

Report to:	Cabinet	Date of Meeting:	Thursday 27 July 2023
Subject:	Recommissioning of the Living Well Sefton Community Service and Specialist Smokefree Sefton service		
Report of:	Director of Public Health	Wards Affected:	All Wards
Portfolio:	Cabinet Member - Health and Wellbeing		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

This paper seeks Cabinet approval for the following:

- To undertake a tender process to recommission the Living Well Sefton Community Service (LWS) with intention to contract the service for a 3-year core contract period commencing April 1st 2024, with the option to extend for a further two, one-year extensions
- To undertake a tender process to recommission the Specialist Stop Smoking Service 'Smokefree Sefton', for a 3-year core contract period commencing April 1st 2024, with the option to extend for a further two, one-year extensions.
- To give delegated authority for the Director of Public Health in consultation with the Cabinet Member for Health and wellbeing to authorise a waiver to recommission a specialist stop smoking in pregnancy midwife based at Mersey and West Lancashire Teaching Hospital NHS Trust, for a 3-year core contract period commencing April 1st 2024, with the option to extend for a further two, one-year extensions. The total expenditure for the 5-year potential contract period will not exceed the Light Touch Regime threshold.
- For the Director of Public Health in consultation with the Cabinet Member for Health and Wellbeing to be granted delegated authority to award the contracts resulting from the procurement and waiver processes and to award any extension options available.

Background

On 31st March 2024, existing contracts for the Living Well Sefton (LWS) Community Service and the Specialist Stop Smoking Service 'Smokefree Sefton' will expire. Both services are core components of the overall LWS Service and are complimented by both the weight management services provided by Sefton Council's Active Sefton weight management team through an internal service level agreement, and by the Sefton NHS Health Check Programme.

Additionally, aligned to the Smokefree Sefton Service, is a dedicated Smoking in Pregnancy Midwife, based at Mersey and West Lancashire Teaching Hospital NS Trust. This is funded by Sefton Council public health with current contract arrangements due to expire on 31st March 2024.

The purpose of this report is to seek approval to undertake a tender exercise to re-procure the Living Well Sefton Community and Smokefree Sefton services, this will include revised specifications aligned to the latest national and local policy drivers, including local research undertaken through and recent consultation and engagement programme reflecting current local need.

The replacement contracts for the Smokefree Sefton and the LWS Community Service will both be for a 3-year core period, with the option to extend for up to 2 (individual) periods of 12 months. (3+1+1)

Both tender exercises will be required to follow a Find a Tender Service (FTS) Light-Touch Regime Open Procedure, as part of this process; approval is sought for the Director of Public Health in consultation with the Cabinet Member for Health and Wellbeing to be given delegated authority to award the contract at the end of the tender process.

Additionally, delegated authority is sought for the Director of Public Health in consultation with the Cabinet Member for Health and wellbeing to authorise a waiver to recommission a specialist stop smoking in pregnancy midwife based at Mersey and West Lancashire Teaching Hospital NHS Trust for a 3-year core contract period commencing April 1st 2024, and to award the remaining subsequent extension options if any future extensions of all these contracts are deemed appropriate and offer value for money.

Recommendation(s):

The Director of Public Health:

- (1) Be authorised to undertake a FTS Light Touch Regime tender exercise for Living Well Sefton Community Service to run for a period of three years from 1st April 2024 with the option of two further one-year extensions.
- (2) Be authorised to conduct a FTS Light Touch Regime tender exercise for the Specialist Stop Smoking Service 'Smokefree Sefton' to run for a period of three years from 1st April 2024 with the option of two further one-year extensions
- (3) Be granted delegated authority, in consultation with the Cabinet Member for Health and Wellbeing to award the contracts resulting from the procurement and to award any extension thereof.
- (4) Be granted delegated authority, in consultation with the Cabinet Member for Health and Wellbeing, to waive the contract procedure rules and make a direct award to Mersey and West Lancashire Teaching Hospital NHS Trust, for the contract of a dedicated stop smoking pregnancy midwife for 3 years from 1st April 2024, with the option of two further one-year extensions.

