

CABINET MEMBER DECISION

15 JANUARY 2016

STOP SMOKING SERVICES

Relevant Cabinet Member

Mr M J Hart

Relevant Officer

Director of Adult Services and Health

Recommendation

- 1. The Cabinet Member with Responsibility for Health and Well-being is recommended to:**
 - (a) note the responses to the consultation on Stop Smoking Services;**
 - (b) authorise non-renewal of current contracts for Stop Smoking Services which end at 31 March 2016;**
 - (c) authorise immediate tender for Pregnancy Stop Smoking Services for contracts to start 1 April 2016; and**
 - (d) note the continuation of the Tobacco Control Programme as set out in the Tobacco Control Plan 2014-17.**

Background Information

2. On 25 November 2015 the Cabinet Member with Responsibility for Health and Well-being approved proposals for savings to the Public Health Ring-Fenced Grant (PHRFG), in response to the announcement of in-year reductions to the Grant. Since then, the Chancellor of the Exchequer, in the Comprehensive Spending Review, has announced further reductions to the Grant over the longer term.

3. The whole of the spend under the PHRFG has been reviewed and consideration given to where savings can be achieved. An early decision was to continue with all mandated services and to consider carefully which of the areas of discretionary spend could be reduced.

4. Stop Smoking Services are an area of discretionary spend, and were therefore in scope for consideration. The report to the Cabinet Member with Responsibility in November 2015 made clear the proposal was to consult on discontinuing funding such services other than to pregnant women, which has now been done. The approach to stopping smoking has always had two elements: tobacco control measures, and Stop Smoking Services. Tobacco control measures include: enforcing smoke-free and other smoking-related legislation; supporting smoke-free environments; reinforcing messages about the health harms of direct passive smoking and reinforcing messages about the benefits of giving up. Stop Smoking Services are commissioned by the Council on a Payment by Results basis

with an incentivised tariff paying providers for quitters, and paying a higher rate for quitters who are: pregnant; from disadvantaged areas; from black and minority ethnic backgrounds; aged under 25 years; unemployed; in routine and manual jobs; visually or hearing impaired, and those with severe mental health problems.

5. Value for money from providers has been secured by only paying providers once smokers have been tested as smoke-free 4 and 12 weeks after setting a quit date. However, each year the numbers of quitters have only been a small proportion of the total number of smokers. In order to reach all smokers, a tobacco control approach is needed, using regulatory, legislative, and educational methods to limit the availability and use of tobacco. The Council is now deciding that the return on the spend on Stop Smoking Services, whilst high to the individual smoker, is not good value for money for the Council in that it only reaches a small proportion of the total smoker population.

Decision

4. Following consideration of those issues listed from paragraph 5 below, it is recommended that the Council:

- Does not renew current contracts for Stop Smoking Services which end 31 March 2016
- Tenders for Pregnancy Stop Smoking Services for a contract start of 1 April 2016, and
- Continues and develops its work on tobacco control as reported to the Health Improvement Group and tracked through the Tobacco Control Plan.

Rationale and Consultation

5. In reconsidering the approach to Stop Smoking Services, we have referred to the prevention policy of the Council, which articulates five strands of prevention:

- Creating a health-promoting environment
- Encouraging and enabling people to take responsibility for themselves, their families and their communities
- Providing clear information and advice
- Commissioning prevention services
- Gate-keeping services so that the right support is given to the right person at the right time.

6. We have also taken into account the following:

- Stop Smoking Services are not a statutory duty for the Council but there is a discretionary power to provide them
- Smoking rates have declined dramatically in Worcestershire over the last few years, and are now down to below 15% in the general population
- Demand for stop smoking services is falling
- Smoking rates locally and nationally continue to fall and have been heavily influenced by successful tobacco control measures to create a health promoting environment such as the ban on smoking in public places, plain packaging legislation, continued messaging about the health risks of smoking and restrictions on under 18 sales

- The further potential of the Council to support tobacco control measures for example by promoting a smoke-free environment and by campaigns to encourage smokers to quit and discourage young people from starting to smoke
- Emerging evidence and clear advice from Public Health England about the relative safety of 'vaping' as an alternative to tobacco
- The role of e-cigarettes in helping people to quit without using services
- The specific health harm to the developing foetus of maternal smoking, and the importance of the 'learning moment' of pregnancy as an opportunity to give tailored motivational advice and support to quit and therefore that Pregnancy Stop Smoking Services are worth continuing
- The consultation responses.

