



**Notice of a public meeting of
Decision Session - Executive Member for Adult Social Care and
Health**

To: Councillor Runciman (Executive Member)
Date: Thursday, 16 November 2017
Time: 3.30 pm
Venue: The Craven Room - Ground Floor, West Offices (G048)

A G E N D A

Notice to Members – Post Decision Calling In:

Members are reminded that, should they wish to call in any item* on this agenda, notice must be given to Democratic Services by **4:00 pm on Monday, 20 November 2017**.

*With the exception of matters that have been the subject of a previous call in, require Full Council approval or are urgent which are not subject to the call-in provisions. Any called in items will be considered by the Corporate and Scrutiny Management Policy and Scrutiny Committee.

Written representations in respect of items on this agenda should be submitted to Democratic Services by **5pm on Tuesday, 14 November 2017**.

1. Declarations of Interest

At this point in the meeting, the Executive Member is asked to declare:

- any personal interests not included on the Register of Interests,
 - any prejudicial interests or
 - any disclosable pecuniary interests
- which they may have in respect of business on this agenda.

- 2. Minutes** (Pages 1 - 4)
To approve and sign the minutes of the Decision Session held on 14 September 2017.

- 3. Public Participation**
At this point in the meeting, members of the public who have registered to speak can do so. The deadline for registering is **5.00pm on Wednesday, 15 November 2017**. Members of the public can speak on agenda items or matters within the Executive Member's remit.

To register to speak please contact the Democracy Officer for the meeting, on the details at the foot of the agenda.

Filming, Recording or Webcasting Meetings

Please note that, subject to available resources, this meeting will be filmed and webcast ,or recorded, including any registered public speakers who have given their permission. The broadcast can be viewed at <http://www.york.gov.uk/webcasts> or, if sound recorded, this will be uploaded onto the Council's website following the meeting.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at

https://www.york.gov.uk/downloads/file/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809

- 4. Nicotine Replacement Therapy / Varenicline** (Pages 5 - 10)
This report presents options for the Council's Yorwellbeing Service to help people stop smoking, in the light of the findings of a recent scrutiny review of the service and national guidelines on the most effective way of helping smokers to quit.

5. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی میا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

Democracy Officer:

Name: Fiona Young

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City of York Council

Committee Minutes

Meeting	Decision Session - Executive Member for Adult Social Care and Health (in consultation with Executive Leader (incorporating Finance and Performance))
Date	14 September 2017
Present	Councillors Runciman and Carr (Executive Leader (incorporating Finance and Performance))
In Attendance	Councillor Neil Barnes

5. Declarations of Interest

At this point in the meeting, the Executive Member for Adult Social Care and Health and the Executive Leader (incorporating Finance and Performance) were asked to declare if they had any personal interests not included on the Register of Interests or any prejudicial or disclosable pecuniary interests in the business on the agenda. They confirmed that they had none.

6. Minutes

Resolved: That the minutes of the last decision session, held on 13 July 2017, be approved and signed by the Executive Member for Adult Social Care and Health as a correct record.

7. Public Participation

It was reported that there had been two registrations to speak under the Council's Public Participation Scheme in relation to agenda item 4 (Options for the additional provision of financial advice/support following the introduction of Universal Credit)

Councillor Neil Barnes spoke on behalf of local residents. He presented a petition to the Executive Member, signed by nearly 1800 people, which called for the funding of an additional 2 advice sessions per week to respond to the current unmet demand for independent advice required to help residents respond to the challenges of the introduction of universal credit (including need to claim online and payments being made in

areas). He expressed concern that funding for extra sessions may only be made available until April 2018 and asked the Executive Members to consider longer term sustainability of the service to ensure that impartial independent advice continued to be available to those who needed it.

John Short, Chair of Citizens Advice York (CAY) then addressed the Executive Members. He stressed that CAY was an independent charity which was dependent on grants and that the drop in advice service, run mainly by volunteers, was at the heart of what they did and evidence showed that it made a life changing difference to those who needed it. He explained that the number of drop in sessions had had to be reduced in April due to a fall in available income and this did not allow them to meet demand and they were having to turn people away each day leaving them residents frustrated and distressed. He asked the Executive Members to increase the funding available to allow them to increase the number of drop in sessions and requested that discussions in relation to the renewal of the service level agreement (SLA) be expedited to ensure decisions could be taking quickly on the future funding of the service.

8. Options for the Additional Provision of Financial Advice/Support Following the Introduction of Universal Credit

The Executive Members considered a report which provided a response to a council motion which was presented and agreed at full Council as amended on 20 July which requested that the relevant director urgently produced an assessment for presentation to the relevant Executive Member Decision Session which set out practical measures that the council and its partners could quickly put in place to mitigate the risk of residents being adversely affected by the introduction of Universal Credit Full Service (UCFS)

The report provided a response to the council motion and the progress the council had made in respect of the further detailed points within the motion, with a focus on options and recommendations to further support Citizens Advice York (CAY) and/or the advice sector around UCFS advice/information. It also took into account a detailed submission which had been received from CAY with regard to funding.