Reasons for the Recommendation(s):

1. The current contracts will expire on 31st March 2024.
2. The local authority public health team has responsibility to drive an early intervention and agenda, specifically targeting areas of inequality, to improve local population health outcomes.

Alternative Options Considered and Rejected: (including any Risk Implications)

- 1) To work with the existing providers to further develop services to meet the new specification and emerging needs of local people in Sefton, this is a universal service though interventions are specifically targeted in areas of highest need.

Establishment of the 'Provider Selection Regime' is subject to Parliamentary approval and final formulation of the regulations by government. Therefore, the Council is bound by existing procurement legislation.

The current procurement system for healthcare services is governed by two pieces of legislation.

- The Public Contracts Regulations (PCR 2015)
- The Procurement, Patient Choice, and Competition Regulations 2013 (PPCCR2013),

- 2) Cease service delivery - Rejected based on reputational and financial risk to the authority by the potential failure to perform its statutory duty to deliver public health services that address the health needs of the local population and tackle health inequalities.

Furthermore, the lack of specialist provision for smoking cessation would have a significant negative impact on continuing higher rates of smoking-related illness in economically disadvantaged groups will continue to perpetuate health inequalities in long term conditions, especially lung cancer and chronic obstructive pulmonary disease.

What will it cost and how will it be financed?

(A) Revenue Costs

The Living Well Sefton Community and Smokefree Sefton services are both funded via the core public health budget for which sufficient provision exists. The new contract will similarly be contained within this budget.

The contracts will include provision for variation and early termination by the Council for convenience in the event of further reduction in funding and the requirement for the Council to achieve an overall balanced budget.

(B) Capital Costs

There are no capital costs associated with the re-commission of this service.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):

The cost of these services will be met within the core public health budget.

Legal Implications:

The tender exercise will follow an FTS Light Touch Regime open process for both the Living Well Sefton Community Service and the specialist Smokefree Sefton Service. The evaluations of the tenders will be based on MEAT (Most Economically Advantageous Tender) taking into consideration a balance between Quality and Cost.

The Living Well Sefton Community Service will run for a core contract period of three years from 1st April 2024 with option of two further one-year extensions (3+1+1)

The Smokefree Sefton Service will run for a period of three years from 1st April 2024 with the option of two further one-year extensions (3+1+1).

Both contracts will however include clauses that can be activated in the event the council needs to vary the contract or terminate the contract early.

Equality Implications:

An Equality Impact Assessment has been completed. The equality Implications have been identified and mitigated.

Impact on Children and Young People:

Yes

The specialist Smokefree Sefton service includes a young person's offer that is tailored to the need of children and young people in Sefton and includes prevention elements including education around harms from vaping and smoking and tailored support for children and young people at risk from harm due to smoking, tobacco and vaping. The Service also builds capacity through a training element which extends across services that work with children and young people in Sefton.

Climate Emergency Implications:

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

It is a re-procurement of existing Public Health commissioned service which does not

generate additional impacts on the climate emergency.

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

The Living Well Sefton Community and specialist Smokefree Sefton services include support for:

- People who are at most risk of smoking and vaping related harm
- People who live in areas that fall within the 20% most deprived wards.
- Addresses the wider determinants of health to focus on prevention and improved health and wellbeing outcomes.

Facilitate confident and resilient communities:

Responding and adapting services to meet the changing needs of the local population.

Consultation with people in Sefton will help to shape future delivery.

Commission, broker and provide core services:

Core Public Health Commissioning for improved health outcomes, addressing inequalities in Sefton.

Place – leadership and influencer:

Drivers of change and reform:

Understanding the impact of cost of living, obesity, mental health, and community resourcefulness, on people living in Sefton to shape the way services and support is provided in the future.

Changes to the national policies and strategies which inform how services are delivered, such as the NHS Long Term Plan, Altogether Fairer.

Facilitate sustainable economic prosperity:

Greater income for social investment:

Cleaner Greener

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7399/23) and the Chief Legal and Democratic Officer (LD.5499.) have been consulted and any comments have been incorporated into the report.

Discussion of the proposed model with internal stakeholders, through internal consultation and engagement.

