



Durham County Council

Contract for County Durham Stop Smoking Service

Pro-Contract Reference DN435058

Invitation to Tender (ITT)

**Document 2, Part One
Service Specification**

Service Specification

Service	County Durham Stop Smoking Service
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Provider Lead	TBC
Period	1 April 2020 to 31 March 2023

1. Introduction / Context

1.1 National Context

The *World Health Organisation Report on the Global Tobacco Epidemic* (2017) stated that tobacco use remains the leading cause of preventable illness and premature death in England and worldwide.

The *Health Survey for England 2017* (National Statistics, 2018) reported that tobacco use contributed to around 20% of deaths in men and 12% of deaths in women aged over 35 in England in 2016. The survey's main findings were:

- Current cigarette smoking among adults has steadily declined between 1993 and 2017 (from 27% to 17%).
- Adults that have never regularly smoked cigarettes increased from 46% to 57% over the same period.
- 6% of all adults were current users of e-cigarettes.
- 15% of current cigarette smokers were using e-cigarettes. 38% of current smokers had never used an e-cigarette.
- The proportion of children aged 8 to 15 who had ever smoked has decreased, from 19% in 1997 to 5% in 2017. The downward trend was apparent in all the age groups. Levels have been similar since 2013.
- 11% of children aged 13 to 15 had tried smoking.
- 80% of non-smoking children aged 4 to 15 living in a household where one or both parents currently smoked had detectable cotinine, compared to 23% whose parent(s) did not report being current smokers.

Towards a Smokefree Generation: A Tobacco Control Plan for England (Department of Health, 2017) outlines the harm caused by smoking:

- Smoking remains one of the largest causes of health inequalities in England.
- There are still 7.3 million adult smokers and more than 200 people a day die from smoking related illness which could have been prevented.
- Smoking and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our society.
- As well as dying prematurely, smokers also suffer many years in poor health. Many of the conditions caused by smoking are chronic illnesses which can be debilitating for the sufferer and make it difficult to carry out day to day tasks and engage with society and the economy. Smokers proportionately are less likely to be in work.

The plan aims for England to have a smokefree generation with prevalence of smoking at 5% or below. The plan advocates focused local action supporting smokers, particularly in disadvantaged groups, to quit. Supporting smokers to quit is one element of a four-themed plan which also includes prevention first, eliminating variation, and effective enforcement. Reducing rates of smoking in pregnancy is also a significant focus for the plan.

The *NHS Long Term Plan* (2019) identifies that, whilst smoking rates have fallen significantly, smoking still accounts for more years of life lost than any other modifiable risk factor. Around 6.1 million people in England still smoke. Smokers see their GP over a third more often than non-smokers and smoking is linked to nearly half a million hospital admissions each year. Current estimates are that nearly a quarter of women in the UK smoke during pregnancy.

The plan sets out the ambition for the NHS to support reducing smoking prevalence and incorporates some significant elements around tobacco control. It states that: by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services; there will be an adapted model for expectant mothers and their partners, with a new smokefree pregnancy pathway including focused sessions and treatments; and a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services, which will include the option to switch to e-cigarettes while in inpatient settings.

The results of the Trial of E-cigarettes (TEC) study (National Institute for Health Research, 2019) have recently been published. For the general population:

- E-cigarettes are more effective than combination Nicotine Replacement Therapy (NRT).
- E-cigarette users experienced fewer urges to smoke and less withdrawal discomfort.
- Those who did not manage to stop smoking reduced their cigarette consumption significantly more than those taking NRT.
- E-cigarettes are more effective and less costly than NRT.
- As e-cigarette starter packs are an effective and cost-effective treatment, stop smoking services should include them among their treatment options.

1.2 Local Context

Stop smoking services sit within both national and local tobacco control plans and form a crucial part of wider action to reduce smoking prevalence in County Durham.

The *Sustainable Community Strategy for County Durham 2010-2030* (County Durham Partnership, 2010) identifies smoking as the main cause of preventable morbidity and premature death and the primary reason for the gap in healthy life expectancy between rich and poor. Reducing smoking is therefore seen as the most important step in narrowing the gap between life expectancy in County Durham and England as a whole.

The Public Health England Local Tobacco Control Profiles report the following for County Durham:

- There are 63,413 smokers, which equates to a prevalence rate of 15.0% (2018). This is similar to the national rate of 14.4%.
- 18.2% of pregnant women were smoking at time of delivery, which is significantly worse than the England average of 10.8% (2017/18).
- From 2015-17 there were 3,221 deaths attributable to smoking (for persons aged 35 years+). The rate was 343.4 per 100,000 population, which is significantly worse than national (262.6).
- During 2017/18 there were 6,529 hospital admissions for diseases that are wholly or partially attributed to smoking in persons aged 35 and over. This equals a rate of 2,004 per 100,000 population and is significantly worse than the England average of 1,530.
- Causes of death considered to be related to smoking are: various cancers; cardiovascular and respiratory diseases; and diseases of the digestive system. For 2015-17, deaths from lung cancer (76.0 per 100,000) and chronic obstructive pulmonary disease (COPD, 81.4 per 100,000) were significantly higher in County Durham than England.
- 25.1% of adults aged 18-64 in routine and manual occupations were smokers, which is similar to the England average of 25.4% (2018).

- In 2014/15, 40.9% of people aged 18+ with a serious mental illness were current smokers, which is similar to England (40.5%).
- 11.2% of 15 year olds responded to the 2014/15 What About YOUth (WAY) survey with the answers "I sometimes smoke cigarettes now but I don't smoke as many as one a week", "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week", which was significantly worse than national (8.2%).

The Tobacco Control Integrated Needs Assessment Factsheet (Durham Insight, 2017) estimated the local cost of smoking to smokers themselves, to the NHS and to society at large, based on national data:

- 2,518 years of lost productivity, costing the local economy £43.9 million.
- 'Smoking breaks' cost businesses in County Durham £61.2 million annually.
- 96,271 lost days of productivity every year due to smoking-related sickness, costing around £8.6 million.
- The total annual cost to the NHS in County Durham as a direct result of smoking-related ill health is approximately £21 million.
- Passive smoking affects the health of non-smokers in County Durham, costing the local healthcare system a further £2 million each year.
- Current and ex-smokers who require care in later life, as a result of smoking-related illnesses, cost an additional £16.8 million each year across County Durham. This represents £9.2 million in costs to Durham County Council and £7.6 million in costs to individuals who self-fund their care.
- The total additional spending on social care as a result of smoking for adults aged 50+ during 2015/16 in County Durham was approximately £16.8 million.
- Total spending by self-funded individuals aged 50+ on social care in 2015/16 is £7.6 million.

A Health Equity Audit (HEA) of County Durham NHS Stop Smoking Services was undertaken in 2018 (Durham Insight, 2018). The key findings of the HEA were:

- Smoking prevalence has been decreasing over time for England, the North East and County Durham with a 35% decrease in prevalence for County Durham, 23% for England and 26% decrease for the North East since 2012.
- Many people in County Durham continue to exhibit higher rates of unhealthy lifestyle behaviours when compared to England – levels of smoking remain high.
- County Durham is significantly worse than England for most indicators related to smoking as set out in the Local Tobacco Control Profiles.
- There is a higher rate of people setting a quit date and quitting smoking who live in the more deprived areas of County Durham.
- GP, pharmacy and specialist settings have higher rates of access and quitters in the more deprived areas. Services are continuing to perform well in terms of reducing inequalities.
- Over time, the County Durham Stop Smoking Service has been successful in contributing to a reduction in the equity gap, seeing a consistent increase in the relative index of inequality for access and quit rates. This indicates that the County Durham Stop Smoking Service is contributing to a reduction in health inequalities.
- Levels of smoking in pregnancy remain high.
- The number of babies born to mothers who smoke is higher in the more deprived areas.

