

# Nottingham City Council Delegated Decision



**Nottingham**  
**City Council**

Reference Number:

1987

Author:

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Department:

Children and Families

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Subject:

Smoke Free Care - Mental Health Provision

Total Value:

£75,000 (Type: Revenue)

Decision Being Taken:

To approve the use of £0.075m from the Public Health Transition Fund to provide specialist support for timely and effective implementation of smoke free care for people receiving secondary mental health services.

To approve dispensation from financial regulations (under Financial Regulation 5.1.2) to work directly with our existing provider.

To approve awarding this work via a contract variation to the current provider of smoking cessation services in Nottingham City.

**Reasons for the Decision(s)**

**Under the Health and Social Care Act 2012 Nottingham City Council has a statutory duty to improve health and wellbeing, including reducing inequalities in health. Under the Public Sector Equality Duty (Equality Act 2010) Nottingham City Council is 'to give due regard to advance equality of opportunity', which can be described as 'to remove or minimise disadvantage suffered by people due to their protected characteristics.'**

**In September 2014 Nottingham City Council agreed to endorse and support the principles set out in the Local Government Declaration on Tobacco Control.**

**As part of the duty to improve health and wellbeing, Nottingham City Council, with other local partners, developed 'Wellness in Mind, the Nottingham City Mental Health and Wellbeing Strategy' in August 2014. One priority of that strategy is to improve the physical health of people with mental health problems, in line with the Public Health Outcomes Framework.**

**Reducing levels of smoking in people with mental health problems is a public health priority. People with mental health problems have poor physical health outcomes and research shows that they die far younger, up to 20 years younger for people with schizophrenia. People in contact with secondary mental health services, have over 3 times the rate of early death as the wider population and those with depression have double the risk of heart disease .**

**Reducing this inequality in life expectancy is a shared indicator in the Public Health Outcomes Framework and the NHS Outcomes Framework. The indicator describes the death rate under 75 years of age of people who have been known to mental health services compared to the local population. The latest result indicates that people with serious mental illness are over four times as likely to die before age 75 in Nottingham City.**

**People who have mental health problems smoke at far higher levels than the general population, it has been estimated that 42% of all cigarettes smoked in the UK are smoked by somebody with a mental health problem. National reports show that people known to mental health services are four and a half times as likely to die early from respiratory disease and three times as likely to die from cardiovascular disease as the wider population. Analysis by Nottingham City Public Health identified that the top 3 causes of early death for this group in Nottingham are respiratory illness, cardiovascular disease and cancer. The analysis also showed that the death rates in the mental health group do not occur in the general population until 10 - 15 years later.**

**Implementation of NICE guidance can support this priority. In 2013 NICE (National Institute for Health and Care Excellence) guidance, PH48 was published with recommendations to improve mental health services' response to smoking, particularly with regard to smoke free policies that include ready access to pharmacotherapy, e.g. nicotine replacement therapy, and behavioural support. In February 2015 the Board of Nottinghamshire Healthcare Trust, the local mental health provider, agreed to implement this guidance from April 2016, informed by learning from other similar organisations.**

**Discussions at the Nottingham City Strategic Tobacco Group identified the need for additional specialist expertise to support the full implementation of the NICE guidance over an 18 month period.**

**Since taking responsibility for public health in 2013 Nottingham City Council has commissioned a specialist stop smoking service, New Leaf. The current service specifications do not include support for policy development with mental health trusts; however the service does have the skills and expertise to undertake this role.**

**Value for money-this decision is in line with the City Council framework for value for money as it targets resources to improving the health of some of Nottingham's most vulnerable citizens. It supports an early intervention approach and builds on good practice from elsewhere. Smoke free environments and effective nicotine management policies are a cost effective approach to reducing the harm caused by smoking, which is far greater in this group than the general population.**

In line with the strategic priorities around both smoking and mental health, and in recognition of the potential for health gain in one of the most vulnerable groups in the City, it is recommended that a decision be taken to fund an 18 month specialist post to deliver the effective implementation of NICE guidance PH48 in mental health services covering the Nottingham City population. The postholder will build capacity in secondary mental health service provision to manage becoming smoke free environments by April 2016. this will include leading planning and oversight and management of implementation. As a contract is already in place for specialist smoking cessation provision in Nottingham City, approval for dispensation from financial regulations is sought to enable this to be delivered through a contract variation with the existing provider.