(B) External Consultations

A consultation and engagement exercise has been completed which included members of the public, people who access the current services, and wider population, and engagement with external stakeholders. The results will inform the development of the new service model and specification. Findings include the following themes:

Locations – Limited options in the north of the borough to access support. The existing healthy living centre is not situated within easy reach of the main transport links. More options across the community are needed throughout Sefton as travel and access to services was a recurrent theme.

Promotion and identity – Visibility could be better, particularly via healthcare services and promotional materials as well social media. More clarity could enhance what is available within the LWS offer as both service users and non-service users were often uncertain about how they could benefit.

Individual support - More requests for individual rather than group activity – confidence within group activities often a factor. Individual support initially for those with depression and low mood was identified as an important part of the offer. Noting that being supported to attend groups was felt to have a positive impact on mood, with social connections identified as integral to this.

Cost - Activities need to be free or very low cost and at a range of venues so they can be accessed by more people.

Losing weight and eating healthily – Cook and eat session deemed valuable, need to include a focus on budget cooking, and the use of low-cost cooking methods.

Physical activity – Despite being a priority, cost was identified as a barrier to participation.

Referrals- Social prescribers were identified as the main referral route however increased internal and external referrals from health and social care and across the wider partners is required.

Community outreach- Sessions in a variety of places in the community were considered vital, not just group sessions or meeting in the same venues.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Appendices:

The following appendices are attached to this report:

Appendix - Equality Impact Assessment

1. Introduction

The LWS began in mid-2016 as Sefton Council looked to contract with a provider(s) to develop and operate a flexible, innovative, and integrated Living Well Sefton Service (LWS) that focused on prevention and early intervention and meet the needs of the people of Sefton. The Service was recommissioned in 2018 with a three-year core contract with two optional 12-month extension which will cease on 31st March 2024.

Sefton's Integrated Wellness Service 'Living Well Sefton' (LWS) is an essential part of the health improvement system, making a major contribution to early intervention and prevention. The services focus on identifying needs early, building resilience and reducing health inequalities.

The service contributes to the aims of the Council priorities of mental health, reducing obesity and overweight and building community resourcefulness.

LWS has 3 core strands, which include 2 specialist components (Smokefree Sefton and Active Sefton) and a community component, 'LWS Community'. The scope of this re-procurement includes both the LWS Community and the specialist Smokefree Sefton service, noting that separate and discrete service specifications and contracts will be developed for each service.

The service also provides a referral mechanism from NHS health checks providing additional low- level support for referrals to the smoking and weight management services.

Table 1 outlines the individual elements of the whole service and the procurement request.

Table 1

Strand	Function	Status
LWS Community	Community	Request approval for procurement
Smokefree Sefton	Specialist	Request approval for procurement
Weight Management Active Sefton	Specialist	Internal SLA no approval sought
NHS Health Checks	Specialist	Pilot in development, no approval sought

Living Well Sefton - Community

Sefton CVS and partners currently deliver the Living Well Sefton Community Service, with Sefton CVS overseeing the community partners programmes. The current service is aligned to a robust performance framework and has delivered many positive outcomes in line with reducing inequalities.

A consultation has been completed in conjunction with a service review and user feedback through questionnaires and interviews, stakeholder, and key partner questionnaires. This will inform specification development which will be completed during July and August 2023.

The procurement schedule aims to seek Cabinet Approval for the specification to be listed on the CHEST in September 2023. It will include social value indicators to ensure local delivery with specific emphasis on areas of highest inequality. The specification will also refer to the interventionist elements of the programme such as the Weight Management service and Smokefree Sefton service as well as Health Checks which will be included in the discharge pathway for the Health Checks programme as indicated below.

The LWS is a universal service with a demonstratable focus on the 20% most deprived wards and people who have experienced barriers to access can access a co-ordinated programme of health and social related activity, to enable communities to build independence and optimise health and wellbeing.

The service works with statutory, community, voluntary and faith sector organisations. It offers a flexible and tiered range of support that demonstrates co-production and co-collaboration in order to provide an integrated, innovative service which puts wellbeing at the core of delivery and is focused on community outreach, ensuring residents who do not typically engage with services have access and support from the service, not just in typical settings but with broader outreach in the community.