The County Durham Approach to Wellbeing is a framework that has been developed to support conversations and inform future decisions about how local work and activities can support the wellbeing of people living in communities. The key principles of the County Durham Approach to Wellbeing are:

- Working with communities, supporting their development and empowerment.
- Acknowledging the differing needs of communities as well as the potential of their assets.

- Focusing activities to support the most disadvantaged and vulnerable, helping to build resilience.
- Aligning strategies, policies and activities to reduce duplication and ensure greater impact.
- Developing and delivering services and assets in a way that encourages co-design and co-production with the people who need services and those who provide support.
- Making person centred health and care interventions available, ensuring that they are empowering rather than stigmatising.



The Provider will be expected to provide evidence of implementation, or work towards implementation of, the key principles of the County Durham Approach to Wellbeing.

1.3 Service User Feedback

Durham County Council undertook a survey in August and September 2019 and received 225 responses. The respondents said that things that are important to them are:

- Appointments at times convenient to them, especially for people who work shifts, are self-employed and work long hours – late nights and weekends.
- Appointments available in locations that are local, close to home and on their doorstep.
- Availability of medication on time, when it is needed.
- Access to telephone appointments or motivational text messages, especially when they are struggling or unable to get to a clinic.
- Friendly and supportive advisors.
- The opportunity to talk to an ex-smoker who knows what they are going through.
- Carbon monoxide (CO) monitoring as a motivational tool.

- Weekly support and encouragement.
- Individual, tailored support.
- Appointment reminders via text messages.
- Availability of 1-2-1 or group appointments.
- Availability of home visits where people were unable to get to the clinics in the community.
- Joint appointments for couples or families who wanted to quit together.
- Strong encouragement from advisors when necessary.
- Streamlined access to prescriptions and medications – strong links between the service, GPs and pharmacies.
- Provision of a cup of tea.
- Regular follow ups following the 12-week treatment course.
- Knowing about the service – better advertising.

1.4 Local priorities

1.4.1 Reducing smoking at time of delivery

Giving children the best start in life is a key priority for the County Durham Health and Wellbeing Board. The single most effective way to give a child the best start in life is for its parents to stop smoking during pregnancy and after birth. Pregnant mothers who work in routine and manual occupations are five times more likely to smoke throughout pregnancy, compared to those in professional occupations. Single parents and those under 20 years old are also at high risk at smoking at the time of delivery.

1.4.2 Routine and manual workers

People working in routine and manual occupations form the largest group of smokers amongst the general population. In comparison to the smoking prevalence (15%) across County Durham, the local tobacco control profile estimates that 1 in 4 (25.1%) people who work in routine and manual occupations smoke.

1.4.3 Social Housing

One in three people living in social housing smoke. Children living in these communities are not only more likely to be exposed to second hand smoke but are also more likely to become smokers themselves. Reducing smoking amongst communities with a high concentration of smokers can therefore reduce health inequalities and increase disposable household income among these groups.

1.4.4 Serious Mental ill-health (SMI) and learning disabilities

People with serious mental illness (which includes those with mental illness, alcohol or substance misuse problems) have significantly higher smoking rates than the general population and consume 42% of the tobacco smoked in the UK.

People with learning disabilities who smoke are particularly vulnerable to the detrimental impact of smoking on their health, and on their financial and social wellbeing due to the existing difficulties they have in accessing diagnosis, investigations and treatment for physical ill-health.

1.4.5 Young people in care

Around one-third (32%) of young people who are in the care of the local authority reported being a current smoker in the Looked After Children Health Needs Assessment 2018 (Durham County Council, 2018). For those young people living in residential care, 69% reported being a current smoker.

2. Purpose

2.1 Nature of the Service

The County Durham Stop Smoking Service provides specialist stop smoking support for people who live or work in County Durham, which comprises evidence-based interventions including behavioural support and access to pharmacotherapy to support quit attempts.

The specialist Stop Smoking Service is responsible for direct provision of stop smoking support to key target groups (as agreed with the Commissioner) including, but not limited to, pregnant smokers, routine and manual workers, care leavers/looked after children, people with poor mental health including drug and alcohol dependencies, people with long term conditions, people recently admitted to hospital and those living in the most deprived areas of County Durham.

Additionally, the specialist Stop Smoking Service is responsible for the recruitment, management of payments, training, support/mentoring and quality assurance of universal stop smoking services (Level 2 providers) including, but not limited to, pharmacies and general practice.

The specialist Stop Smoking Service will also be responsible for maximising opportunities to support local people to stop smoking through training of the wider workforce, particularly health and social care providers and voluntary and community sector organisations, in very brief advice and the development and maintenance of referral pathways.

The specialist Stop Smoking Service will provide a single point of information for self-support for those who want to stop but do not want or are unable to commit to professional help.

2.2 Aims and Objectives of the Service

The aim of the service is to deliver high quality, evidence-based interventions to support people to stop smoking in County Durham. As a result, stop smoking services will contribute to improving the health and wellbeing of the local population and reducing health inequalities.

The objectives of the service are to:

- Provide evidence-based stop smoking interventions to populations with high dependency (targeted groups) and high prevalence geographical localities in County Durham.
- Recruit and manage universal stop smoking services (Level 2 providers) including, but not limited to, pharmacies and general practice, and implementing sub-contracting and payment arrangements.
- Providing single access to information for self-support for those people who want to stop but do not want or cannot commit to professional help.
- Improve the wellbeing of local communities through the implementation of the key principles of the County Durham Approach to Wellbeing highlighted in section 1.2.

2.3 Expected Outcomes

The Stop Smoking Service will contribute to improving the following outcomes from the [Public Health Outcomes Framework/Local Tobacco Control Profile](#).

- Smoking prevalence in adults (18+)
- Smoking prevalence in adults (18-64) socio-economic gap in current smokers
- Smoking prevalence in adults in routine and manual occupations (18-64)
- Smoking prevalence in adults with a long-term mental health condition (18+)

- Smoking prevalence in adults with anxiety or depression (18+)
- Smokers setting a quit date
- Smokers that have successfully quit at 4 weeks (self-reported)
- Smokers that have successfully quit at 4 weeks (CO validated)
- Smoking status at time of delivery
- Smoking attributable hospital admissions
- Smoking attributable mortality
- Mortality rate from lung cancer
- Mortality rate from oral cancer
- Mortality rate from COPD

2.4 Social Value

The Council is committed to improving social value in Durham, as well as supporting providers in the delivery of services. The Provider will assist the Council where possible to improve the economic, social and environmental wellbeing of the area through delivering social value.

- **Social benefits** can be gained by improving personal aspirations in education, employment, living standards, social interaction, reducing dependence on public services, increasing opportunities for volunteers, and increased ownership and involvement of the service users and wider community, including the voluntary sector.
- **Economic benefits** may be gained by improving opportunities for employment, providing quality, local employment by adopting the best working practices and conditions, and by creating a better place for businesses to operate and grow.
- **Environmental benefits** may be gained from reducing waste and emissions, increasing recycling and reuse of resources, ethical purchasing (e.g. using sustainable materials and fair-trade product(s)), and improving energy efficiency through reducing energy use and making sustainable energy choices.

