



**Briefing Paper to the Health and Social Well-Being Overview  
and Scrutiny Commission.**

**Wards: All**

15 November 2019

**New Specialist Stop Smoking Service**

**Briefing paper of the Assistant Director for Health and Wellbeing, on  
behalf of the Corporate Director for Public Health and Adult Social Care.**

**1. Purpose of the Paper and Summary**

- 1.1. In October 2018, a twelve month follow up report was requested by the Health and Social Well-Being Overview and Scrutiny Commission during the process to gain approval of intent to procure a new specialist stop smoking service.
- 1.2. At Scrutiny in October 2019, a further request was also agreed for the forthcoming report to include details of the service's communication strategy.

**2. Background**

- 2.1. Hull has an estimated 53,000 (16+ years) smokers in the City, with 40% (2019 Lifestyle Survey) reporting to want to quit smoking within the year. Forty people die per month in the City from smoking related illness which could have been prevented.
- 2.2. Hull has seen considerable success in recent years in reducing the proportion of adults that smoke (Hull's adult smoking prevalence in 2014 was 31%, which has reduced in 2019 to 25%). In the most deprived fifth of the City, the smoking prevalence has dropped from 43% (2014) to 35% (2019); this is an eight percentage point decrease which suggests Hull's efforts in tackling tobacco are reaching the most in need.

For Hull's pregnant women, smoking at time of delivery rates have reduced from 21% (2014-15) to 19.9% (2018-19); again, showing cautiously positive signs of reduction in prevalence rates.

The rates of children and young people starting to smoke in Hull are also declining. The smoking prevalence among young people aged 11-16 has decreased from 14.4% to 9.1% among girls and from 9.3% to 5.9% among boys between 2012 and 2016, according to local data.

2.3. Despite these significant reductions in smoking prevalence, Hull continues to have one of the highest smoking rates in the country and smoking persists to be the single most modifiable behaviour to cause morbidity and mortality in Hull.

Prevalence data for Hull 'v' England smoking rates

	Smoking rates in <b>Hull</b>	Smoking rates in <b>England</b>	Difference (Hull v England)
Adults smoking prevalence	25% (2019-Hull's Lifestyle Questionnaire)	14% (2018, PHE Finger Tips)	11 percentage points
Adults from routine and manual occupations	33% (2018, PHE Finger Tips)	25% (2018, PHE Finger Tips)	8 percentage points
Smoking at time of delivery	19.9% (2018-19, NHS Digital)	10.6% (2018-19, NHS Digital)	9.3 percentage points

2.4. The table above demonstrates that Hull still has a long way to go in reducing the smoking rates in our City. Providing a specialist stop smoking service to support those who want to quit with the best available evidenced based support is one element of our comprehensive approach to tackling tobacco.

2.5. The Hull Alliance on Tobacco (HALT) is a multi-agency partnership to tackle tobacco; it has developed key strands of work aimed to reduce the smoking prevalence in Hull, these include:

- Tackling and disrupting the supply of illegal tobacco and test purchasing for age of sale (delivered by Hull CC Trading Standards)
- SmokeFree environments: reducing the visibility and de-normalising tobacco e.g. SmokeFree School gates/ SmokeFree side-lines/ SmokeFree play parks.
- NHS: working with key partners in the NHS to treat tobacco dependency: focus on secondary and acute mental health (where smoking rates remain stubbornly high).
- Mass media campaigns such as supporting Stoptober/ Don't be the One/ Keep it out.

### 3. **Issues for Consideration**

#### 3.1. The New Specialist Stop Smoking Service:

The new specialist stop smoking service provider for Hull is 'Change Grow Live Limited' (CGL).

CGL commenced service delivery on the 1 October 2019, with CHCP (the previous service provider) ceasing delivery on 31 September 2019. The headline target for the new service is to deliver a minimum of 1,000 quits per annum with 90% of those quits coming from the following priority populations:

- Pregnant smokers and their significant others.
- People with long term health conditions (esp. Coronary Heart Disease and Chronic Obtrusive Pulmonary Disorder).
- People with acute mental health problems.
- People living in areas of highest deprivation.

This emphasis on priority populations ensures resources are targeted at those most in need/where smoking behaviours are particularly entrenched.

Another key target for the service is that of training partners to deliver very brief advice and/or smoking interventions such as: midwives/ pharmacies/ GPs and practice nurses/ community volunteer / front line staff.