The service also contributes to an area-based offer aligned with early intervention and prevention and is focused on innovative, evidence-based approaches demonstrating insight and knowledge of local communities and residents enabling an appropriate response to local need.

The service works alongside Sefton's local wellbeing agencies to ensure a holistic service focussed on improving health outcomes, reducing inequalities at individual, family and community level. The service implements programmes and interventions that are evidence based and provides motivational behaviour change for individuals, groups and communities by addressing the factors that influence their health. The LWS Community programme has the Council principles and objectives at its core and will be able to link seamlessly to the priorities of the welfare reform agenda and be cognisant of the priorities in both the childhood poverty strategy, Marmot report 2020, and wider policy objectives. The focus is developing early connections with the right people in a supportive environment, centred firmly in the community.

The service adopts a social model for health with community delivery pivotal at the beginning in supporting people to identify and achieve their own vision for a healthy and good life. It is based on an asset-based community development (ABCD) approach and

is designed to maximise opportunity and reduce dependence on statutory services and ultimately increase active citizenship.

The service also builds in a social prescribing programme to ensure all statutory practitioners are aware of the community offer and locally available opportunities and community providers. In addition to signposting the service provides navigation, stepped support to positive behaviour change, buddying and seamless transfer between partners and providers. The service operates in areas of highest deprivation and ensures resources are targeted appropriately according to need. Key elements of the service are outlined below, and all are linked to a key performance framework.

- Co-ordinated/seamless LWS Community offer for Sefton.
- Community delivery model – with effective outreach
- Regular consultation and engagement to ensure services are relevant and responsive to local need.
- Building Capacity
- Behaviour Change
- Social model of health
- Integration and relationship management
- Equality impact assessments,

The LWS is rooted in national and local policy with a key objective to reduce health inequalities in Sefton. This has clear connections with the All Together Fairer Marmot programme and the Sefton Child Poverty Strategy.

Key policy and guidance links are below:

[All Together Fairer: Health equity and the social determinants of health in Cheshire and Merseyside - IHE \(instituteofhealthequity.org\)](#)

[NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

[Sefton Child Poverty Strategy](#)

<https://www.sefton.gov.uk/media/4546/the-health-and-wellbeing-strategy-2020-2025.pdf>

[Uniting the Movement | Sport England](#)

[All Together Active | Champs Public Health Collaborative](#)

<https://www.sefton.gov.uk/your-council/plans-policies/communities/new-realities/>

<https://www.sefton.gov.uk/media/5709/core-purpose-delivering-the-2030-vision.pdf>

Key outcomes of the Service

The service contributes to key health and wellbeing outcomes in Sefton including:

- Increasing the proportion who are a healthy weight through improved diet increasing physical activity levels

- Reducing smoking in most deprived wards
- Improving emotional health and wellbeing
- Provide low level interventions to prevent risk behaviours
- Increasing participation in education, training, and employment
- Increased access to financial support and benefits advice
- Increasing the proportion of people who, following a NHS Health Check, go on to make positive changes to their wellbeing through engagement with services and/or the wider VCF offer.

Additionally, the service's focus on prevention and the wider determinants of health contributes to the following objectives;

- Reducing future demands on adult social care, by keeping people well for longer
- Increasing the number of people who live independently
- Reducing demand on specialist health services
- Reducing number of those needing social care
- Reducing the number of families living in poverty
- Reducing rates of obesity
- Reducing the number of people not in education, employment or training
- Reducing health inequalities
- Increasing the number of people who understand how they can maximise their health and wellbeing (Health Literacy)

Specialist Stop Smoking Service 'Smokefree Sefton'

Smoking Prevalence

The proportion of adults who self-reported smoking currently in 2021 in Sefton was 10.0% which is significantly below the England average (13.0%) and achieves the Government's target of reducing adult smoking prevalence to under 12.0% by 2022. Sefton is also a top performer amongst statistical neighbours and ranks 2nd in the North-West upper tier local authorities.

However, this masks much higher prevalence in some of Sefton's most deprived wards. Analysis by ONS suggests that the proportion of people who smoke in the most deprived areas of England and Wales is more than three times higher than in the least deprived areas therefore exposed to more concentrated risk from harm.