The Provider will support local employment and will collaborate with the Council and fellow stakeholders to identify good practice. This may include information sharing; response to policy change, and potential development opportunities.

The Provider will improve the wellbeing of local communities through the implementation of the key principles of the County Durham Approach to Wellbeing highlighted in section 1.2

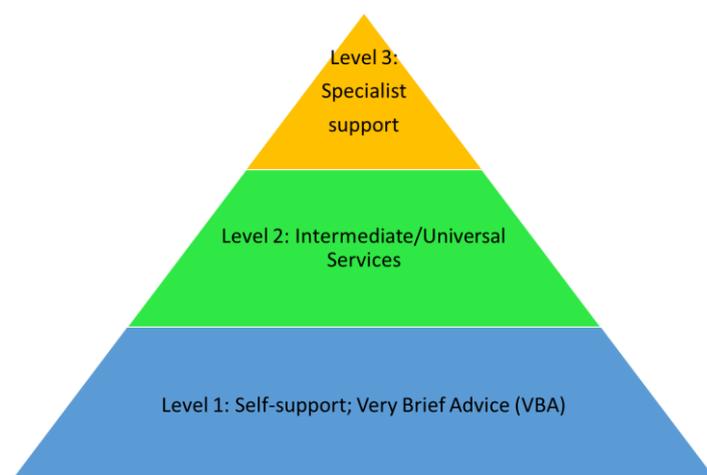
3. Service Delivery

3.1 Scope

The specialist Stop Smoking Service will consist of three elements:

- Direct provision of evidence-based stop smoking interventions by specialist stop smoking advisors to key target groups (agreed with the Commissioner) and people with complex needs.
- Programme management of Level 2 evidence-based stop smoking services (as described below).
- Provision of a single point of access to information for people who want to stop smoking but are unable/unwilling to commit to specialist support.

Levels of stop smoking support:



The specialist Stop Smoking Service hub, which will coordinate stop smoking service provision across the three levels of support, will be based within County Durham. This hub does not need to be accessible for the general public for front-facing support, but it will be a base for the staff. It will provide a single point of contact for taking referrals and making appointments with the appropriate advisor (specialist or universal).

3.2 Service Description

The Provider will be responsible for a coordinated approach to delivery of stop smoking support including:

- Promotion of services through the coordination and management of effective marketing and communications strategies.
- Development and maintenance of local referral pathways and networks.
- Direct provision of specialist stop-smoking support for targeted groups and people with complex needs (see section 3.2.1).
- Management, payment and coordination of universal stop smoking support provision (Level 2).
- Training of stop smoking support providers.
- Building capacity of the wider health and social care workforce (Primary Care Networks, acute trust, mental health trust), and voluntary and community sector in very brief advice.
- Contribution to place-based and settings work facilitated by Public Health.
- Development of and access to self-help support.
- Coordination and management of data collection for the quarterly submissions to the Department of Health and Social Care.
- Management of referrals and allocation to the correct advisor.
- Membership of the Tobacco Control Alliance.

3.2.1 Direct provision of evidence-based stop smoking support

The Provider will ensure that all specialist advisors are National Centre for Smoking Cessation and Training (NCSCT) accredited and undertake regular continuing professional development to enhance specialist skills and competencies. The Provider will ensure that evidence-based interventions are in line with the latest guidance and available within the specialist service. Current guidance at the time of writing are: NCSCT Local Stop Smoking Services: Service and delivery guidance (2014) and National Institute for Health and Care Excellence (NICE) Guideline 92: Stop smoking interventions and services (2018). The Provider must ensure that the following evidence-based interventions are available for people who smoke:

- Behavioural support (group and individual)
- Bupropion
- NRT short and long acting
- Varenicline
- Very brief advice

All pharmacotherapy should be provided only as a adjunct to behavioural support. If an NRT voucher is issued, a quit date must be set and recorded on QuitManager, the case management system.

Provision of E-cigarette Starter Packs

A local deviation from the national guidance is that, where service users wish to use an e-cigarette to support their quit attempt, the Provider will directly supply an e-cigarette starter kit together with one bottle of e-juice as part of first-line intervention for those people engaged with the specialist service (with the exception of pregnant women), at no extra cost to the Commissioner. The Provider will deliver advice on how to use the e-cigarette and where to buy future supplies from mainstream retailers based on an individual service user's choice.

3.2.2 Targeted Groups

The specialist Stop Smoking Service will focus on specified high-risk groups with high smoking prevalence, and will work with key partners across the health, social care and voluntary/community sector system to maximise opportunities to support local people to stop smoking. The Provider will have specialist advisors dedicated to each of the following target groups.

Target Group 1: Pregnant women and their "significant others" (other smokers within the home)

The Provider will be expected to adhere to the NCSCT Standard Treatment Programme for Pregnant Women: A guide to providing behavioural support for smoking cessation during pregnancy and the post-partum period (2019).

The Provider will deliver an enhanced service to pregnant women and their "significant others" which requires:

- Strengthening of "opt-out" referral pathways across all maternity services providers for County Durham residents with feedback to referrer.
- Training for health visitors in very brief advice, motivational interviewing and relapse prevention.
- Behavioural support which goes beyond the "standard" 12-week programme and is available throughout pregnancy. This may include provision of regular ongoing telephone support or access to a local community clinic.
- Contact and additional support post-partum to ensure support at a time when most women fear relapse.
- Combination NRT treatment (two NRT products) for a minimum of 12 weeks. The service user will then be reassessed every 12 weeks by the specialist advisor who can extend NRT treatment for an additional 40 weeks to cover birth and post-partum, if required. Reassessments will then take place at twelve-week intervals to inform future decisions, in consultation with the Commissioner, to extend NRT provision.
- E-cigarettes will not be available to pregnant women via the service, however, if a woman's preferred method of quitting is with an e-cigarette, behavioural support can be provided for as long as is needed.
- Feedback on quit date and compliance to maternity care providers.
- Support, throughout pregnancy, for "significant others."

The Provider will be expected to identify at least two specialist stop smoking staff to work closely to build relationships/embed into maternity services (acute and community) across Trust areas, including but not limited to County Durham and Darlington NHS Foundation Trust (CDDFT).

Target Group 2: Routine/Manual Workers and Unemployed

The Provider will be responsible for establishing stop smoking support services for routine and manual workers and those who are unemployed, especially those living in the areas outlined in 3.2.3. The support for routine and manual/unemployed workers should be across all three levels of support. Support from specialist stop smoking services must be accessible for people in employment without them needing to take time off work to obtain the pharmacotherapy and behavioural support. The service may want to consider how digital solutions can help these people to stop smoking.

The Provider will link with employers and umbrella organisations such as Business Durham who employ/work with routine and manual workers (people working in occupations including transport and haulage, construction, manufacturing, sales and retail, other blue-collar trades, security, carers, cleaners/domestic staff, educational assistants, kitchen/catering, receptionists, hairdressers) to facilitate people into stop smoking support.

Target Group 3: People identified as smokers on admission to hospital or at pre-operation assessment

From 1st October 2019, CDDFT is smokefree. This means that NHS staff identify smokers on admission to hospital and treat their tobacco dependency with NRT whilst they are under their care.

