



Health Improvement Service – Stop Smoking Service

Consultation report – 2019

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Lancashire

County
Council





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1. Executive summary

This report summarises the response to Lancashire County Council's consultation on the Stop Smoking Service (SSS).

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. For the public/service user consultation 17 completed questionnaires were returned. For the organisation consultation 27 completed questionnaires were returned.

Consultation workshops with partner organisations were held between 11th March and 18th March 2019.

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

1.1 Key findings

1.1.1 Findings from the public consultation

1.1.1.1 Use of the stop smoking service

- Ten respondents said that they had given up, or tried to give up, smoking.
- Seven respondents said that they had used the local stop smoking service to help them give up smoking.
- Five respondents said that they had paid for products themselves to help them give up smoking. Three respondents said that they had received a voucher from the Quit Squad for products to help them give up smoking. Three respondents said that they had received a prescription from their GP for products to help them give up smoking.
- Six out of ten respondents were satisfied with the support they had to help them give up smoking.
- When asked where they would prefer to get stop smoking support respondents most commonly said other community venue (five respondents), pharmacy (four respondents) and GP (four respondents).
- When asked if they would consider using digital technology or vaping to help them give up smoking five respondents out of the ten who have given up, or tried to give up said that they would consider neither of these.

1.1.1.2 Views on the proposal

- Eight respondents said that they agree with the proposal and seven said that they disagree with the proposal.
- Seven out of twelve respondents said that the proposal would have no effect on them.

1.1.2 Findings from the consultation with organisations

- Eight out of 27 respondents agreed with the proposal and 17 out of 27 respondents disagreed with the proposal.
- When asked why they agree or disagree with the proposal, respondents most commonly mentioned the impact on vulnerable people and the health of society (ten respondents) and that everyone should be encouraged to access help (nine respondents).
- When asked how our proposal would affect their services and the people they support, respondents most commonly said that they would have to let staff go (six respondents) and there would be an increased risk of cancer or other health issues (six respondents).
- When asked if there is anything else they think we need to consider or that we could do differently, respondents most commonly said more discussion/research needed about proposed changes (eight respondents).

1.1.3 Key Themes from the consultation workshops

All of those who attended the workshops were in agreement with the proposal although there were considerations requested for the following;

- Children and Young People – links to Children's partnership boards
- Children and Young People - prevention
- Those who do not have access to digital support
- Integration with other organisations/opportunities – utilise wider workforce, link to health checks etc.
- Areas with higher smoking prevalence
- Addressing health inequalities
- Focus on GPs

1.1.4 Other responses

- During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

2. Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have.

Our proposal

We are proposing to change how we provide public health lifestyle services in order to achieve savings yet continue to deliver positive outcomes for the people we support. In particular, we are proposing to change how we provide three types of service, which are drug and alcohol rehabilitation, stopping smoking and physical activity/ healthy weight. We are proposing to increase digital support for behaviour change and health improvement through promotion of websites and apps. We are also suggesting delivering services based more on local needs.

We currently provide a stop smoking service which is available to everyone over the age of 12 years in Lancashire.

We propose to reduce general access to stop smoking services. We would still promote quitting smoking through apps and other digital platforms to those who want to give up. A more targeted offer of behavioural support with advice on stop smoking medicines would focus on

- supporting pregnant women who smoke
- those where smoking rates remain high, such as routine and manual workers
- those with mental health conditions
- those with long-term conditions and/or those dependent on drugs and/or alcohol

3. Methodology

For this consultation, we asked the public, staff and partner organisations to give their views. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk and a paper version by request.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total for the public/service user consultation 17 completed questionnaires were returned. For the organisation consultation 28 completed questionnaires were returned.

We promoted the consultation via social media, a press release and panels on relevant pages of the county council website. The consultation was promoted internally to staff via a link to the press release on the intranet and to county councillors via C-First (the councillors' portal). A stakeholder email from the Chief Executive was sent to Chief Executives of district and unitary councils, health, Clinical Commissioning Groups and MPs.