Smoking remains the largest preventable cause of death and illness in England and the single most important driver of health inequalities. Smoking is much more common amongst unskilled and low-income workers than amongst high earners. The more disadvantaged a person is, the more likely they are to smoke and suffer smoking related illness and premature death. Smoking rates are also higher amongst people experiencing poor mental health, prisoners, looked after children and people who are from LGBT+ groups.

Smoking related harm is transmitted across the generations in a cycle underpinned by social norms, familiarisation and addiction. In poorer communities, young people are more exposed to smoking behaviour, more likely to try smoking and once habits are formed, find it harder to quit.

Smoking causes such a level of harm to individual, family and community health that any success in reducing smoking in disadvantaged groups has knock on benefits for the wider determinants of health, not least poverty. (ASH, *Health Inequalities and Smoking 2019*)

Smokefree Sefton Service Offer

The Smokefree Sefton service, operated by ABL provides an evidence-based specialised support service for people wanting to give up smoking or reduce harm with a view to quitting in the longer term.

The service is driven to achieve a reduction in smoking prevalence for adults who require the most support, including people with poor mental health, pregnant women and people living in areas of greatest deprivation. During the term of the contract, the service has developed a young person's offer, aimed to raise awareness of harms from tobacco and vaping, as well as support for young people who want to quit or reduce harm associated with use.

The service contributes to Sefton's Living Well Sefton Service (LWS) by:

- Acting as a specialist spoke, to assist residents across all age groups to stop smoking.
- Offering stop smoking advice and providing a range of free, person centred, interventions using behaviour change techniques and motivational interviewing to tailor health, wellbeing, and lifestyle support.
- Providing support and training to all those involved in encouraging and supporting people to reduce harm and stop smoking.
- Focusing specifically on health inequalities and on improving health and wellbeing outcomes for residents of the borough and improve the health of the poorest.

A new specification will be developed in line with latest evidence and a range of strategic documents including the NHS long term plan. The service will also work alongside the Targeted Lung Health Checks programme.

The current service has developed a young person's offer which will continue to be a core part of the new specification. Further development of this offer will be informed by local consultation including the Young Person's Alcohol, Tobacco and E-Cigarettes Survey delivered by Trading Standards in partnership with Public Health, and the School Health Survey which has targeted Year 11's and asks specific smoking and vaping questions.

Areas of Deprivation

Because smoking is so harmful, differences in smoking prevalence across the population translate into major differences in death rates and illness. Smoking is the single largest driver of health inequalities in England and far more common among people with lower incomes.

The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. People living in the most deprived areas of England are more than four times more likely to smoke than people living in the

least deprived areas and the likelihood of smoking increases in line with the level of deprivation within their neighbourhood. (ONS 2018).

Out of several measures of inequality, the level of deprivation within the area a person lives– which combines factors such as income, employment, health, and education within an area – had the greatest impact on someone’s likelihood of smoking. The next most important factors were housing tenure and their occupational group.

Smoking related health inequalities are not restricted to socio-economic status. Smoking rates are also higher among people with a mental health condition, people in contact with the criminal justice system, looked-after children, and people from LGBT+ groups.

Health inequalities can be reduced through measures that have a greater effect on smokers in higher prevalence groups. In practice, this means both prioritising population-level interventions, which disadvantaged smokers are more sensitive to, and also making use of interventions targeted at this group.

Targeted outreach approaches to engage with smokers living in areas of greatest deprivation will remain key component of the new service offer. The service is flexible offering support in venues and at times that suit local people, includes evenings and weekends.

The service will continue to prioritise working with community partners, delivering brief advice training to staff and strengthening referral processes. The current service has developed effective communication methods to include social media, interactive website and online chat to provide round the clock support.

It is acknowledged that for some people who find it more difficult to quit, a harm reduction approach is more effective, staff will support many people this way, resulting in greater uptake amongst routine and manual workers.