The Provider will be responsible for identifying at least one dedicated specialist advisor who would be responsible for embedding themselves into secondary care, undertaking sweeps of the wards, working with discharge teams to ensure people are discharged with adequate supplies of NRT and an appointment with the community service (within 14 days of discharge), accessing Nerve Centre to see where people have been admitted into hospital and identified as smokers, beginning the behavioural support in hospital where needed and someone is well enough to do this. This would include the provision of a dedicated service within all CDDFT secondary care sites for County Durham residents.

The Provider will deliver NRT and behavioural support for these people for the remaining duration of the standard treatment programme post-hospital discharge. Particular focus will be on those people with respiratory illness, cardiovascular disease and cancer and those who are identified as smokers at pre-operation assessment.

Following the NCSCT guidance on Spontaneous quitters: clarification of the 48-hour rule (2019), people who begin their quit attempt during their hospital stay, provided they have been abstinent for less than 14 days on receipt of stop smoking service support, can be included in the NHS digital quarterly data returns.

The Provider will be expected to establish feedback mechanisms to CDDFT and Clinical Commissioning Groups (CCGs) on referrals from this source.

Target Group 4: People identified as smokers in General Practice

People who smoke tend to see their GP at least once a year and place a significant burden on primary care services. General practice has daily contact with a significant number of smokers and therefore play a key role in the identification, provision of very brief advice and referral for support.

The Provider will be expected to work with general practice and Primary Care Networks to identify smokers and ensure that they have pathways to the most appropriate support for them. Particular

emphasis will need to be on people who have existing long-term conditions such as cardiovascular disease, Type 1 diabetes, asthma and COPD.

The Provider will also be expected to develop pathways to support women and their significant others thinking of starting a family i.e. women who are ceasing to use contraception/having contraceptive devices removed.

The Provider will also be expected to work with general practice, Primary Care Networks and Social Prescribing Link Workers to raise awareness of the impact of smoking on childhood illnesses, developing and maintaining pathways for parents to be supported to stop smoking.

The Provider will be expected to establish feedback mechanisms to CDDFT and CCGs on referrals from this source.

Target Group 5: People who live in social housing

The Provider will be responsible for training social housing providers in identification of smokers, brief advice and smokefree homes, and the development of referral pathways, and where necessary, hold clinics within social housing provider communities.

The Provider is expected to utilise messages developed by Fresh, the North East Tobacco Control Office, around Secondhand Smoke is Poison campaign within these communities.

Target Group 6: People with poor mental health who access community mental health services or drug and alcohol recovery services or have learning disabilities

The majority of people experiencing mental ill-health are managed in primary care. The Provider will be expected to develop and maintain pathways to facilitate access into stop smoking support for these people.

Smoking cessation can improve mental health significantly compared with continuing to smoke and therefore opportunities to refer people with mental ill-health from primary and community care and specialist mental health services (currently Tees, Esk and Wear Valleys Foundation NHS Trust) need to be maximised.

The Provider will be responsible for identifying at least one specialist stop smoking advisor who will provide training to the Learning Disability Nurses as well as providing specialist support for people with learning disabilities to quit. The Provider is also responsible for developing robust pathways into stop smoking services for community mental health services, training the staff and running clinics in community mental health settings, as well as ensuring stop smoking support literature is accessible for the target population.

Target Group 7: Young people who are in the process of or who have recently left local authority care

The Provider will be expected to work with a range of organisations such as Durham County Council's Children and Young People's Services, 0-25 Service, residential care establishments, care placements and supported living to provide training and referral pathways for looked after children and care leavers who smoke.

3.2.3 Geographical Areas

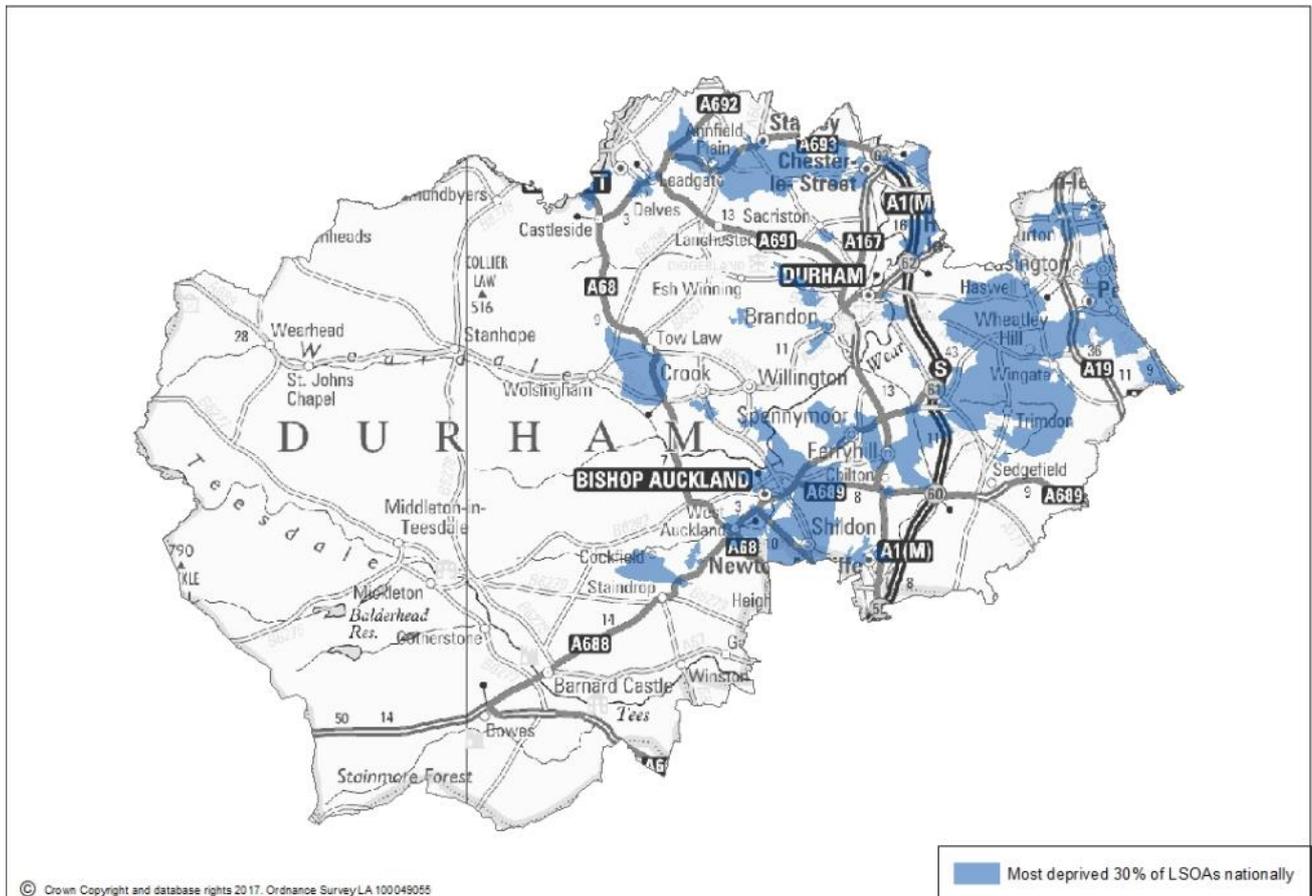
Universal and specialist provision must be available in targeted geographical areas (as agreed with the Commissioner) where there are high levels of smoking prevalence. Level 2 services should be recruited from the assets within locally deprived communities such as general practice, pharmacies, the Wellbeing for Life Service, Children's Centres, and voluntary and community sector organisations who work and are well known by people living within the areas. The Provider should co-produce the

design of services in local areas with local people to ensure that access to services meets the needs of the local communities.