The Executive Members considered the following options:

Option 1 – do nothing at the present time

Option 2 – agreed to fund £12k to restore the two drop in sessions in 2017-18

Option 3 – agree to fund a greater amount.

The Assistant Director, Customer and Digital Service and the council's Head of Housing attended the meeting to present the report and they responded to queries raised by the Executive Members.

Members were advised that there had been clear support from limited consultation to increase the number of CAY drop in sessions and for closer partnership working.

Members acknowledged that the current 3 year SLA was due to end and negotiations would start soon to review the SLA. They were advised that CAY had undertaken work over the last 6 months to examine the operation of the service and costs and that they had also given a commitment to explore new sources of funding. It was agreed that full engagement was needed between the council and CAY with regard to any future changes to the service.

Both Members agreed that in a time of financial constraints, the recommendation provided a generous compromise and expressed pleasure that the council and CAY were working together to find a way forward as quickly as possible.

Resolved:

That the Executive Member for Adult Social Care and Health (in consultation with the Executive Leader, Finance and Performance)

- (i) notes the information provided and progress made in relation to Housing Services and York Financial Assistance Scheme (YFAS) in response to the related aspects of the Council motion;
- (ii) agrees to pay a one off sum of £12k to restore the drop in sessions to the end of March 2018 as detailed in the Citizen's Advice York's (CAY) proposal, as outlined in Option 2 of paragraph 28 of the report.

- (iii) agrees that CAY's longer term requirements be reviewed as part of the next three year SLA negotiations (2018/21).

Reason: To fully respond to the requirements as outlined in the related Council motion as amended on 20th July 2017.

Councillor Runciman,
Executive Member for Adult Social Care and Health

[The meeting started at 12.00 pm and finished at 12.40 pm].



**Decision Session – Executive Member
Adult Social Care and Health**

16 November 2017

Report of the Director of Public Health, Portfolio of the Executive Member
for Adult Social Care and Health

Nicotine Replacement Therapy/Varenicline

Summary

1. On 20th June 2017 a report went to the Health, Housing and Adult Social Care Overview and Scrutiny Committee providing details of the number of residents that were accessing the Council's Yorwellbeing Service for support to stop smoking. The report highlighted that the numbers had declined dramatically and it was thought that some of this decline was in relation to the decision to stop funding pharmacotherapies to aid people in their attempt to stop smoking.
2. The National Institute for Health and Clinical Excellence (NICE) has produced evidence based guidelines outlining best practice in supporting people to stop smoking. This is a key priority for the Local Authority, as smoking is still the number one preventable cause of ill health and death. The NICE guidance clearly states that the most effective way of supporting individuals to stop smoking is to provide behavioural support in either a 1:1 or group setting, in combination with a prescription of either Nicotine Replacement Therapy or Varenicline to aid their quit attempt. The guidance states that no one medication should be favoured and that the decision of which therapy to use should be based on clinical factors as well as patient choice. A recent report by Public Health England considering various models of stop smoking service provision states that when done properly, providing group support to smokers and access to pharmacotherapies for a period of 6-12 weeks, quit rates are boosted by 300%. Where the support given is on an individual basis with access to pharmacotherapies, quit rates are boosted by 200-300%.

Recommendations

3. Option 2 is the recommended option. This would enable us to support more people to stop smoking, therefore improving the health of our resident population, within the existing financial envelope.

Background

Consultation

4. This report has been compiled with feedback from Council staff working in the service providing support to smokers to quit.
5. Option 1 – The Council continues with the current policy of funding Nicotine Replacement Therapy for the whole course of a quit attempt (12 weeks) for pregnant women, and offers a hardship fund to cover the costs of the first two weeks of NRT for people on benefits.
6. Option 2 – The Council includes Varenicline in its service offer and as with NRT provides a hardship fund to cover the initial weeks of treatment for those in financial hardship. The complete costs (12 weeks) of NRT for pregnant women accessing the Yorwellbeing Service for support to stop smoking, will continue to be covered.
7. Option 3 – The Council continues to fund the whole cost of a quit attempt (12 weeks) for pregnant women and in addition to this also funds the costs of the first four weeks of pharmacotherapies for all other clients accessing the Yorwellbeing Service for support to stop smoking.

Analysis

Option 1

8. The report to Scrutiny previously highlighted that by not offering pharmacotherapy support to smokers wishing to quit we have seen a dramatic decline in the number of people accessing our stop smoking service. Although our smoking prevalence is lower than the England average (12.6% compared to 15.5%) we should not be complacent and should still aim for more people to stop smoking. The offer of a hardship fund to clients that are on benefits has not been taken up very well. From 1 September 2016 to 31 August 2017 the service supported 8 people through the hardship scheme. As NRT is easily available to buy over the counter in chemists and other outlets such as pound shops, it

appears that people would rather take this route to buying their NRT rather than declaring themselves a hardship case.