3.2. As part of the procurement process, a separate service was procured to deliver population level marketing; this is complementary to the stop smoking service but separate. The aim of this tender is to inspire quit attempts across the population and to provide flexibility/expertise to deliver targeted campaigns, for example, young people/ illegal tobacco/ e-cigarettes. Eskimosoup won this tender and will be delivering two 'large campaigns' per year, with one currently in development targeting young people.

The remainder of the report will focus specifically on the specialist stop smoking service.

#### 3.3. Key features of the new Specialist Stop Smoking Service (SSSS):

The new SSSS is similar to the previous service, in that it is based on a proven evidence based model to support people to quit smoking that includes behavioural support and access to pharmacotherapies. Through this tried and tested model, we know people are three times more likely to quit and stay quit than going it alone.

3.4. The procurement did provide an opportunity to make changes to the delivery model to ensure it evolved to meet the needs of Hull's residents. The changes from the old specification to the new specification came from

analysis of the evidence base/ best practice/ consultation with smokers and ex-smokers and prevalence data.

The main differences from the old provider to the new provider include:

- The new service specification demands that 90% of total quits come from target populations (see 3.1).
- Up to twelve weeks of behavioural support will be offered (past service was six weeks).
- Group sessions will be offered as well as 1:1s (previous service offer was on the whole 1:1 support).
- A re-lapse management model is to be developed and implemented to help support ex-smokers re-lapsing back into smoking (not offered in past service).
- CGL are at the early stages of discussion with commissioners and key health colleagues in the City about exploring the possibility of a pilot to provide e-cigarettes as a quit aid, alongside behavioural support and for people who have tried and failed other forms of quit aids (not offered as part of old service provision, though service was 'e-cigarette friendly').
- A greater emphasis on working with pharmacies to deliver level 2 stop smoking interventions.
- Support and advice on how to quit 'your way' is featured on the new service website that provides all options to quit and their chances of success (not solely promotion of the specialist stop smoking service).

3.5. The previous service provider had higher than England's average conversion rates at 62% of people entering the service quitting, compared to 50% in England (2019-20 NHS Digital). CGL as the new SSSS provider will work to maintain/surpass this conversion rate.

### **3.6. Services Communications Strategy**

CGL's communications strategy began pre contract with extensive communication to key partners and service users. Partnership bulletins were sent out via Hull City Council and Hull CCG and included GPs/ secondary care, pharmacies and all HALT members, informing them of the new service contact details, telephone number, website details, how to refer and clinic details. The previous provider assisted CGL in contacting all existing service users to inform them of the new service and service user bulletins have been circulated in order to keep service users informed.

For consistency, SmokeFree Hull remains the service name. The branding has been updated and refreshed to represent the new service delivery model. CGL have also taken over the social media pages of the previous provider in order to provide consistency for people who use this facility. The new website, <https://hullstopsmoking.org.uk>, was launched on 1<sup>st</sup> October. This includes the option to self-refer and also provides harm reduction advice for people who are not ready to quit. Further functions will be added over the next month.

In line with the service implementation plan, CGL have met with key partners including midwifery, Local Pharmacy Committee (LPC), secondary care leads and all HALT members. They are also scheduled to attend key meetings such as Council of Members and Protected Time for Learning (PTL) events aimed at primary care colleagues.

CGL have created and distributed initial marketing literature in order to promote the new service. The priority over the next three months is to create bespoke literature for each of the priority groups outlined in the service specification and to ensure these are readily available across the city. Continued promotion of the specialist service will be supported by Eskimosoup, who are separately commissioned to undertake population marketing campaign activities in relation to reducing overall smoking prevalence.

### **3.7. Performance Monitoring**

It is too soon to report to the Commission on the key performance indicators of the new service as, at writing, the service has only been live for four weeks.

Commissioners have worked with CGL on the performance template that will be used to manage the contract. This includes more information than provided by the past provider, which will support greater depth of scrutiny. Additional information includes:

- Proportion of clients offered an appointment in 3 working days of acceptance of referral.
- Evidence of at least one independent user experience survey annually.
- Satisfaction of training and outcomes of training.

## **4. Next steps**

- 4.1. For the Commission and key partners to promote and support CGL to deliver specialist stop smoking services across the City.
- 4.2. For the Commission and key partners to support Eskimosoup's work on population level tobacco control marketing.
- 4.3. For the Commission and key partners to continue to promote and support the Hull Alliance on Tobacco Control (HALT) in tackling tobacco holistically across the City.

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Officer Interests: None

Background Documents: -

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