**Other Options Considered:**

**Option 1:** The first option was to consider the 'smoke free' implementation, following NICE PH48, to be entirely the responsibility of the NHS mental health trust. This was rejected as improving life expectancy in people with mental problems is a shared priority in the National Outcomes Frameworks (NHS and Public Health), and within 'Wellness in Mind', the Nottingham City Mental Health and Wellbeing Strategy. Giving additional support to implementation of PH48 is also in line with the Local Authority's role under the Health and Social Care Act 2012 and the Equality Act 2010.

**Option 2:** The second option was to fund it from the main Public Health budget but there was no provision in the budget to do so and this is intended to be a non-recurrent amount only.

**Option 3:** It was considered to go out to tender for this support to be put in place, but smoking cessation services are already commissioned by the City Council and the value of this aspect would not be a substantial part of that contract. The smoking cessation services are planned to be recommissioned during this year and responding quickly to this additional need due to the timescales of smoke free implementation is a priority, Therefore it is considered preferable to use a contract variation with the current provider to provide the specialist ,timely response required.

**Background Papers:**

**Published Works:**

**Wellness in Mind, Nottingham City Mental Health and Wellbeing Strategy**  
<http://www.nottinghamcity.gov.uk/CHttpHandler.ashx?id=52672&p=0>  
**NICE PH48** <https://www.nice.org.uk/guidance/ph48>  
**Local Government Declaration on Tobacco Control** <http://www.smokefreeaction.org.uk/declaration/files/Declaration.pdf>  
**Further relevant background information**  
**Public Health Outcomes Framework**  
**Public-sector-equality-duty**  
**Local Authorities' Public Health responsibilities**

**Affected Wards:**

**Citywide**

**Colleague / Councillor Interests:**

**Dispensation from Financial Regulations:**

**Yes**

**Consultations:**

**Those not consulted are not directly affected by the decision.**

**Crime and Disorder Implications:**

There could be concerns that implementation of restrictions on smoking within a mental health trust may lead to conflict or increases in incidents of violence or antisocial behaviour, either within or external to the sites affected. This was discussed at Nottinghamshire Healthcare Trust Board (Feb 2015 minutes available at <http://www.nottinghamshirehealthcare.nhs.uk/aboutus/board-introduction/board-meeting-information/board-papers-2015/march-2015/>) where the learning from other areas which have already implemented the changes was discussed and reassurance given. Active management of symptoms of nicotine withdrawal is an essential element of the planned policy changes. A key aspect of the proposed funded role will be to give additional support to effective communication and planning to ensure safe implementation of the policy.

**Equality:**

EIA not required. Reasons: Already covered in mental health strategy EIA

**Regard for NHS Constitution:**

Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making this decision relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community.

**Decision Type:**

Portfolio Holder

**Subject to Call In:**

Yes

**Call In Expiry date:**

20/05/2015

**Advice Sought:**

Legal, Finance, Human Resources

**Legal Advice:**

The proposals set out in the report raise no significant legal issues and, in the circumstances outlined, are supported. Advice provided by Malcolm Townroe (Legal Services Manager) on 11/05/2015.

**Finance Advice:**

Funding for this one off proposal is identified within the Public Health Transition Fund. All savings included within the Medium Term Financial Plan (MTFP) relating to Public Health have already been delivered. This decision will have no impact on the MTFP. Advice provided by Dee Fretwell (Finance Analyst) on 07/05/2015.

**HR Advice:**

This decision does not appear to have any workforce employment implications.

Lynn Robinson

HR Business Partner

7 May 2015 Advice provided by Lynn Robinson (HR Business Partner) on 07/05/2015.

**Signatures**

<b>Alex Norris (PH Adults, Commissioning and Health)</b>
<b>SIGNED and Dated: 13/05/2015</b>
<b>Alison Challenger (Director of Public Health (Interim))</b>
<b>SIGNED and Dated: 11/05/2015</b>
<b>Theresa Channell (Head of Corporate and Strategic Finance) - Dispensation from Financial Regulations</b>
<b>SIGNED and Dated: 11/05/2015</b>
<b>Chief Financial Officer's Comments:</b>