The service users/general public questionnaire introduced the consultation by outlining what stop smoking services currently offer and then outlining how stop smoking services are proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included eleven questions. It covered four main topics: use of the stop smoking services, finding out about support/help, using digital technology and views on the proposal. The questions about the proposal asked respondents: how strongly they agree or disagree with the proposal; why they agree or disagree with the proposal; how the proposal will affect them; and if respondents think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in Appendix 1.

The questionnaire for organisations introduced the consultation by outlining what stop smoking services currently offer and then outlining how stop smoking services are proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included four questions focused on eliciting respondents' views on the proposal. The questions were: how strongly do agree or disagree with the proposal; why do you agree or disagree with the proposal; how would the proposal affect their organisation; and if they think there is anything else that we need to consider or that we could do differently. Respondents were also asked which organisation they were responding on behalf of and what their role is within their organisation.

In this report respondents' responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of

combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

Consultation workshops with partner organisations were held between 11 March and 18 March 2019. In total, 31 people attended the workshops.

Responses are included from:

- CCG Representatives, n=4
- Health and Wellbeing Partnership Res, n=13
- Health Leads, n=14

The sessions were recorded by dedicated note-takers, with responses collated and analysed using 'Framework Method'¹ to identify proposal responses and emergent themes.

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

3.1 Limitations

The findings presented in this report cannot be assumed to be fully representative of the views of people who use the Stop Smoking Service. Neither can they be assumed to be fully representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

Of the 27 recorded survey responses from partner organisations, 37% (n=10) of these were from staff from one organisation (the current service provider).

¹ Ritchie, J. and Spencer, L. (1994) Qualitative Data Analysis for Applied Policy Research. In: Bryman, A. and Burgess, B., Eds., *Analyzing Qualitative Data*, Routledge, London.

4 Main findings – public consultation

4.1 Use of the Stop Smoking Service

Ten respondents said that they had given up, or tried to give up, smoking.

Table 1 - Have you ever given up, or tried to give up, smoking?

	Count
Yes	10
No, I'm a smoker and have never tried to give up	0
No, I have never been a smoker	7

Base: all respondents (17)

Seven respondents said that they had used the local stop smoking service to help them give up smoking.

Table 2 - Have you ever used the local stop smoking service to help you give up smoking?

	Count
Yes	7
No	3

Base: respondents who have given up, or tried to give up, smoking (10)

Five respondents said that they had paid for products themselves to help them give up smoking. Three respondents said that they had received a voucher from the Quit Squad for products to help them give up smoking. Three respondents said that they had received a prescription from their GP for products to help them give up smoking.

Table 3 - Have you ever used any products to help you give up smoking?

	Count
Yes, I paid for them myself	5
Yes, I received a voucher from the Quit Squad	3
Yes, I received a prescription from my GP	3
No	1

Base: respondents who have given up, or tried to give up, smoking (10)

Six out of ten respondents were satisfied with the support they had to help them give up smoking.

Table 4 - How satisfied or dissatisfied were you with the support you had to give up smoking?

	Count
Very satisfied	5
Fairly satisfied	1
Neither satisfied nor dissatisfied	1
Fairly dissatisfied	1
Very dissatisfied	0
I have not received any support to give up smoking	2

Base: respondents who have given up, or tried to give up, smoking (10)

When asked where they would prefer to get stop smoking support respondents most commonly said other community venue (five respondents), pharmacy (four respondents) and GP (four respondents).

Table 5 - If you were to get stop smoking support, where would you prefer to get it?

	Count
Other community venue	5
Pharmacy	4
GP	4
Workplace	2
Leisure centre	2
Other	1
Midwifery services	1
None of these	0
Children's centre	0

Base: respondents who have given up, or tried to give up, smoking (10)

When asked if they would consider using digital technology or vaping to help them give up smoking five respondents out of the ten who have given up, or tried to give up said that they would consider neither of these.

Table 6 - Have you used, or would you consider using ... to help you give up smoking?

