

## Adults Commissioning Committee

8<sup>th</sup> September 2021

### AGENDA ITEM NO 5 & PAPER NAME: CURE Tobacco Addiction Programme

#### Item for Decision

<b>Report of:</b>	Assistant Director of Commissioning – Salford CCG	
<b>Date of Paper:</b>	19 <sup>th</sup> August 2021	
<b>In case of query, please contact:</b>	Samantha Mansfield Public Health Strategic Manager <a href="mailto:Samantha.mansfield@salford.gov.uk">Samantha.mansfield@salford.gov.uk</a> 07816 084328	
<b>Strategic Priorities:</b> (Please tick as appropriate)	Quality, Safety, Innovation and Research	
	Adult Services	✓
	Children's and Maternity Services	
	All Age Mental Health	
	Primary Care	✓
<b>Mayoral Priorities:</b> (Please tick as appropriate)	Enabling Transformation	✓
	Tackling poverty and inequality	✓
	Reducing Health Inequalities	✓
	Skills and Education (A Learning City)	
	Affordable Housing	
	Transport and Digital Connectivity	
	Tackling the Climate Change Emergency	✓
	Vibrant Place and Spaces	✓
	Creating an Economy for All	✓
<b>Purpose of Paper:</b>		
<p>The following report provides an overview of the implementation of the CURE tobacco addiction programme to date, at Salford Royal Foundation Trust. Followed by a proposal to establish a permanent CURE service at Salford Royal with an integrated discharge pathway into community smoking cessation services.</p> <p>The ask of the committee is to approve funding to sustain the CURE Tobacco Addiction programme for inpatients at Salford Royal Hospital.</p> <p>Offer assurances of service improvement throughout the next 12 months and return to the committee with an update paper.</p>		

## Further information

How will this benefit the health and wellbeing of Salford residents, or the CCG or City Council?	Reducing smoking prevalence saves lives. It also improves health, leading to a reduction in smoking related disease, then in turn a reduction in presentations at Primary Care and admissions to Secondary Care.
How does this paper address health inequalities and promote inclusion?	<p>Areas with high levels of deprivation, have a high smoking prevalence.</p> <p>The financial ask is to ensure that this service is available for all inpatients.</p>
What risks may arise as a result of this paper and how will they be mitigated?	<p>An increase in demand for community-based smoking cessation services, upon discharge from hospital, could lead to increase costs to deliver these services, particularly pharmacotherapy costs. This is mitigated by reduction in costs for longer term treatment services.</p> <p>There is also an interdependency on the budget streams associated with smoking cessation services across the city, any changes in one will impact the others.</p>
Does this address any existing high risks facing the organisation and how does it reduce them?	N/A
Are there any possible conflicts of interest associated with this paper?	No
Will any current services or roles be affected by issues within this paper and what are they?	SRFT CURE service

Note: Where appropriate, please ensure detail is provided.

## Document Development

Has there been Public Engagement?	No
Has there been Clinical Engagement?	Yes – ICBC

Has the impact on Salford socially, economically and environmentally been considered?	Yes
Has there been an analysis of any impacts on equality?	No
Has legal advice been obtained?	No
Has this been to any groups or committees for engagement, comments, or approval?	Clinical support from Integrated Community Based Care Group Financial approval at Service and Finance Group

**Note:** Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.

**CURE – Tobacco Addiction Programme  
Salford Royal Hospital****1. Executive Summary**

Salford has the highest smoking prevalence in Greater Manchester, with almost 1 in 5 people still smoking. Whilst rates nationally have dropped in recent years, Salford's rate is not coming down at the required pace to meet the national Smoke Free ambitions of a smoke free generation (prevalence below 5%) by 2030.

The CURE project is a secondary care programme that treats tobacco addiction. The initial pilot was delivered at Wythenshawe Hospital, it was then rolled out across all GM sites through the GM Transformation Fund and soon to be nationally through the NHS Long Term Plan.