The areas of initial focus are the Lower Super Output Areas (LSOAs) which are identified as in the top 30% nationally of the most deprived areas. LSOAs in the most deprived decile that should receive initial focus are:

- | | | |
|--------------------------|---------------------------|--------------------------|
| Blackhall Colliery South | Eden Hill Central | Shildon East |
| Blackhall Rocks South | Eden Hill North | Shotton Colliery Central |
| Catchgate North | Eden Hill South | South Moor Central |
| Chester Central 1 | Ferryhill Dene Bank North | Stanley Hall West |
| Coundon Grange | Henknowle Central | Sunnybrow |
| Coundon North | Horden Central | Tudhoe Grange South |
| Coundon South | Horden East | West North |
| Crook East | Horden North | West South |
| Dene House Central | Midridge South | Wheatley Hill South |
| Deneside East | Murton Central | Willington Central |
| Deneside North | Passfield East | Woodhouse Close Central |
| Easington Colliery North | Sherburn Road | Woodhouse Close South |

A map is available below which identifies the areas.



The Provider will be expected to continue to use Durham Insights to ensure that target areas remain relevant.

3.2.4 Marketing and Communications – Service Promotion

The Provider will be responsible for developing high profile strategies for promoting local stop smoking support, integrating with regional and national campaigns (such as Stoptober and those developed by Fresh) to enhance the effectiveness of these campaigns. It is expected that the Provider adopts social marketing strategies to ensure the messages “land” with the identified target audiences. The Provider should ensure an appropriate proportion of the contract value is earmarked for professional marketing through a range of channels.

The Provider will supply the marketing and communications strategy to the Commissioner within the first month of the contract and will refresh the plan on a quarterly basis.

Social marketing will be used to direct information at the targeted groups (section 3.2.2) and in geographical areas (LSOAs) where there is low take up of support (section 3.2.3).

The aim of the marketing will be to:

- Help local people to understand what stop smoking support is available and where they can access it.
- Trigger quit attempts amongst the population as a whole, and the targeted groups identified, and point them to local support.
- Signpost people into the most effective support to help in their quit attempts including self-support information.
- Amplify national and regional campaigns

The Provider will be responsible for the development of the branding for the service in collaboration with Service Users and in agreement with the Commissioner. The Provider will work with the Commissioner to develop a website and social networking mechanisms. The Provider will be responsible for updating the content of the website, maintaining the website for the duration of the contract and the creation and operation of social networking mechanisms. Upon creation of the website and social networking mechanisms the title will be passed to the Commissioner.

3.2.5 Programme management of universal evidence-based stop smoking services

The Provider will be responsible for recruiting, subcontracting, payment structures, training and mentoring/support for Level 2 providers to ensure adequate workforce and delivery of outcomes. The Provider may want to consider how digital solutions can be utilised to facilitate access to training for smaller providers.

The Provider will work with the Commissioner to develop a service specification for Level 2 providers which includes a clear payment structure, which remunerates Level 2 services for quit dates set as well as self-reported and CO validated 4-week quits, with contractually agreed payment timescales. The Provider should also make provision for an annual retainer for Level 2 providers to cover the staff costs of annual training.

The Provider will establish a network of people trained in very brief advice, brief advice and smokefree homes and ensure they are kept up to date with news and service updates, as well as being provided with the necessary equipment and consumables to carry out their work.

The Provider will be responsible for:

- Development of all local standard operating procedures, protocols and guidance relating to stop smoking support e.g. Pharmacotherapy Protocols, Service pathways (including maternity, secondary and primary care).
- Ensuring all activity is correctly recorded.
- Production of progress reports for the Commissioner.
- Provision of service activity data for public health intelligence purposes.

- Engagement in local, regional and national initiatives (as agreed with the Commissioner).

3.2.6 Training

The Provider is responsible for the management, quality assurance and quality improvement of stop smoking training. Training must be compliant with the NSCST training standards. Within the first month of the contract the Provider must provide clear training plans for:

- NHS Workforce/healthcare professionals
- Maternity Services
- Secondary Care
- CCGs, Primary Care Networks, Social Prescribing Link workers and general practice
- Pharmacies
- Services who support people with long term conditions exacerbated by smoking
- Services who support people with Mental health, alcohol and substance misuse services
- Dentists
- County Durham and Darlington Fire and Rescue Service
- Social landlords/social housing providers/professionals
- Health visitors
- Welfare rights and other debt/financial support (Advice in County Durham)
- Social care professionals

Training should include:

- Training and continuing professional development for people providing stop smoking advice and support (face to face and e-learning).
- Health and social care, and voluntary and community sector training in very brief advice (linking with the County Durham Making Every Contact Count [MECC] offer) and how to make referrals for stop smoking support.
- Specialised training for those specialist advisors working with the target groups.
- Secondhand harm/smokefree homes.
- Access to stop smoking support where an individual refuses a referral to the specialist Stop Smoking Service.

3.2.7 Mentoring/Level 2 support

The Provider will support all stop smoking advisors to ensure that their practice is in line with the most up to date NCSCT guidance and competencies. Ongoing support will allow the dissemination of good practice, guidance updates, quality assurance and quality improvement of practice.

As well as NCSCT core training, new Level 2 advisors will receive training on:

- QuitManager, the case management system.
- Accessing local resources.
- Use of NRT vouchers.
- Accessing pharmacotherapy via FP10.
- Escalation process to specialist services.

All new advisors will have their practice observed following training prior to seeing clients independently. Intensive support and supervision will be provided to all new advisors following training and observation.

Mentors will continue to undertake practice-based assessment of advisors against the NCSCCT competencies on at least an annual basis; more frequently should performance not be at the expected standard (low number of quit dates set or progress below 35% 4-week quit rate).

Existing providers will receive a minimum of 6-monthly visits to ensure compliance with the Level 2 service specification and to obtain assurance over quality of provision.

3.3 Location of service

The specialist Stop Smoking Service hub, which will coordinate specialist stop smoking service provision, will be based within County Durham. This hub does not need to be accessible for the general public for front-facing support but will provide a base for the staff. It will provide a single point of contact for taking referrals and making appointments with the appropriate advisor.

The specialist adviser function is based on an outreach model to effectively reach into targeted communities and targeted groups. The Provider should endeavour to use community assets, such as community centres, libraries and leisure centres, for delivery of face to face specialist stop smoking support.

The universal stop smoking services (Level 2 providers) must be available in the targeted geographical areas identified by the Commissioner as a minimum and should be easily accessible and private for all members of local communities (see 3.2.2).

3.4 Days/Hours of operation

The Provider will:

- Operate a free telephone number, local telephone number and text messaging number which are staffed/available Monday to Friday 8.30am to 6pm and Saturday 10am to 2pm as a minimum. The Commissioner will retain the title to the free telephone number, local telephone number and text messaging number on expiry or termination of the Contract.
- Implement an out of hours answerphone service enabling answerphone messages to be responded to within one working day via telephone, text, email or social media (as per the individual service user's preference).
- Operate appointments and drop in sessions at times (evenings 6pm to 9pm and weekends) and venues (local/close to home) which maximise the ability of people who work or have children or other caring responsibilities to attend.