7. Discussions about the proposals were held with a range of partners, including Stop Smoking Service providers and health partners, over the Summer and early Autumn, following a July Cabinet decision about Public Health Ring-fenced Grant savings.

8. Initially, we consulted on the option to commission Stop Smoking Services for target groups only (including pregnant women, BME populations, those in disadvantaged areas, and those aged under 25 years), and to stop funding services for the general population. This consultation, which was carried out with current providers, indicated that this option would be unworkable due to the potential screening requirements.

9. Consideration was then given to providers charging non-eligible clients for this service. This option was heavily criticised by providers who felt it was unworkable and inequitable.

11. Some consultation with the general public was carried out as part of the Council's Summer 2015 roadshows and this indicated that these services elicited a low level of support among non-smokers, ex-smokers and current smokers. Some members of the general public were surprised that these services were publicly funded.

12. Members of the Health and Well-Being Board had the opportunity to discuss proposals further on 30 September 2015, when they received a report summarising proposed savings and the Board accepted the findings of the consultation outlined in paragraphs 9 and 10 above and asked that further consultation should now take place on the revised opinion on pregnant women only .

13. A formal on-line consultation on the proposals endorsed by the Cabinet Member with Responsibility in November 2015 ran from 11 December 2015 to 4 January 2016 and included the rationale for and simple questions about the proposals. The consultation was publicised to a wide audience including the Tobacco Control Alliance, Clinical Commissioning Groups, Healthwatch Worcestershire, all Stop Smoking Service providers and on the Councils public portal. 24 responses were received, of which 16 were current providers. This is a very small number, and obviously no statistically significant conclusions can be drawn. Overall, there was strong disagreement with the proposal, but providers were more likely to disagree than were non-providers:

- 31% of non-providers agreed or strongly agreed with the proposal, and 69% disagreed or strongly disagreed with it. Only 8 responders were non-providers and individuals could not be identified, nor could the organisations they represented
- 100% of providers disagreed or strongly disagreed with the proposal.

14. Free text comment from this consultation included: six references to the health benefits of stopping smoking; five wanting the service to be available to younger people, and four expressing reservations about the effectiveness of e-cigarettes. There are of course undisputed and strong health benefits of stopping smoking. However, the Stop Smoking Services themselves are only one influence in stopping smoking, and reach only a very small number of smokers each year. By far the wider influence is the Tobacco Control work which takes a population based approach and has produced a steady decline in smoking numbers. Although the service itself will not be available to younger people in the future, the take-up from them is low. Motivational advice to quit will continue to be given to young people by other front line staff such as school nurses. Although the long-term effectiveness of e-cigarettes is not yet known, Public Health England is clear in its expert opinion to local areas that the health harm of e-cigarettes is far less than that of smoking, and the National Institute of Clinical Excellence is clear that the use of e-cigarettes has a role in stopping smoking.

15. A public consultation on prevention has also been commissioned by the Council. This carried out interviews during November and December with 532 respondents and results were weighted to reflect the Worcestershire population. This consultation found that support to help people to stop smoking was the lowest rated priority by the general public out of a list of ten prevention services.

15. A specific consultation response from the Redditch and Bromsgrove and Wyre Forest Clinical Commissioning Groups stressed the importance of stopping smoking to improving health outcomes; raised concern about a possible increase in workload for GPs, and queried the evidence base for e-cigarettes. They also suggested that higher rates of smoking prevalence in deprived areas mean that withdrawing the service is discriminatory.

Legal, Financial, HR and Equality Implications

16. The Council is legally able to make this decision. The purchasing of Stop Smoking Services for the local population is not a statutory duty. The Council has the power to purchase such services but for the reasons set out in the report it is not considered the best use of limited Council resources in respect of the general population.

17. TUPE may apply in relation to tendering for Pregnancy Stop Smoking Services and further information will be available in the final specification. TUPE would not affect any Worcestershire County Council employees.

18. We currently spend £800,000 on Stop Smoking Services. Our projected budget for the proposed Pregnancy Stop Smoking Services is £108,000, thus Implementing this decision will achieve a saving to the PHRFG in the region of £692,000 per annum. This will allow other higher priority services to be sustained.