The delivery to date at SRFT has been disrupted due to COVID-19. For example, the CBA is based on support given face to face, whereas this was not an option when the programme first launched, and support was given over the phone. As a result, the outcomes are not meeting the projections, however, we understand this to be representative of the picture across GM and work will be undertaken over the next 12 months to understand this.

Members of the Adults Commissioning Committee are asked to approve funding for the continuation of CURE programme at SRFT, alongside the existing Hospital Stop Smoking Service. This is on the basis that the evidence presented in this paper takes a whole system approach to tackling tobacco dependency and the assurances of the wider work taking place which underpins the longer-term effectiveness of this programme.

The CURE funding ask is approved in principle by the GM PEB and is in line with the NHS LTP workstream on Treating Tobacco Dependence.

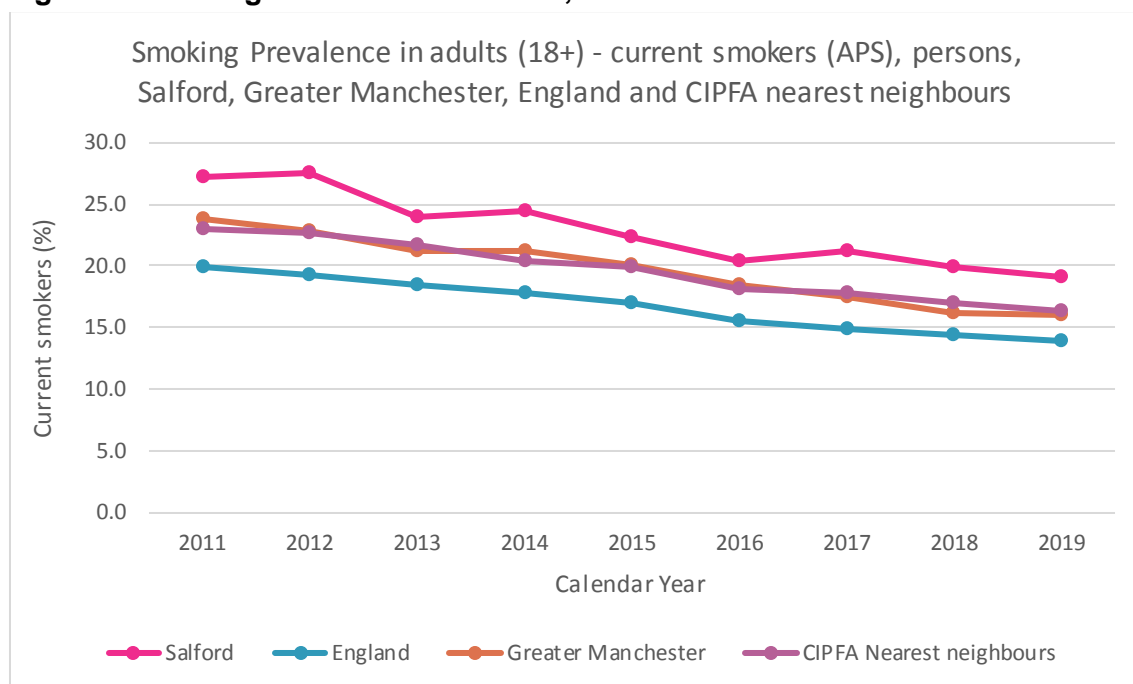
There is also an ask of the group to consider the interdependences of tobacco budgets across the system and to consider the impacts of this when making funding decisions associated with tobacco control going forward.

## 2. Tobacco addiction – case for change

### 2.1 Smoking data

In Salford, smoking prevalence in adults is 19.1%, equating to almost 40,000 people. Salford's rate is the highest of all Greater Manchester localities, the second highest among its statistically similar (CIPFA) nearest neighbours and is also significantly higher than the England (13.9%) average. There are some wards in Salford where smoking rates are above 30%. There has been some improvement since 2017, with a 2.1% fall in city wide prevalence between 2017 and 2019, however, rates are not dropping at the same rate as other areas.

