a standard NHS contract. The services sitting under this contract includes the provision of a Smoking Cessation Service.

1.4.1 LCS Smoking Cessation Contract (G.P)

The aim of the Service is to provide an accessible Smoking Cessation service in the community using Nicotine Replacement Therapy (NRT), Cytisine, and Bupropion (Zyban) together with support and advice. The service supports patients to achieve a 4-week quit and to be smoke free permanently. A four-

week quit is defined as “not having smoked in the third and fourth week after the quit date”. NICE guidance suggests that long-term smoking cessation is more likely following a successful four-week quit. The budget for this service is £0.040m per annum.

1.4.2 LCS Smoking Cessation Contract (Pharmacy)

The aim of the Smoking Cessation service is to supply Nicotine Replacement Therapy (NRT) to clients of the TMBC Be Well Smoking Cessation and the Smokefree Pregnancy services and to provide an accessible pharmacy smoking cessation service in the community together with behaviour change support. The service outcomes are measured in the nationally recognised metric of number of 4-week quits. The budget for this service is £0.060m per annum.

The combined budget allocated for the above services is £0.100m. To improve uptake and support more people to quit smoking Public Health will require additional funding. This report seeks permission to allocate £0.028m of the Stop Smoking grant to the budget for these services.

1.5 Marketing and communications.

To promote the existing and new stop smoking service offer a comprehensive, sustained marketing and promotion campaign will be required. The local campaign will use the assets available from the national [NHS Better Health](#) campaign and amplifying the [GM Make Smoking History](#) campaign and seek to localise them. Further communications and marketing material will be developed to target high risk communities. A range of materials will be developed including social media assets and videos, that will be promoted by various methods to target high risk communities e.g., targeted advertisements online and in areas of deprivation and high smoking prevalence. There will also be a Tameside Tobacco-free learning network established to share the messages around stopping smoking and other tobacco use across the local system. This element of the programme will be managed across the Public Health and Communications team at TMBC.

The report seeks permission to allocate £0.020m of the stop smoking grant to a communications and marketing budget. The budget will be managed by TMBC's Public Health team.

1.6 Increasing stop smoking advisor capacity in TMBC Be Well team.

In 2022/23, 901 residents accessed the Be Well stop smoking service. The referrals were largely from GP's or self-referrals and meant little capacity with existing advisors to develop the outreach element of the service. To enable the service to develop the outreach service more capacity is required within the Be Well service so advisors can be allocated to community-based services. The Be Well service will have increased capacity to provide stop smoking support for groups not included in the targeted community stop smoking delivery and will include workplaces, community mental health services, secondary care, early years.

The report seeks permission to allocate £0.099m of the stop smoking grant to a budget for the recruitment of 2.8 FTE Grade E Health Improvement Workers on a 5-year fixed term contract. Further annual uplifts will be forecast and factored into the budget until 2025.

1.7 Community based stop smoking provision.

Whilst the Be Well Service can support around 1000 smokers per year, these tend to be more health literate and are self-motivated to seek out support to stop smoking. We know that smoking is far more common in some groups including people with lower incomes, people in contact with the criminal justice system, the LGBTQ+ community and people with a mental health condition. These differences in smoking rates translate into major differences in death rate and illness in these groups. The development of a community stop smoking offer is required to target these groups and offer tailored support to quit and break the inter-generational cycle of smoking.

Investing in increased capacity in addiction services and services supporting complex individuals will enable Public Health to offer support to high-risk individuals who are already engaged in these services and familiar with their support worker to, maintain continuity of care and increase their chances of a successful quit which we know is less likely to be successful in traditional services.

Commissioning Proposal

It is proposed that Public Health work with STAR procurement and tender for a Community Stop Smoking service aimed at high-risk residents with

For residents with vulnerabilities the service will be expected to provide outreach into the community to target those individuals who require more support to access stop smoking services. The provider will be expected to work with the commissioned providers of the Substance Misuse Service and the Domestic Abuse Support Service, the homelessness prevention team, and organisations supporting communities with no recourse to public funds to offer stop smoking support to their service users.