19. Pregnancy and Maternity is one of the 9 Protected Characteristics listed in equalities legislation. Pregnant women will continue to be offered support to stop smoking under these proposals. Others who have protected characteristics (including Age, Disability and Race) will no longer be able to access a service. An Equality Impact Assessment of these proposals has been completed and the following points should be noted:

- While there is some evidence that smoking rates are higher among some Protected Groups (including disabled and BME residents) service take-up among these

groups is historically low, notwithstanding incentivised payments to providers for successful outcomes

- Any potentially negative impact for these groups is mitigated by implementation of tobacco control measures. The Equality Impact Assessment is included as an Appendix to this report
- The Council recognises that the partial withdrawal of this service is of potential equality relevance and has paid an appropriate level of Due Regard, in developing these recommendations (to the aims of the Public Sector Equality Duty).

20. Two Clinical Commissioning Groups suggested that it would be discriminatory to withdraw all services because people living in deprived areas are more likely to smoke. Living in a deprived area is not, however, one of the Protected Characteristics listed in equalities legislation. Further, the current pattern of service use shows that take-up is higher in advantaged than in disadvantaged areas.

Supporting Information

- Appendix – Equality Impact Assessment

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Background Papers

In the opinion of the proper officer (in this case the Director of Adult Services and Health) the following are the background papers relating to the subject matter of this report:

Agenda and background papers for the meeting of the Cabinet held on 16 July 2015

Agenda papers for the meeting of the Health and Well-being Board held on 30 September 2015

Agenda and background papers for the Cabinet Member Decision on 25 November 2015

Worcestershire Smoke Free Tobacco Control Alliance: Tobacco Control Plan for Worcestershire 2014-2017

Copy of Consultation Questions on Stop Smoking Services

Understanding Resident Attitudes to Spending on Prevention: Final Report



WORCESTERSHIRE COUNTY COUNCIL EQUALITY IMPACT ASSESSMENT TEMPLATE

Please read the brief guidance which provides essential information for anyone who is unfamiliar with the County Council Equality Impact Assessment process.

Background information:

Name:	Julia North
Job Title:	Commissioning Manager
Service area:	Healthy Lifestyles, Public Health
Directorate:	DASH
Telephone:	01905 765974
Email address:	jnorth@worcestershire.gov.uk
Date assessment commenced:	24/11/2015
Date assessment completed:	5/1/2016

Function, strategy, project, policy or procedure being assessed:

Name of the function, strategy, project, policy or procedure being assessed:	Proposed discontinuation of Stop Smoking Services for general population, and to continue to commission stop smoking services for pregnant women only.
Is this a new or an amended policy?	Amended
Does the policy form part of a wider programme which has already been screened for equality relevance?	No

Stage 1 - Please summarise the main objectives, aims and intended outcomes of this policy

Aims/Objectives:	<p>Introduction</p> <p>WCC currently commissions NHS Stop Smoking Services from a range of providers including GPs, pharmacies and external agencies. The service offers residents who want to quit a combination of weekly 1-1 support and treatments such as nicotine patches and gum, or medicines on prescription. The highest smoking prevalence is amongst routine and manual workers and residents living in areas of deprivation. Reducing smoking rates in disadvantaged areas would have a positive impact on health inequalities, if rates remained the same in areas of least disadvantage.</p> <p>WCC has prioritised smokers from 'target groups' which are: unemployed, under 18s, black and minority ethnic groups, pregnant women, people with severe mental health problem, people visual or hearing disability, black and minority ethnic groups, prisoners, people living in the top 10% most deprived</p>
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	<p>areas of Worcestershire, routine and manual workers.</p> <p>The proposal is to maintain smoking cessation services only for pregnant women, continue our work on tobacco control, and consult on discontinuing smoking cessation services for the remainder of the population. Smoking has declined dramatically in Worcestershire over the last few years, down to below 15% in the general population, and demand for these services is falling. Emerging evidence suggests that this trend is likely to continue in the face of the ban on smoking in public places, plain packaging legislation, and evidence about the safety of 'vaping' as an alternative to tobacco. These services are no longer a priority for the CCGs or the general public: during the Council's 2015 roadshows the services elicited a low level of support among non-smokers, ex-smokers and current smokers.</p> <p>Aims/Objectives</p> <p>To consider the impact of discontinuation of stop smoking services for the general population except for pregnant women. This reduction in funding is following a reduced Public Health Ring Fenced Grant allocation by Central Government.</p>
Intended outcomes:	Achieve necessary cost saving to Public Health Ring Fenced Grant, whilst continuing to provide stop smoking services for pregnant women, so as to give the unborn child the best start in life.
Please summarise how these outcomes will be achieved?	We will continue to pay the current tariff rate to any qualified providers for pregnant smoking quitters, but discontinue funding for stop smoking services for the remainder of the general population.
Where an existing policy is to be amended please summarise principle differences between the existing and proposed policies?	The changes proposed will mean there will no longer be provision of free stop smoking services for the general population. We will continue our work on tobacco control, and will commission stop smoking services for pregnant women only.