**Figure 1: Smoking Prevalence in Adults, 2011-2019**



One of the most significant influences on the reduced healthy life expectancy for the people of Salford is smoking tobacco. We know that half of all smokers will die from a smoking related disease, and many of these deaths will be premature. Salford has a significantly higher rate of smoking attributable deaths from heart disease, stroke, lung cancer and COPD<sup>1</sup>. Between 2016 and 2018, there were 1,348 deaths attributable to smoking in Salford, a rate of 396.5 per 100,000, which is significantly higher than the regional and national rate.

### 2.2 CURE pilot and transformation fund

The CURE project originated as part of Greater Manchester Health & Social Care Partnership's Making Smoking History programme in partnership with GM Cancer. It's a comprehensive secondary care treatment programme for tobacco addiction. Taking a

<sup>1</sup> <https://fingertips.phe.org.uk/static-reports/tobacco-control/at-a-glance/E08000006.html?area-name=Salford>

systematic approach to treating tobacco addiction in patients admitted to hospital has been shown to reduce mortality, reduce hospital re-admissions and provide financial savings.

The CURE programme identifies all active smokers on admission to secondary care and immediately offers pharmacotherapy, such as nicotine replacement therapy (NRT) or Varenicline, as well as specialist behavioural support, for the duration of their admission and after discharge.

The CURE pilot ran at Wythenshawe Hospital from 1<sup>st</sup> October 2018 to 31<sup>st</sup> March 2019. Following this a cost benefit analysis was undertaken, this valued the gross financial return on investment at £2.12 return per £1 invested, in addition to significant, wider community savings.



CURE Cost Benefit  
Analysis.pdf

Based on this, the programme received further GM Transformation Fund to roll out across Greater Manchester. This was funding for 12 months. The roll out was set to go live on 1<sup>st</sup> April 2020, however, this was delayed due to COVID-19. As a result, CURE went live at SRFT in August 2020, albeit with some restrictions still in place.

### 2.3 Delivery to date

In challenging circumstances, the hospital-based team have significantly increased the contact with smokers. 98% of inpatients with a smoking status recorded as 'current smoker' have been contacted by the CURE team with an offer of smoking cessation support. 24% of these patients have been supplied NRT to support their quit attempt, up from 8% as reported in 2019's SRFT National Smoking Cessation Audit.

It's acknowledged that the data presented (section 5) is not yet in line with projected outcomes. Service delivery has been impacted by COVID-19, for example much of the engagement with patients has been via phone or text, as the CURE team have not been able to interact face to face with a significant number of patients during their hospital stay due to restrictions in access to wards due to the COVID-19 pandemic. Furthermore, clinical staff (who are currently required to prescribe the pharmacotherapy) have also been under significant pressure throughout the pandemic. This has meant the CURE teams opportunities to educate and engage with clinicians has been limited. This will have had an impact across all sites and collaborative work is set to be undertaken with colleagues across GM to understand the impact.

Aside from the data, significant time has been invested by all partners to ensure whole system implementation. Dr Matt Evison, Lung Cancer Physician and CURE clinical lead at Wythenshawe Hospital noted with regard to the Wythenshawe pilot; "One of the biggest challenges we have faced in CURE is the discharge pathway after a hospital admission, particularly ensuring ongoing prescription of stop smoking medications"

Based on this learning from the pilot, in Salford a comprehensive discharge pathway has been implemented between the hospital and community services (Appendix 1). This has resulted in more referrals to community services coming out of Salford Royal than any other hospital in GM, this will in turn increase the number of Salford smokers making a quit attempt. Given the volume of referrals, the relationship between the hospital-based CURE team and Salford City Council's Health Improvement Service, who deliver the community based specialist stop smoking service, has been strengthened.