The Be Well service will operate as the 'Hub' and the community offer will form a 'Spoke' along with the GP and Pharmacy offer to ensure that service delivery is linked and cohesive.

Full training, licences, equipment and support will be provided by the Be Well service to all the organisations delivering this stop smoking service to ensure consistency and quality of delivery across Tameside.

Equitable access to stop smoking services involves ensuring that the right communications are in place, and for some communities, these messages be supported by messages from community based, respected community members. The service will develop of a network of Tobacco-free Champions which can facilitate the dissemination of messages around stopping smoking and other tobacco use along with information about how to access the stop smoking services. The service will deliver a range of community engagement activity and support for the Tobacco-free Champions and rolling out Making Every Contact Count (MECC) training, venue hire and any interpreter support that may be required.

This report seeks permission to:

- Work with STAR to tender for a Community Stop Smoking Service to work with high-risk vulnerable groups. The contract will be for three years with the option to extend for a further period of up to two years at a cost of £0.100m per annum (Total cost over five years £0.400m)
- Award a contract for the provision of a Community Stop Smoking Service following the completion of a competitive tender exercise, subject to compliance with the Council's Procurement Standing Orders. A report detailing the Award of the contract will be presented to Cabinet on completion of the process.

1.8 Essential equipment and licences for service delivery.

To ensure effective delivery of the stop smoking service, there is a requirement for Public Health to procure licenses for staff using the Pharmoutcomes IT system along with carbon monoxide monitoring equipment and consumables for Be Well and the wider community stop smoking service delivery.

1.8.1 Pharmoutcomes

Pharmoutcomes is an I.T system which is used by the Be Well Team to request NRT products from pharmacies for individuals who have accessed the service for support to stop smoking. Licences are required for each member of staff who use the system. Each licence costs £70 per user per annum and includes technical support from Pharmoutcomes. Using this system has improved efficiency, requests for products are quicker and the system generates an invoice when the pharmacy supplies the products, so pharmacist get paid quicker thereby reducing administration time and cost to Public Health. The introduction of Pharmoutcomes has been welcomed by pharmacies who already use the system for other services which has saved them time preparing invoices and completing paperwork to submit claims.

1.8.2 Carbon Monoxide Monitoring Equipment

Along with the number of cigarettes smoked daily, carbon monoxide readings support the stop smoking advisors to make recommendations for NRT product and strength. These readings also help to confirm whether a person has quit smoking for the four-week quit monitoring return required for the Department of Health and Social Care (DH&SC). CO Monitors (£190 per unit) and consumables (£54 per every 200 clients supported), such as single-use mouth pieces, D-pieces, alcohol-free wipes. Supplies are also required to issue to front-line workers across the service.

The report seeks permission to allocate a maximum of £0.015m of the Stop Smoking Grant to a budget which will be used to procure licences for staff to access Pharmoutcomes and to purchase resource equipment. The budget will be managed by the Public Health team via Agresso.

1.9 Prevention budget with a focus on children and young people.

Through the Stopping the Start policy paper, the government has signified a commitment to having the biggest impact possible in reducing youth vaping. There has been a recent and highly concerning surge in the number of children vaping and the evidence shows that vaping products are regularly promoted in a way that appeals to children, through flavours and descriptions, cheap convenient products, and in-store marketing - despite the risks of nicotine addiction. We are also conscious that a drive to reduce vaping in children and young people may cause smoking rates to rise again in this group. It is proposed that as part of the local effort to 'Stop the Start', a local awareness programme around the dangers of vaping and smoking for children and young people will be co-produced funded by a prevention budget. The prevention budget can also be used to support some practical action for schools around safe disposal of vapes and further work to detect and confiscate illegal vapes, including underage sales testing.

The report seeks permission to allocate £0.030m of the Stop Smoking Grant to a prevention budget. The budget will be used to develop a 'Stopping the Start' awareness programme and other prevention focussed activity targeting children and young people. The spend of this budget will align itself to procurement rules and thresholds. A working group with all key partners and stakeholders will be set up to design and deliver this programme.

