


# WORCESTERSHIRE COUNTY COUNCIL

## RECORD OF MEMBER DELEGATED DECISION

### STOP SMOKING SERVICES

<b>Date Of Decision</b>	15 January 2016
<b>Decision Maker</b>	Mr M J Hart, Cabinet Member with Responsibility for Health and Well-Being
<b>Brief Description Of Decision</b>	<p>The Cabinet Member with Responsibility for Health and Well-Being:</p> <ul style="list-style-type: none"> <li>(a) noted the responses to the consultation on Stop Smoking Services;</li> <li>(b) authorised non-renewal of current contracts for Stop Smoking Services which end at 31 March 2016;</li> <li>(c) authorised immediate tender for Pregnancy Stop Smoking Services for contracts to start 1 April 2016; and</li> <li>(d) noted the continuation of the Tobacco Control Programme as set out in the Tobacco Control Plan 2014-17.</li> </ul>
<b>Reason(s) For Decision</b>	<p>As set out in the published report. The Government has confirmed Worcestershire's Public Health Ring Fenced Grant allocation will be reduced by £1.9m in 2015/16 and has indicated that there will be further reductions of around £13.0m by 2020.</p> <p>The Council now needs to make reductions in spend on healthy lifestyle services to achieve the necessary savings.</p>
<b>Alternative Options Considered And Rejected</b>	<p>Initially, there was consultation 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. The results of the consultation, which was carried out with current providers, indicated that this option would be unworkable due to the potential screening requirements.</p>

	<p>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.</p> <p>A consultation response was received from Public Health England (PHE). PHE recognise the challenge for the Council in managing reductions to the Public Health Ring-fenced Grant, but raise concerns about the impact of the proposed service changes on health inequalities; the success of the Health Checks Programme; and the wider social network around the pregnant women. The Council has considered these issues. Smoking prevalence is higher in disadvantaged areas, but service uptake from these areas has always been proportionately lower, and it is argued that Tobacco Control measures to targeted geographical areas will reach the smoking population more comprehensively than will services. There are very few referrals from the Health Checks programme into Stop Smoking Services. Although the Pregnancy Stop Smoking Service will be focussed on the pregnant woman, we will include within the specification for the service a requirement to provide educational materials for the use of partners.</p>  <p>Letter to Cllr Hart - Discontinuation of Stc</p>
<p><b>Any Conflict of Interest declared by a consulted Cabinet Member/ any dispensation granted</b></p>	<p>None identified</p>
<p><b>Signature of Decision Maker</b></p>	<p>Mr M J Hart</p>



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14 January 2016

Dear Cllr Hart

**Re: Discontinuation of Stop Smoking Services –CMR report January 2015**

I write on behalf of Public Health England in relation to the above report. Public Health England (PHE) is an Executive Agency of the Department of Health, mandated under the Health and Social Care Act 2012 to protect and improve the public's health, to support and advise national and local government and the NHS, provide specialist public health services, and support the development of the public health workforce. PHE's Chief Executive is the Accounting Officer for the ring-fenced Public Health Grant and we therefore also have an interest in ensuring the proper use of the Grant.

We understand that the Council has considered a number of proposals that have raised questions about the exercise of mandated public health functions and, whilst the Council made an early decision to continue with all mandated services, it has considered reductions in areas of discretionary public health spend and will imminently finalise a decision to discontinue funding of all Stop Smoking Services, with the exception of services for pregnant women.

We recognise that Councils are facing a further period of financial stringency, which will also include a reduction in the size of the public health grant, and we fully accept that Council's need to closely inspect current spend and identify the savings that should be made to remain within budget.

Councils have a statutory responsibility to improve the health and wellbeing of their local population and address health inequalities. While overall smoking prevalence in Worcestershire is reducing, as in other parts of the country smoking prevalence is higher in routine and manual groups, and smoking remains one of the biggest risk factors for premature death and disability. Has the Council considered how it will address these inequalities, and what impact its disinvestment decision will have on smoking-related inequalities in Worcestershire?

Access to appropriate lifestyle services including smoking cessation is a key element of a high quality NHS Health Check programme (a mandated public health service). Has the Council considered the impact of its decision on the success of the local Health Check programme?

It is good to see that the Council has decided to continue the smoking cessation service for pregnant smokers. Has the impact on outcomes for pregnant mothers and babies of a lack of support for partners who smoke or other key members of the social network been considered?

I hope that you will consider these points before making your final decision, and would be very pleased to discuss how we might provide further support as you redesign your lifestyle services if that is helpful.

Yours sincerely



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Cc **Dr Richard Harling**, Director of Public Health and Adult Care –  
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