Option 2

9. This option would be following best practice as set out in NICE Guidance, which states that there should be no preference in which pharmacotherapy to offer people in their attempt to stop smoking. Currently the only way that a resident can access varenicline is to ask their GP for it on private prescription or to buy it at an online pharmacy. Given that varenicline has to be taken for two weeks before an individual stops smoking it would entail a person spending around £50 for a two week supply of varenicline whilst still smoking. If we were to pay for the first four weeks of varenicline for those in financial hardship – two weeks while they are still smoking, and the first two weeks whilst they try stopping smoking – this would remove a financial barrier to those on low incomes. For those that are able to pay, they would now be able to access varenicline through a local pharmacist, rather than having to try to get a private prescription or order from an online pharmacy.
10. With the current numbers that come through the service and use the hardship fund the cost of this option would be minimal and is well within the allocated £27,000 set aside to cover pharmacotherapies. It would be hoped that offering a hardship scheme to cover varenicline would lead to better uptake of the hardship fund. The budget of £27,000 is likely to still cover this as we predict 250 clients accessing the service. If half of these were hardship cases and if all of these wanted to access varenicline at a cost of £81 for four weeks supply this would cost £10,125. This would enable this to be funded through the current budget set aside for pharmacotherapies as well as the cost of funding pregnant women – at current numbers accessing the service approximately £4230.

Option 3

11. Providing pharmacotherapy support for the first four week's of a person's quit attempt would remove any barriers to people accessing the service. It would ensure that people engage with the service and are supported as per evidence based guidelines to achieve abstinence for four weeks. There is a body of evidence that demonstrates that if someone can stop smoking for 4 weeks, their chances of remaining abstinent are increased five fold. This is the basis of the Stoptober Campaign, which is a national campaign promoting smokers stopping smoking for the duration

of the month of October. Reaching abstinence for four weeks will also enable the Council to record the person as a successful quit for the purposes of our national return to the Department of Health. Funding the first four weeks of a quit attempt will demonstrate the Council's commitment to supporting an individual to stop smoking, will enable the individual to see the benefits of not smoking and make them more likely to be willing to go on to self fund further NRT or varenicline as required. The costs of providing pharmacotherapies for the first four weeks for everyone coming through the service would be in the region of £30, 875 per annum. This is based on 250 people setting a quit date with the service, and 50% using Varenicline at a cost of £282 per patient, and 50% using two NRT products at the same cost per patient. This includes dispensing fees through pharmaoutcomes. On top of this cost we would also continue to fund pregnant women for 12 weeks worth of NRT. Over the course of a year this equates to approximately £4230 (last year 15 pregnant women accessed the service and 12 weeks supply of two NRT products in equal to £282 per person). This option therefore takes us considerably over the budget allocated for pharmacotherapies. Staff working in the Yorwellbeing service have also told us that once a person makes a commitment to stopping smoking, the cost of NRT or varenicline is substantially less than the cost of smoking. Therefore the cost of pharmacotherapies can substitute the costs of smoking. The service believe that this commitment from the individual to fund their medication makes them more likely to be successful in their attempt to stop smoking.

Council Plan

12. Providing help to smokers to quit relates to the priorities within the Council Plan:

- A Prosperous City for All – Smoking has an impact on the economy as outlined within the report. Reducing the number of people in York that smoke will have a positive impact on our local economy.
- A Focus on Frontline Services – by ensuring that all York's residents live in a city which allows them to enjoy the best health possible and contribute fully to their communities and neighbourhoods.
- A More Responsive and Flexible Council that puts Residents First and Meets its Statutory Obligations – by contributing to the Council's statutory duties for improving health and reducing health inequalities in our residents.

Implications

Financial

13. There would be no financial implications to funding pharmacotherapies to aid smoking cessation as in option 2.
14. The cost of continuing to fund pregnant women for 12 weeks of NRT, and having a hardship fund for the first two weeks supply of NRT or the first four weeks of varenicline would be approximately £14,355.
15. This is an estimate based on 250 people accessing the service over the course of a year. If half of these could demonstrate financial hardship (125) and all of these wanted to use varenicline, which would be more expensive than NRT, the cost of this would be £10,125. Add to this the cost of continuing to fund 12 weeks of NRT for pregnant women, which on average is 15 women per year, the cost is approximately £4230.
16. This cost can be met within the existing pharmacotherapy budget of £27,000.

Risk Management

Human Resources

17. There are no implications to the workforce.

Equalities

18. It is well evidenced that smoking is more prevalent in our more deprived communities. Therefore reducing the level of support to stop smoking will disproportionately affect those worse off.

Legal

19. There would be contractual arrangements that would need to be put in place in order to provide NRT and Varenicline through local pharmacies.

Crime and Disorder

20. No new implications

Information Technology (IT)

21. No new implications

Property

22. No new implications

Contact Details

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**Chief Officer Responsible for
the report:**

Sharon Stoltz

Director of Public Health

**Report
Approved**



Date
8/11/17

Specialist Implications Officer(s)

There are no specialist implications.

**- For further information please contact
the author of the report -**