3.5 Case Management System

QuitManager is the case management system to be used by the County Durham Stop Smoking Service. This system is commissioned by Durham County Council and access to QuitManager will be made available to the Provider of the Stop Smoking Service.

The Provider will be responsible for liaison with the supplier of QuitManager on all issues relating to the system and service delivery, including for Level 2 providers. Any additional costs for QuitManager relating to marketing e.g. text messaging bundles, adaptations to QuitManager to support marketing, will be met by the Provider of the Stop Smoking Service.

The Provider is also expected to undertake the system administration/housekeeping functions associated with QuitManager, including management of user/provider access to the system etc. Details and arrangement for this will be agreed during contract mobilisation.

3.6 Interdependencies with other services

In order to deliver effective stop smoking support, the service must have strong working relationships with a range of partners; these include but are not limited to:

- Public Health England
- Fresh, the North East Tobacco Control Office
- General medical practices
- Primary Care Networks
- Community (and Healthy Living) pharmacies
- Public health commissioned services including: Wellbeing for Life; Better Health at Work; County Durham Drug and Alcohol Recovery Service; Sexual Health Services; and 0-25 services, which includes the school nursing service and health visitors
- CDDFT (University Hospital North Durham and Darlington Memorial Hospital)
- Tees, Esk and Wear Valleys Foundation NHS Trust
- Social housing providers including but not limited to: North Star Housing Group, Karbon Homes, Believe and Livin
- Durham University
- Further Education Colleges
- Durham County Council
- County Durham Voluntary and Community Sector (VCS) network
- Advice in County Durham

There must be a recognition of individual needs which do not fall under the control of the Stop Smoking Service which can impact upon the ability and motivation of someone to stop smoking and therefore it would be expected that stop smoking support services make referrals to other organisations to assist more holistically in supporting someone's quit attempt.

The Provider will be expected to be an active member and regularly attend the County Durham Tobacco Control Alliance, to support any work the alliance undertakes, and contribute to the tobacco control alliance action plan at no additional cost.

3.7 Administration of NRT Voucher Scheme

Provision of NRT in County Durham is via NRT vouchers and is only accessible to clients undertaking behavioural support through the commissioned stop smoking services. The voucher scheme will be administered on behalf of the Commissioner. The Provider will be responsible for:

- Checking that advisor details are correct.
- Checking that a contract is in place to dispense NRT.
- Facilitating the sourcing and printing of vouchers.
- Distributing vouchers to advisors and ensuring a record is kept.
- Recording the date, amount and voucher numbers issued to each advisor.
- Involvement in the service specification reviews for the NRT voucher scheme.

4. Referral, Access and Acceptance Criteria

4.1 Referrals to the Service

All partners play a key role in identifying smokers and referring people to stop smoking services; referral opportunities need to be maximised. Referral pathways need to be easy for referrers. There needs to be single access into the service where routes of referral are formal and secure. Pathways need to be in place across a variety of organisations including statutory, commissioned, community and voluntary sectors.

The specialist Stop Smoking Service will be responsible for strengthening referral pathways to the service from primary care, secondary care, routine/manual workers or the unemployed, maternity services, housing providers, community mental health services, care leavers and wider wellbeing providers.

Referrals to the service can come from any health, social, voluntary or community sector organisations and self-referrals. It will be the responsibility of the hub, in consultation with the individual who wants to stop smoking, to determine with whom (specialist or universal advisor) and where the best place for an individual to access services will be.

4.2 Access to support

Stop smoking support will be available to any adult (aged 16+) who lives, works or is registered with a GP in County Durham through Level 2 provision. Support should be available in a variety of forms and at a variety of levels including face to face, text messaging, social media and via a website.

Younger people (aged 12 to 16) can access support through the school nursing service Level 2 trained advisors who will provide dedicated stop smoking support and access to appropriate pharmacotherapy to any young person wanting to quit smoking.

Specialist support is available to people who:

- Are heavily dependent on tobacco (utilising a verified assessment tool);
- Have experienced failed quit attempts (a minimum of 2 previous attempts);
- Are pregnant or the “significant other” of the pregnant woman;
- Are within the target groups defined in section 3.2;
- Live within the geographical areas defined in section 3.2.3.

Spontaneous quitters (smokers who have already stopped smoking by the time they have their first appointment with a stop smoking service) can access the service for behavioural support and pharmacotherapy. In line with NCSCT guidance, those who have been quit for longer than 48 hours prior to the appointment must not be included in the quarterly data returns (i.e. no quit date should be entered onto QuitManager) but must be recorded separately and reported to the Commissioner.

Some restrictions in access to medications apply due to pharmacological licensing and guidance (e.g. NRT). Prescribing must be carried out in line with NICE and local guidance.

Where people are not eligible for support within the County Durham Stop Smoking Service they will be signposted to the national helpline or their local stop smoking service (where in operation).

The Provider should maintain systems to identify those people classed as lost to follow up, utilising tailored information to encourage re-engagement and further quit attempts.

4.3 Exclusions

Service users may be excluded as a result of professional risk assessment and if they pose a serious risk to staff/volunteers, other service users and/or members of the public. Referral to more appropriate services should be made where possible.

Individuals who are under the age of 12.

Individuals who have accessed the service within the last 6 months whom, after assessment, are not deemed to be motivated to quit (this rule does not apply to pregnant women).

4.4 Equality of Access

The Provider should ensure that the service identifies and meets the needs of individuals in relation to specific ethnic, religious, gender, sexual orientation, health, literacy or cultural requirements. This should include, but is not limited to, the following:

- Arranging for the services of an interpreter, at no additional cost to the Commissioner, at initial assessment and other meetings for service users whose English is not sufficient to understand what is being said.
- Arrangements for contact with an appropriate representative of the service user's choice.
- Understanding of religious and cultural preferences.
- Arrangements for access for service users with a physical, sensory or learning disability.

The Provider is expected to take positive action to combat discrimination on any grounds and will be expected to apply requirements and good practice in line with the Equality Act 2010.

4.5 Discharges from the Service

People will be discharged from the service following the standard 12-week treatment programme, with the exception of pregnant women.

5. Standards of Service

5.1 Applicable Standards

The Provider will work to the following policy guidance unless otherwise explicitly stated in this specification:

- NCSCT: Standard Treatment Programme for Pregnant Women (2019)
- NICE Guideline: NG92: Stop smoking interventions and services (2018)
- NCSCT: Local Stop Smoking Services, service and delivery guidance (2014)
- NICE Guideline: PH48: Smoking: acute, maternity and mental health services (2013)
- NICE Guideline: PH26: Smoking: stopping in pregnancy and after childbirth (2010)
- NICE Guideline: PH5: Smoking: workplace interventions (2007)
- Any updates to these guidance

The Provider will ensure staff and volunteers delivering stop smoking support are trained to the [NCSCT competences](#).

5.2 Legislation

Key national legislation includes:

- Equality Act 2010
- Data Protection Act 2018
- Freedom of Information Act 2000

5.3 Workforce

5.3.1 Staffing

The Provider is responsible for recruiting, training, developing, managing and supervising the staff working for the specialist Stop Smoking Service and ensuring specialist advisors are in place for each of the target groups.