	Count	
	Would consider using	Have used
Digital technology (e.g. apps)	2	1
Vaping (i.e. e-cigarettes)	2	2
Neither of these	5	1

Base: respondents who have given up, or tried to give up, smoking (10)

4.2 The proposal for the stop smoking services

Respondents were then asked how strongly they agree or disagree with the proposal. Eight respondents said that they agree with the proposal and seven said that they disagree with the proposal.

Table 7 - How strongly do you agree or disagree with this proposal?

	Count
Strongly agree	6
Tend to agree	2
Neither agree nor disagree	2
Tend to disagree	3
Strongly disagree	4

Base: all respondents (17)

Respondents' reasons for agreeing or disagreeing with the proposal are given in the table below (table 8).

Table 8 - Why do you say this?

	Count
Better use of money	2
Service should be available to all	2
Help for those most in need and need the support	2
Easier to quit with face to face support	2
Target resources to vaping	1
This is just waiting for people to become unwell	1
This service is essential	1
Not everyone can use or has access to apps	1
There is a duplication of service with GP practices	1

Base: all respondents (11)

Respondents were then asked that if this proposal happened, how would it affect them. Seven out of twelve respondents said that it would have no effect.

Table 9 - If this proposal happened, how would it affect you?

	Count
No effect	7
It's an excellent service and it shouldn't go	2
Staff job concerns	2
Wouldn't bother trying to give up	1
Would cost more for people to go to the NHS for help	1
I would have lack of access to services	1

Base: all respondents (12)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. A summary of their responses is given in the table below (table 10).

Table 10 -Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?

	Count
You assume people are digitally connected	2
Can you make it as a non-profit org instead?	2
People deserve face to face support	1
Can you consolidate this with other smaller services	1
Keep the specialist service	1
No – people need to take responsibility themselves	1
Ask users what they want	1
Charge employers to use the service	1
No	1

Base: all respondents (10)

5. Main findings – partner organisations

5.1 The proposal for the stop smoking services

Respondents responding to the questionnaire for organisations were first asked how strongly they agree or disagree with the proposal. Eight out of 27 respondents agreed with the proposal and 17 out of 27 respondents disagreed with the proposal.

Table 11 -How strongly do you agree or disagree with this proposal?

	Count
Strongly agree	3
Tend to agree	5
Neither agree nor disagree	2
Tend to disagree	9
Strongly disagree	8

Base: all respondents (27)

Respondents were then asked why they agree or disagree with the proposal. Respondents most commonly mentioned the impact on vulnerable people and the health of society (ten respondents) and that everyone should be encouraged to access help (nine respondents).

Table 12 - Why do you say this?

	Count
This will impact the vulnerable people and the health of society	10
Everyone should be encouraged to access help, not just targeted groups	9
Counter-intuitive to people stopping smoking	7
Addiction needs support to encourage long term quitting	7
Some clients don't have the means to access help through Wi-Fi, Libraries, etc.	5
Smoking is a high cause of ill health	4
Agree - Needs a targeted approach in focused areas	4
We could potentially work closer with other services to be more beneficial	3
Other	2
Agree - it should be reworked, resources are needed for other areas	2
People wouldn't use apps	1
Digital platforms may be best to be more available to a wider range of people	1
Service strain on the NHS	1
False economy	1

Base: all respondents (25)

Respondents were then asked how our proposal would affect their services and the people they support. Respondents most commonly said that they would have to let staff go (six respondents) and there would be an increased risk of cancer or other health issues (six respondents).

Table 13 - How would our proposal affect your services and the people you support?

	Count
We would have to let go of staff	6
Increase risk of cancer or other big health issues	6
People would carry on smoking with a harder to access service	5
Many users can't afford to quit without support	5
There is a section of people we haven't engaged with yet and planned to	4
Unequal provision	3
Some existing service users wouldn't meet the new thresholds	3
Offering digital aid isn't suitable for elderly or poorest in society	3
We would have to change the nature of our service	3
False economy and service strain	3
Other	2
Smoking is an addiction and people need more concrete support	2
Support the proposal	1

Base: all respondents (24)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. Respondents most commonly said more discussion/research needed about proposed changes (eight respondents).