Stage 2 - Information gathering/consultation

Please give details of data and research which you will use when carrying out this assessment:	A comparison of volume of general population stop smoking quitters who accessed the service in 2014/15 and related spend was conducted to ascertain potential savings.
Please give details of any consultation findings you will use when carrying out this assessment:	<p>A consultation was undertaken between 11th December 2015 and 4th January 2016 with residents and stakeholders to gauge consensus of opinion to the proposed change. 24 responses were received.</p> <ul style="list-style-type: none"> • 20% of total respondents agreed or strongly agreed with the proposal. • Almost 59% of respondents 'strongly disagreed'



	<p>with the proposal to discontinue Stop Smoking Services for all smokers except for pregnant women, and a further 21% 'disagreed' with the proposal.</p> <ul style="list-style-type: none"> 16 of the 24 respondents were a provider of Stop Smoking services. Almost 90% of those providers who responded 'strongly disagreed' with the proposal, while the remaining providers 'disagreed'. 								
Do you consider these sources to be sufficient?	Yes								
If this data is insufficient, please give details of further research/consultation you will carry out:	N/A								
Please summarise relevant findings from your research/consultation:	<p>Potential savings for paying stop smoking providers for supporting pregnant quitters only for 1 year i.e. not paying for general population smoking quitters:</p> <table> <tr> <td>Stop Smoking Services annual spend</td> <td>£800,000</td> </tr> <tr> <td>Deduct Pregnancy Stop Smoking Services</td> <td>£108,000</td> </tr> <tr> <td></td> <td>-----</td> </tr> <tr> <td>Total savings pa</td> <td>£692,000</td> </tr> </table>	Stop Smoking Services annual spend	£800,000	Deduct Pregnancy Stop Smoking Services	£108,000		-----	Total savings pa	£692,000
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Stage 3 - Assessing the equality impact of the policy

Based on your findings, please indicate using the table below whether the policy could have an adverse, neutral or positive impact for any of the protected groups:

Protected characteristic	Adverse	Positive	Neutral
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage and civil partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion and belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of all positive and adverse impact you	<p>Adverse: Below we consider adverse impact, but we have identified that</p>
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have identified:

those with protected characteristics are not disproportionately adversely affected. The whole population is adversely impacted and these services so far as we know are not disproportionately taken up by any group with protected characteristics other than pregnant women.

There is no local data available to show smoking prevalence rates across specific protected characteristic groups, but there are known impacting factors in the groups identified below.

Young people: we currently offer stop smoking services to young people from the age of 12. They would no longer have access to this service, but would be able to access support and nicotine replacement therapy from their GP and online. And receive support from school nurses as part of the general support on health and well-being provided by them. Tobacco control initiatives will continue to deliver prevention campaigns for young people as well as the general population.

Adult General Population (including those with protected characteristics): Currently this service is available to all residents. Under the proposals this services will become limited to supporting pregnant women only which will disadvantage all other protected characteristic groups from accessing up to 12 weeks behavioural support free of charge. Future support can be accessed free of charge through online services or nicotine replacement therapies can be paid for individually.

The only protected characteristic group that will receive support are pregnant women who will continue to receive the current level of support.

Mental Health

Smoking rates amongst people with a mental health disorder are significantly higher than in the general population.

Comments on other groups

Sex: The proposal works to the advantage of pregnant women, compared with men, or women who are not pregnant. By providing stop smoking services for pregnant women only, men could be considered to be disadvantaged in terms of access to services. We have looked at the access data for 2014 -15 and 48% of service users were men. This slightly lower representation of men than women follows a historical trend since services began in 2001. We therefore conclude the disadvantage to men compared with women will be very small or neutral.