5.3.2 Recruitment and Selection

The Provider will have in place robust recruitment procedures, which include the use of application forms in shortlisting exercises and selection interviews. Before making an offer of employment, two written references are to be obtained, one of which should be from the applicant's immediate past employer. These must be followed up by a telephone call to the referee for verification purposes prior to confirmation of employment. Any gaps in the applicant's employment records should be explored and recorded.

The Provider will ensure that all staff, including volunteers, have obtained satisfactory enhanced Disclosure and Barring Service clearance and are suitably qualified according to NCSCT competencies and standards, with the relevant experience.

5.3.3 Staff Training and Personal Development

The Provider will ensure that all staff receive appropriate supervision and an annual appraisal, which includes an assessment of their overall standard of performance and identification of training and development needs.

The Provider will deliver adequate training and ensure all staff engaged in the service are up-to-date with the latest guidance and intervention methods as directed by the NCSCT.

The Provider will ensure that all staff prior to being engaged in the Service complete the 'Prevent' e-learning course, in order to understand how some vulnerable people might be drawn into terrorism and violent extremism, recognise when this is happening and know what to do. The ['Prevent' e-learning course](#) is hosted on the County Durham Safeguarding Adults Inter-Agency Partnership website.

5.3.4 Staff Health and Wellbeing

The Provider is expected to protect the health and wellbeing of their workforce.

The Provider is encouraged to participate in the Better Health at Work Award. The Better Health At Work Award is free and available to all businesses in County Durham, who will be supported by a dedicated workplace health team and have access to free workplace training including understanding stress and basic mental health. The award supports workplaces to deliver health activities that address key public health improvement priorities, including;

- Financial Wellbeing
- Smoking and Tobacco
- Disease Prevention
- Weight Management and Healthy Eating
- Sexual Health
- Physical Activity
- Cancer Awareness
- Mental Health
- Dementia Awareness
- Alcohol, Drug and Harm Prevention

5.4 Governance Arrangements

5.4.1 Safeguarding

The Provider will have robust policies and procedures in place for dealing with cases where children, young people and/or vulnerable adults are identified as requiring early help, being at risk of harm or of sexual exploitation, and will ensure, where required, staff follow the procedures of the Durham Safeguarding Children Partnership and the County Durham Safeguarding Adults Inter-Agency Partnership.

When carrying out home visits, the Provider will adopt a 'Think Family' approach and consider the welfare of children, young people and vulnerable adults.

5.4.2 Information Governance

The Provider will have a clear confidentiality and data handling policy that is understood by all members of staff and complies with the Data Protection Act 2018.

The Provider will also ensure that appropriate consent policies are in place should Personal Identifiable Data need to be shared with external organisations. The sharing of Personal Identifiable Data must occur via secure methods of data transfer.

5.5 Promoting the Service

The Provider is required to follow Durham County Council's marketing guidelines in the development of any marketing materials as part of the commissioned service. Furthermore, the main/key promotional materials for marketing the service should be done in consultation with the Commissioner prior to printing and publication.

The Provider is also required to ensure that the service is promoted via Locate and/or the Families Information Service and that the information is kept up to date throughout the duration of the contract.

6. Service Monitoring and Review Requirements

6.1 Key Performance and Quality Monitoring

The Provider will supply the Commissioner with performance and quality information on a quarterly basis for the items specified in the table included in Appendix A. The information will be provided to the Commissioner via e-mail at least 5 working days before contract review meetings.

The Commissioner reserves the right to require the Provider to complete a self-assessment at any time throughout the duration of the contract in order to provide assurance of the quality of service delivery.

The Commissioner reserves the right to undertake an audit of the service at any time throughout the duration of the contract.

6.2 Quality Improvement

The Provider will undertake regular audits of clinical practice to ensure ongoing service improvement is embedded into working practice

The Provider will work in partnership with the Commissioner to achieve continuous improvement and innovation across the services provided.

6.3 Performance management and data submissions

The Provider will manage stop smoking support performance, ensuring that all key performance indicators are met. Where optimal performance is not achieved, the Provider will implement a plan to improve performance which may be through training, mentoring, marketing and referral management.

The Provider will ensure that quit dates are set, and abstinence at 4 weeks and 12 weeks are achieved and monitored.

The Provider must ensure all commissioned stop smoking services input data onto QuitManager (see section 3.5).

6.4 Contract Review Meetings

In addition to any requirements in the Terms and Conditions for Services, the Commissioner reserves the right to require the provider's attendance at Contract Review Meetings at any time throughout the duration of the contract. The purpose of these meetings is to monitor progress against the key performance indicators and, where necessary, review actions being taken by the Provider to drive improvement.

6.5 Co-production with service users

The Provider will be required to demonstrate active engagement and co-production with service users in order to develop and improve the delivery of the service, including through the collection and collation of systematic service user feedback.

The Provider should demonstrate how the shaping and improvement of services is co-produced with service users.

The Commissioner reserves the right to conduct an independent service user survey at any time, with the full cooperation of the Provider.

6.6 Compliments and Complaints

The Provider will have procedures in place for recording and responding to compliments and complaints.

The Provider will supply the Commissioner with details of any complaints/incidents within 28 days of receipt and will include details of how the issues were resolved and actions to be taken to ensure any such complaints/incidents can be avoided in the future, along with how lessons learned will be shared.

The Provider may be required to attend meetings with the Commissioner to discuss the outcomes from such complaints/incidents.

7. Price and Payment

The maximum annual contract value for the period 1 April 2020 to 31 March 2023 is £1,539,100. The provider shall invoice the Council (PublicHealth@durham.gov.uk) for payment at the end of each calendar month and the Council shall pay within 30 days following the date of receipt of the invoice in accordance with the Contract.

The Commissioner will fund the NRT voucher scheme separately from this contract.

8. Exit Plan

The Commissioner and the Provider will, by 6 months before the contract end date, agree an Exit Plan which, when agreed, will form part of this contract and as a minimum will include the following, where appropriate:

- Measures to maintain performance;
- Communication plan;
- Measures to address workforce issues, including potential Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) implications;
- Caseload management, digital copies of promotional material/training materials or anything else developed under the contract and official handover meeting.

9. Business Continuity

The Provider will develop appropriate plans for business continuity, which will be provided to the Commissioner on request.

Service Monitoring and Review Requirements: Key Performance and Quality Indicators

Ref	Indicator	Definition (Numerator [N], Denominator [D])	Target	Frequency	Consequence of Breach
Programme Management					
1	Percentage of County Durham smoking population accessing the Stop Smoking Service for support	N: Number of smokers accessing the service (attending at least 1 appointment) D: County Durham smoking population	5%	Annually	Remedial action plan
2	Number of 4-week smoking quitters	N/A	2,500	Quarterly	Remedial action plan
3	Quit rate: all smokers accessing the service (Overall performance and breakdown to Specialist Advisors and Level 2s)	N: Of the denominator, the number who were quit at 4 weeks D: Number of smokers accessing the service (attending at least 1 appointment)	To be set	Quarterly	Remedial action plan
4	Quit rate: smokers setting a quit date (Overall performance and breakdown to Specialist Advisors and Level 2s)	N: Of the denominator, the number who were quit at 4 weeks D: Number of smokers setting a quit date	To be set	Quarterly	Remedial action plan
5	Outcome of all 4-week quitters at 12 weeks (Overall performance and breakdown to Specialist Advisors and Level 2s)	N: Of the denominator, the number who were quit at 12 weeks D: Number of 4-week smoking quitters	80%	Quarterly	Remedial action plan
6	Proportion of smokers accessing support who are residents of the most deprived areas of County Durham* (Overall performance and breakdown to Specialist Advisors and Level 2s)	N: Of the denominator, the number who are residents of the most deprived areas of County Durham D: Number of smokers accessing the service (attending at least 1 appointment) <i>*Postcode data to be provided by the commissioner</i>	43%	Quarterly	Remedial action plan
7	Number of 4-week smoking quitters who are residents of the most deprived areas of County Durham* (Overall performance and breakdown to Specialist Advisors and Level 2s)	N/A <i>*Postcode data to be provided by the commissioner</i>	1,075	Quarterly	Remedial action plan
8	Rate of quits verified by carbon monoxide (CO) monitor (Overall performance and breakdown to Specialist Advisors and Level 2s)	N: Of the denominator, the number who were CO validated D: Number of self-reported successful quitters at 4 weeks	85%	Quarterly	Remedial action plan

