



Committee and Date

Health and Adult Social Care  
21<sup>st</sup> January 2019

Item

## STOP SMOKING SERVICES

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### 1. Summary

- 1.1 Due to the financial pressures on the Council, a £4m reduction in public health spending has been proposed. This puts the provision of key prevention services delivered by Help2Change at risk.
- 1.2 Help2Change delivers the NHS Health Check (which is statutory) as well as a range of non-statutory prevention services including the Help2Quit stop smoking service.
- 1.3 Help2Change has already committed to savings totalling £1.212m, and has put forward additional proposals that if accepted would reduce its total budget to £0.623m per annum by 2021-22 (equivalent to the cost of the statutory NHS Health Check), making a further saving of £0.794m.
- 1.4 The only alternative means for Help2Change to deliver this level of savings would be to end provision of all non-statutory services, including Help2Quit.

### 2. Recommendations

- 2.1 It is recommended that members note that stopping the Help2Quit service would pose a significant risk to population health, widen health inequalities and increase overall social care costs.

## REPORT

### 3. Help2Quit service

- 3.1 Help2Quit is a stop smoking service delivered by the Council's Help2Change team. It treated 2,836 clients in 2017-18, achieving a 46% quit rate against the national target of 35%. There are 39,000 smokers recorded on GP registers in Shropshire. Smokers using Help2Quit are four times more likely to be successful than if they try to quit alone. Help2Quit is a key intervention following the NHS Health Check. Also, every pregnant smoker in Shropshire is automatically referred to the service.

3.2 The budget for Help2Quit is £0.232m p.a.

3.3 Key facts about the Help2Quit stop smoking service:

- Help2Quit saves on average two years of life for every day that it operates (based on York Health Economic Unit model)
- Smoking is Shropshire's leading risk factor for disability adjusted life years (DALYs). Disability would increase if H2Q stopped, resulting in **increased adult social care costs**
- On average **smokers need social care nine years earlier** than the rest of the population. The cost to adult social care of smoking-related illness in Shropshire is estimated at £8.26m per year
- Smoking accounts for half the difference in life expectancy between socio-economic groups. **Health inequalities would widen** if H2Q stopped
- In Shropshire each year, 98,827 days of lost productivity is attributable to absenteeism from smoking-related illness, costing £8.8m p.a.

#### 4. Risk Assessment

4.1 A rapid health impact assessment has been produced (see Appendix 1).

4.2 The loss of Help2Quit would have a significant adverse impact on population health, increasing the number of people living with disabling illness and adding to social care costs. It would also increase the risk of harm to babies born to mothers who smoke.

#### 5. Conclusion

5.1 Stop smoking services are proven to offer the most effective form of smoking cessation support and are highly cost effective. Guidance from the National Institute for Health and Care Excellence states that 'the level of funding for this activity should not be reduced'.

5.2 Stopping the Help2Quit service would pose a significant risk to population health, widen health inequalities and increase overall social care costs.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

#### **Appendices**

1. Rapid Health Impact Assessment – Stop Smoking Service (Help2Quit)

## Rapid Health Impact Assessment – Stop Smoking Service (Help2Quit)

### Context

- Increased demand is leading to cost overruns in Adult Social Care (ASC) and Children's Services
- Requirement to identify savings within the Council

### Service description

Help2Quit (H2Q) is Shropshire Council's in-house stop-smoking service. It treated 2,836 clients in 2017-18, achieving a 46% quit rate against the national target of 35%. H2Q integrates with NHS pathways, and is a key intervention following the NHS Health Check. Every pregnant smoker in Shropshire is automatically referred to the service. It is funded from the Public Health ring-fenced grant and is reported nationally through the Public Health Outcomes Framework (quarterly). Budget (after committed savings): £232,540

### Needs assessment

There are 39,000 smokers recorded on GP registers in Shropshire. Smoking is the largest preventable risk factor for premature death and a major cause of disability from respiratory disease, cancer, strokes and dementia. Smokers using Help2Quit are four times more likely to be successful than if they try to quit alone.

### Impact overview

Impact on Healthy Life Expectancy	Years of life lost	Help2Quit saves on average two years of life for every day that it operates (York Health Economic Unit model).
	Years lived with a disability	Smoking is Shropshire's leading risk factor for disability adjusted life years (DALYs). Disability would increase if H2Q stopped, resulting in increased ASC costs.
Impact on Health Equity	Health inequalities	Smoking accounts for half the difference in life expectancy between socio-economic groups. Health inequalities would widen if H2Q stopped.
Impact on Social Care	Adult social care costs	On average smokers need social care nine years earlier than the rest of the population. The cost to adult social care of smoking-related illness in Shropshire is estimated at £8.26m per year.
Impact on NHS	Primary care activity	Contracts to deliver H2Q are held with all Shropshire GP practices. If H2Q stopped, demand on GPs would increase.
	Hospital activity	Shropshire has 1,631 smoking attributable admissions/100,000 population p.a. Chronic obstructive pulmonary disease, caused by smoking, is the largest cause of hospital admission. If H2Q stopped, hospital admissions would increase.
	Maternity services	Shropshire's smoking in pregnancy rates are above England average, and smoking in pregnancy is the largest risk factor for poor birth outcomes, including stillbirth and learning difficulties. If H2Q stopped, there is an increased risk of poor birth outcomes with lifelong impacts on health.

Economic Impact	Sickness absence	In Shropshire each year, 98,827 days of lost productivity is attributable to absenteeism from smoking-related illness, costing £8.8m p.a.
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### Strength of evidence

Effectiveness	Smoking cessation is well evidenced, through a large body of randomised controlled trials, and is highly cost effective.
Cost per life year (QALY)	£2k/QALY (versus NICE threshold of £20-30k/QALY).
NICE guidance	NICE guidance states that stop smoking services are highly cost effective, and should be made available to all smokers.

### Impact timescales

Short term (< 2 years)	People having heart attacks and strokes frequently require ASC support. Risk of a heart attack falls to half within one year of quitting smoking.
Medium term (3 – 5 years)	Risk of a stroke falls to half within 5 years of quitting smoking.
Long term (> 5 years)	Longer-term dementia risk is significantly reduced by quitting.

### Strategic impact

Corporate Plan 2018-19	“... the council spends the majority of its funding on adult social care .... prevention to address long-term health issues is a pivotal activity for the reduction of costs over the coming years”
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### References

1. NICE guideline NG92. Stop smoking interventions and services.  
<https://www.nice.org.uk/guidance/ng92/chapter/Recommendations>
2. Guidance for Commissioners on the Cost Effectiveness of Smoking Cessation Interventions.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1765918/pdf/v053p000S2.pdf>
3. The Costs of Smoking to the Social Care System in England, 2017 Update. ASH, 2017  
[www.ash.org.uk/SocialCareCosts](http://www.ash.org.uk/SocialCareCosts)

Select your location (Press delete to clear a level):

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The total additional spending on social care as a result of smoking for adults aged 50 and over during 2015/16 in Shropshire UA was approximately:

**£ 8,264,546**

Total local authority spending on social care for adults aged 50 and over in 2015/16: <p style="text-align: center;"><b>£ 4,511,383</b></p> This equates to 206 state-dependant individuals	Total spending by self-funded individuals aged 50 and over on social care in 2015/16: <p style="text-align: center;"><b>£ 3,753,163</b></p> This equates to 102 self-funded individuals
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In addition, a further 1,395 individuals receive informal care from friends and family, the impact of which cannot be estimated here.