Pharmacies

Smokefree Sefton includes a level 2 intermediate service facilitated through pharmacies based in local communities, this provision is suited to smokers who are motivated to quit with lower-level support and the community locations increase the reach of the service across the borough of Sefton, allowing the specialist service to focus on more complex smokers who benefit from more intensive support. There are currently seven pharmacies in Sefton providing this service, which is lower than pre pandemic levels. However, it is anticipated that more intermediaries will be engaged through the new contract.

The pharmacy offer is managed by ABL to ensure robust clinical governance and suitably trained practitioners. In addition to the Intermediate service, 57 pharmacies are registered to dispense pharmaceutical support products, including NRT and Varenicline via PGD. (Although Varenicline is not currently available nationally)

Mental Health

Smoking rates among people with mental health conditions are significantly higher than in the general population and there is a strong association between smoking and mental health conditions. This association becomes stronger relative to the severity of the

mental health condition, with the highest levels of smoking found in psychiatric in-patients. It is estimated that around 30% of smokers in the UK have a mental health condition, and more than 40% of adults with a serious mental illness smoke.

People with mental health conditions die on average 10-20 years earlier than the general population, with smoking being the single largest contributor to reduced life expectancy. People with a mental health condition who smoke are more likely than members of the general population to anticipate difficulty in quitting and are less likely to succeed. However, smokers with mental health conditions are frequently motivated to quit and are generally able to do so provided they are given evidence-based support.

Benefits of quitting

- Stopping smoking improves both physical and mental health even in the short term and reduces the risk of premature death.
- A systematic review of studies measuring changes in mental health following smoking cessation found that quitting smoking was associated with reduced depression, anxiety and stress, and improved positive mood and quality of life, compared with continuing to smoke.
- In addition to the improvements in mental health, people with mental health conditions who successfully quit smoking will experience benefits to their physical health by reducing the risk of respiratory and vascular disease.
- Smoking increases the metabolism of drugs. So, when a person stops smoking, their medication dosage can often be reduced.
- For those on low income, quitting smoking can relieve financial stress since people with mental health conditions, on average, spend proportionately more of their income on tobacco.

Smokefree Sefton collects data to understand the needs of their client group and have identified that 35% of all clients identify as having a mental health condition and 82% of these clients went on to set a quit date demonstrating the effectiveness and importance of having specialist support.

The service has a dedicated Mental Health Smoking Advisor who works collaboratively with mental health organisations, training staff so they can raise the issue of clients who smoke and link them to specialist support if required. The service provides dedicated sessions in Mersey Care NHS Foundation Trust Life Room centres in Bootle and Southport to support adults experiencing mental health issues to be supported to quit or work towards a quit from smoking.

In the wider community, the mental health advisor has adapted the usual smoking cessation offer to include longer harm reduction strategies, longer appointment times, additional support over a longer duration, which has proven to be effective for this client group.

Supporting people with mental health problems to reduce harm and quit smoking will remain a key focus in the new service specification.

Children & Young People

Smokefree Sefton has developed a dedicated offer for young people with a focus on vaping cessation as well as smoking. An education programme of workshops and

assemblies has been delivered in five secondary schools to date and a community youth group. 486 year 5 and 6 pupils from nine primary schools across the borough have watched a theatre performance around the risks from smoking and vaping with a workshop that pupils engaged in positively.

Informed by recent consultation with young people, the revised specification will provide opportunity to further develop the offer to include partnership approaches with Sefton Families and Young Person's Substance Use Service provided by CGL and Happy n Healthy.

Smoking in Pregnancy

Smokefree Sefton has a dedicated Stop Smoking Pregnancy Advisor, who works closely with both maternity units to support Sefton Women who smoke during pregnancy.

Forming part of the specialist offer Southport and Ormskirk Maternity Unit (part of Mersey and West Lancashire Teaching Hospital NHS Trust) have a dedicated midwife funded via public health who provides targeted support to pregnant women throughout their antenatal period. It is worth noting that some of the women supported give birth at Liverpool Women's Hospital and so there is also positive impact on Smoking at Time of Delivery (SATOD) data for South Sefton, similarly, some women who give birth in Southport and Ormskirk Hospitals (Mersey and West Lancashire Teaching Hospital NHS Trust), have received their antenatal care, from another team, who may not provide the same level of support for pregnant women.