Appendix A

Ref	Indicator	Definition (Numerator [N], Denominator [D])	Target	Frequency	Consequence of Breach
9	Percentage of service users that are routine and manual workers	N: Of the denominator, the number who were routine and manual workers D: Number of smokers accessing the service (attending at least 1 appointment)	36%	Quarterly	Remedial action plan
10	Percentage of service users who were Lost To Follow Up (Overall performance and breakdown to Specialist Advisors and Level 2s)	N: Of the denominator, the number with a recorded outcome at 4 weeks of Lost To Follow Up D: Number of smokers setting a quit date	To be set	Quarterly	Remedial action plan
Pregnant Smokers					
11	Number of referrals received for pregnant smokers	N/A	Tracker	Quarterly	Not applicable
12	Percentage of pregnant smokers contacted within 24 hours of referral	N: Of the denominator, the number of pregnant smokers contacted within 24 hours of the referral D: Number of referrals received for pregnant smokers	95%	Quarterly	Remedial action plan
13	Number of pregnant smokers accessing the service (attending at least 1 appointment)	N/A	Tracker	Quarterly	Not applicable
14	Number of pregnant smokers accessing the service who then set a quit date	N/A	Tracker	Quarterly	Not applicable
15	Number of pregnant smokers who were quit at 4 weeks	N/A	Tracker	Quarterly	Not applicable
Smokers with poor mental health or learning disabilities					
16	Number of referrals received for smokers with poor mental health or learning disabilities	N/A	Tracker	Quarterly	Not applicable
17	Number of smokers with poor mental health or learning disabilities accessing the service (attending at least 1 appointment)	N/A	Tracker	Quarterly	Not applicable
18	Number of smokers with poor mental health or learning disabilities accessing the service who then set a quit date	N/A	Tracker	Quarterly	Not applicable

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Ref	Indicator	Definition (Numerator [N], Denominator [D])	Target	Frequency	Consequence of Breach
19	Number of smokers with poor mental health or learning disabilities who were quit at 4 weeks	N/A	Tracker	Quarterly	Not applicable
Secondary Care					
20	Number of eligible smokers referred to the service and the outcome of the referral	Outcomes: <ul style="list-style-type: none"> • Declined support • Service unable to contact smoker • Accessed the service • Set a quit date • Quit via a secondary setting 	Tracker	Quarterly	Not applicable
21	Percentage of patients contacted within 3 working days of hospital discharge	N: Of the denominator, the number contacted within 3 working days D: Number of service users discharged from hospital	95%	Quarterly	Remedial action plan
Service User Safety					
22	Number of Serious Untoward Incidents (SUI) reported in the period	N/A	Tracker	Quarterly	Not applicable
23	Percentage of SUIs actioned/followed up	N: Of the denominator, the number followed up D: Number of SUIs	100%	Quarterly	Remedial action plan
Service User Satisfaction					
24	Of those service users leaving the service, the percentage completing a feedback survey	N: Of the denominator, the number completing an 'exit' survey D: Number of service users leaving the service in the period	Tracker	Quarterly	Not applicable
25	Service user satisfaction	N/A	Tracker	Biannually	Remedial action plan
26	Number of complaints received and reported to Commissioner within 28 days of receipt	N: No. of complaints received reported to Commissioner within 28 days D: No. of complaints received	Tracker	Quarterly	Not applicable
27	Number of complaints received in the period as a percentage of the number of smokers accessing the service	N: Number of complaints received D: Number of smokers accessing the service (attending at least 1 appointment)	Tracker	Quarterly	Not applicable
28	Percentage of complaints actioned	N: Of the denominator, the number where follow up action was taken by the service D: Number of complaints received	100%	Quarterly	Not applicable

Appendix A

Ref	Indicator	Definition (Numerator [N], Denominator [D])	Target	Frequency	Consequence of Breach
29	Number of compliments received	N/A	Tracker	Quarterly	Not applicable
30	Number of service users signposted to other services e.g. Wellbeing for Life Service (including breakdown to individual services)	N/A	Tracker	Quarterly	Not applicable
Training and Mentor Support					
31	Number of people trained in brief intervention training	N/A	Tracker	Quarterly	Not applicable
32	Proportion of new level 2 stop smoking advisors undertaking/achieving NCSCT accreditation	N: Of the denominator, the number undertaking/achieving NCSCT accreditation within 6 months D: Number of new level 2 advisors within the period	100%	Annually	Remedial action plan
33	Percentage of level 2 advisors receiving refresher training to maintain knowledge and skills	N: Of the denominator, the number up to date with training D: Number of level 2 advisors	80%	Quarterly	Remedial action plan
34	Trainee satisfaction	N/A	Tracker	Annually	Remedial action plan
35	Mentor support to Level 2 providers satisfaction	N/A	Tracker	Annually	Remedial action plan
Workforce					
36	Percentage of staff who would recommend the service as a place to work or receive stop smoking support	N: Number of staff who would recommend the service as a place to work or receive stop smoking support D: Number of respondents	To be set	Annually	Remedial action plan
37	Number of Full Time Equivalent (FTE) staff in post	N/A	Tracker	Quarterly	Not applicable
38	Number of FTE vacant posts	N/A	Tracker	Quarterly	Not applicable
39	Budget for FTE vacant posts within the quarter (£)	N/A	Tracker	Quarterly	Not applicable
Quality and Clinical Effectiveness					
40	Service is delivered in line with NCSCT <i>Local Stop Smoking Services: Service and delivery guidance 2014</i>	Response: Yes / No	Yes	Quarterly	Remedial action plan

Appendix A

Ref	Indicator	Definition (Numerator [N], Denominator [D])	Target	Frequency	Consequence of Breach
41	Specialist advisors achieve and maintain NCSCCT competences	Response: Yes / No	Yes	Quarterly	Remedial action plan
42	Clinical pathways for access to stop smoking medications are in place	Response: Yes / No	Yes	Quarterly	Remedial action plan
43	Service improvement plans are informed by feedback from service users and Level 2 providers	Response: Yes / No	Yes	Quarterly	Remedial action plan
44	Mystery shopper exercise undertaken	Response: Yes* / No <i>*Report of outcomes to be provided to the commissioner</i>	Yes	Annually	Remedial action plan
45	Service improvement plan established based on previous year's activity	Response: Yes / No	Yes	Annually	Remedial action plan