To enhance our whole system connectivity, Public Health have invested in a digital solution, via PharmOutcomes, to facilitate the movement of referrals between services. When the patient is discharged the CURE team send a notification via PharmOutcomes to the relevant community service to continue the patient's treatment. There is a contractual requirement to action within 48 hours, meaning the patient automatically gets a continuation of behavioural support and free at the point of care pharmacotherapy. In addition to the financial investment in this pathway there has been a requirement for a strong, collaborative working relationship between the CURE Team, Public Health, the Community Stop Smoking Service (Salford Health Improvement Service), GM LPC and local pharmacies, the foundations of these relationships will only strengthen the service offer going forward.

### **3. Finance**

3.1 The funding for CURE in Salford is £266,791.

This is broken down as;

- £129,772 on staffing (2 x Band 3 and 2 x Band 5)
- £137,069 on pharmacotherapy

In addition to this, pre-CURE Salford CCG have a contract in place with SRFT to provide a Hospital Stop Smoking Service (Service Specification in Appendix 2), at a value of £160,163 per annum. This covers staffing and pharmacotherapy but not at a defined rate. To date, this has been used to employ 2 x Band 2 and 1 x Band 5 plus some pharmacotherapy costs.

The proposal is to combine the CURE staffing (£129,772) and existing Hospital Stop Smoking Service funds (£160,163), totalling £289,908 for staff costs. The CURE pharmacotherapy budget is £137,069. Therefore, a total cost of £426,977.


3.2 Please note; The NHS Long Term Plan commits to offering NHS-funded tobacco treatment services to all people admitted to hospital who smoke, by 2023/24 (Appendix 3). Local funding has not yet been awarded by NHSE, however, this will be at ICS level.

#### 4. Workforce

4.1 The staffing associated with smoking cessation in Salford Royal would be as follows;

- CURE funded; 2 x Band 3 and 2 x Band 5
- Stop Smoking Service; 2 x Band 2 and 1 x Band 6
  - The Band 6 post is an increase from Band 5 in the current model based on the proposed amalgamation of budget streams and a separate pharmacotherapy budget line. This role would manage the team.

SRFT have identified the following costs for this staffing model:

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Total number of smokers accepting referral to community service post discharge	54	55	50	33	40	37	41	88	93	106	<b>597</b>
in area									82	86	<b>168</b>
out of area									11	20	<b>31</b>
Total number of smokers attending community service follow up post discharge	20	36	29	15	18	33	15	36	39	39	<b>280</b>
Total numbers of smokers self-reporting abstinence from tobacco 4 weeks post discharge	6	11	10	3	3	9	3	6	11	17	<b>79</b>
Total number of smokers self-reporting abstinence from tobacco 12 weeks post discharge	Reported through PharmOutcomes (Pinnacle) – delays in this going live due to Pinnacle's role in the vaccine roll out.							4	4	3	<b>11</b>

**6. Wider system considerations and risks**

- 6.1 The CURE discharge pathway has significant downstream impacts on Public Health costs, as once the patient leaves hospital they enter Public Health funded services for both behavioural support and pharmacotherapy.
- 6.2 Due to the volume of referrals the Community Stop Smoking Service has seen an increase in demand for services. As an internal Council Service (delivered by the Health Improvement Service) there has been flexibility in the offer to absorb this demand.
- 6.3 Due to the interdependent nature of the multiple budget streams that sit around this programme, any financial changes could be a risk to the programme.

**7. Recommendations**

- 7.1 Adults Commissioning Committee is asked to:
- Approve funding for the CURE programme in Salford, as per the provisional agreement at the GM PEB.
  - Combine the budget streams for CURE and SRFT stop smoking service. From patient facing perspective, this is already delivered as a single service under the CURE model and branding but background approval of this would allow for greater assurance and oversight.
  - Allow time for re-drafting of the Service Specification to shape KPI's around where service improvements can be made based on current data and return in 12 months with assurance paper.

**Samantha Mansfield**  
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CURE Salford  
Appendix 1 - Smoking Pathway.docx



Hospital Stop  
Appendix 2 - Smoking Service review.docx



NHS Long Term  
Appendix 3 - Plan Treating tobacco use.docx