There have been several changes and improvements in practice:

- Carbon Monoxide (CO) monitoring has now fully recommenced at the hospitals. This ensures an objective measure of women's smoking status, rather than self-report.
- Guidelines were updated at Ormskirk hospital in October to include CO and smoking status at every antenatal contact with all pregnant women.
- Home visits for more intensive support from the specialist midwife and the pregnancy advisor in the stop smoking service are continuing to provide support in more complex cases.

Smoking in pregnancy is a common cause of pregnancy and post-natal complications associated with low birth weight, and health problems in the neonatal period. Additionally, passive smoking in infancy is a leading risk factor in sudden infant deaths.

Smoking in pregnancy shows a strong association with younger age and socio-economic and educational disadvantage. Risk also increases with second or subsequent pregnancy, white ethnicity, and for women with complex social needs. The social gradient for women who are identified as continuing to smoke at the end of their pregnancy is less steep, compared to early pregnancy. This shows that Maternity and Stop smoking services are delivering effective support for women who experience multiple challenges. But it also underlines the importance of building in wider psycho-social support to improve mental wellbeing and lower risk of relapse or continuation of smoking.

In 2021/22 9.0% of pregnant women in Sefton were identified as continuing to smoke at time of delivery. This compares to 10.6% in the North West, and 9.1% in England. Sefton

is now in line with the national average rate for the third successive year. Both the former CCG areas of South Sefton and Southport and Formby have shown further reductions: South Sefton 9.1% and Southport and Formby 7.6%. The internal and external inequality in smoking in pregnancy continues to narrow.

Work is currently being supported around the roll out of the NHS Long Term Plan delivery and model for smoking in pregnancy models due to be implemented in 2023.

Next Steps

To re-specify the Smokefree Sefton service to reflect the changing need of Sefton residents who smoke, or who experience smoke filled environments. This will be informed by reviewing the latest evidence and best practice, local prevalence including inequalities, consultation findings and service review.

This will include greater emphasis on tailored local action and more intensive support where it is most needed, e.g., CYP, pregnant women, people with mental health problems, routine, and manual workers and those with long-term conditions.

Key areas for development include:

- Further development of the children and young people offer in Sefton, for CYP who already smoke or vape, working collaboratively with Sefton's CYP and Families Drugs and Alcohol Service - CGL.
- To build capacity across the system through training, making smoking cessation everyone's business.
- Drive a campaign around Smokefree Homes
- Outreach model, visible and accessible in areas of greatest need.

References

Smoking attributable mortality (new method). 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OHID

ASH Ready Reckoner for ICS 2022

ASH Inequalities and Smoking 2019

ASH Smoking and Mental Health 2019

Smoking status at time of delivery. (2021) Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD) Local Tobacco Control Profiles - Data - OHID

NHS Health Checks

A new model for delivery of the NHS Health Check Programme is currently being developed. This is in response to the findings of the National Review of NHS Health Checks and requirements to increase access to NHS Health Checks to mitigate the reduction in opportunistic health and well-being checks, such as a blood pressure testing, due to the COVID-19 pandemic.

The new model for NHS Health Checks will consider both accessibility and reach of the offer and will look to integrate with the Living Well Sefton Service. Following the NHS

Health Check, support will be offered to those who need it, so they can make lifestyle changes to improve their health and wellbeing in a sustained way.

Important considerations

The Living Well Sefton Community and specialist Smokefree Sefton service are complimented by both the Weight Management and Sefton NHS Health Check programme provided by Sefton Councils Active Sefton team, through an internal service level agreement.

The Sefton NHS Health Check Programme is delivered via a community model. This provision is currently being remodelled, to develop a local model of NHS Health Checks that meets the needs of Sefton residents. A pilot programme is planned which would aim to blend the current community delivery model with an offer via primary care.

The Living Well Sefton Community offer sign-posts people in Sefton to the weight management and NHS Health Check offers and provides ongoing holistic support for people who access these services.

The development of the new model for the LWS Community and Smokefree Sefton services will be informed by the public consultation and engagement findings, to ensure the service is current and fit for purpose to tackle and reduce health inequalities in Sefton.