Disadvantaged areas: In removing free services from the general population but focussing Tobacco Control work in disadvantaged areas, this proposal is unlikely to significantly affect the health gap between deprived and non-deprived areas.



	<p>Number of people who have received support in each of the last two years - profile of groups:</p> <table border="1" data-bbox="603 297 1385 801"> <thead> <tr> <th>Stop Smoking Quits</th> <th>4 week quits 2013-14</th> <th>4 week quits 2014-15</th> </tr> </thead> <tbody> <tr> <td>Total residents</td> <td>2,517</td> <td>2,413</td> </tr> <tr> <td>Age 12-18</td> <td>74</td> <td>191</td> </tr> <tr> <td>Males</td> <td>1,210</td> <td>1,158</td> </tr> <tr> <td>Females</td> <td>1,307</td> <td>1,255</td> </tr> <tr> <td>Ethnicity: non white (Gypsy Roma Traveller not available)</td> <td>156</td> <td>122</td> </tr> <tr> <td>Disability</td> <td>0</td> <td>41</td> </tr> <tr> <td>Severe mental health difficulty</td> <td>18</td> <td>9</td> </tr> </tbody> </table>	Stop Smoking Quits	4 week quits 2013-14	4 week quits 2014-15	Total residents	2,517	2,413	Age 12-18	74	191	Males	1,210	1,158	Females	1,307	1,255	Ethnicity: non white (Gypsy Roma Traveller not available)	156	122	Disability	0	41	Severe mental health difficulty	18	9
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<p>Where possible please include numbers likely to be affected:</p>	<p>In 2014-15, 191 young people aged 12-18 quit smoking for 4 weeks.</p> <p>Please refer to table above for other protected characteristic groups</p>																								
<p>Where potential adverse impact has been identified, can continuation of the proposed policy be justified?</p>	<p>Yes</p> <p>This is not a mandated service, PHRFG cuts demand that we make savings; alternative treatment options are becoming more readily available in the market place, which will be accessible to residents wishing to quit smoking. It is illegal to sell e cigarettes or tobacco products to people under 18.</p>																								
<p>Do you consider that this policy will contribute to the achievement of the three aims of the Public Sector Equality Duty?</p>	<p>Please indicate which of these aims is achieved through this policy:</p> <p>We do not consider that the current or proposed proposals contribute significantly. However, protection of a free service for pregnant women will give them advantage over those who are not pregnant.</p> <p>Please explain how the policy contributes to achievement of any aims you have selected:</p>																								
<p>The Public Sector Equality Duty has the following three aims:</p> <ol style="list-style-type: none"> 1. To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010. 2. To advance equality of opportunity between persons who share a relevant Protected Characteristic and persons who do not share it. 3. To foster good relations between persons who share a relevant Protected Characteristic and persons who do not share it. 																									

[Stage 4 - Action planning and time frames](#)

Please list any actions you will take to mitigate any adverse impact you have identified:



Planned action	By who	By when	How will this be monitored
Targeted tobacco control activity in areas of disadvantage and with those who share protected characteristics.	Public Health	Ongoing	Annual Reports to Health and Wellbeing Board
Some equality data to be required as part of the Pregnancy Stop Smoking Service specification to enable equality monitoring	Public Health	Ongoing	Annual Reports to Health and Wellbeing Board

Please indicate how these actions will be taken forward as part of your team/service/directorate planning:	Tobacco Control Action Plan is overseen by Head of Public Health and implementation is overseen by a Public health Strategy Development Officer
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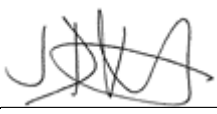
Stage 5 - Monitoring & Review

How frequently will proposed action be monitored?	Annually
How frequently will intended outcomes be evaluated?	Annually
Who will be responsible for monitoring and evaluation?	Strategy Development Officer
How will you use the monitoring and evaluation results?	To consider other viable options in the future

Stage 6 - Publication

Worcestershire County Council requires all assessments to be published on our website. Please send a copy of this assessment to the Corporate Equality and Diversity Team for publication.



	Signature	Date
Completing Officer:		21/12/2015
Lead Officer:	frances btaie	05/01/2016
Service Manager:		37T