Table 14 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?

	Count
More discussions/research needed about proposed changes	8
Target/identify certain groups	7
Other	6
Inaccessible and people will continue smoking	5
Create a pathway approach to save costs	3
Streamline service	3
No	2
Offer people a choice of service	2
False economy/service strain	1
Focus on prevention	1
Consider staff redundancies	1
Keep clinics	1
Offer both digital and face to face support	1

Base: all respondents (24)

6. Findings – consultation workshops

All of those who attended the workshops were in agreement with the proposal although there were considerations requested for the following;

- Children and Young People – links to Children's partnership boards
- Children and Young People - prevention
- Those who do not have access to digital support
- Integration with other organisations/opportunities – utilise wider workforce, link to health checks etc.
- Areas with higher smoking prevalence
- Addressing health inequalities
- Focus on GPs

7. Other responses

In addition to receiving responses to the consultation questionnaires and feedback at the workshops, we received further feedback on our proposal in the form of letters/emails from Lancaster City Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

7.1 Lancaster City Council

With regard to the: Wellbeing Service; Active Lives, Drug/Alcohol Rehabilitation Service and Stop Smoking Service, there is an overwhelming concern for residents in the District that would be affected. Member feel that if these services were cut, there would be an increase in demand on social care work/resources, consequently creating a false economy for the County Council. There would also likely be cost implications for other services in the District such as GPs and associated health services. Members have suggested that some of these services combine to avoid them being cut all together. By having the same management/programme, some of the health services could potentially save money and provide a better all-round service for users in the District.

7.2 University Hospitals of Morecambe Bay NHS Foundation Trust

SC609 Health Improvement Services – the proposal to reduce service offer in this area is very likely to increase cost pressures in the longer term. This proposal is at odds with the prevailing strategy for improving population health to drive sustainability of health and social care services. Any reduction in service provision for substance misuse is likely to result in immediate increase in pressures on emergency and community pathways and the reduction in support for smoking cessation and weight management support will have a long term health impact on individuals and result in corresponding increased impact on health and social care services.

7.3 Morecambe Bay Integrated Care Partnership

This service is currently commissioned to provide services to anyone wishing to be supported to stop smoking over the age of 12. We understand that the consultation is not to reduce funding for this service but to enable it to be targeted on particular groups rather than for it to be a universal service. The groups suggested are pregnancy women, manual workers, those with mental health issues and those with long term conditions. There will be a continuation in training services.

At the meeting on the 11th March a further group was suggested as young people and targeting schools as ensuring that young people do not start smoking will reduce smoking later in life.

We would like to see the detail of the impact assessments undertaken by the Local Authority with regard to all of these consultations to assist in the discussions on mitigation.

Appendix 1 - demographics public consultation

Table 15 - Are you...?

	Count
A Lancashire resident	15
An employee of Lancashire County Council	3
An elected member of Lancashire County Council	0
An elected member of a Lancashire district council	0
An elected member of a parish or town council in Lancashire	0
A private sector company/organisation	0
A member of a voluntary or community organisation	0
Other	2

Base: all respondents (16)

Table 16 - Are you...?

	Count
Male	4
Female	11
Other	0
Prefer not to say	1

Base: all respondents (16)

Table 17 - Is your gender identity the same as the gender on your original birth certificate?

	Count
Yes	15
No	0
Prefer not to say	1

Base: all respondents (16)

Table 18 - What is your sexual orientation?

	Count
Straight (heterosexual)	14
Bisexual	0
Gay man	0
Lesbian/gay woman	0
Other	0
Prefer not to say	2

Base: all respondents (16)

Table 19 - What was your age on your last birthday?

	Count
Under 16	0
16-19	1
20-34	2
35-49	3
50-64	7
65-74	2
75+	0
Prefer not to say	1

Base: all respondents (16)

Table 20 - Are you a deaf person or do you have a disability?

	Count
Yes, learning disability	0
Yes, physical disability	0
Yes, deaf/hearing impairment	0
Yes, visual impairment	0
Yes, mental health disability	0
Yes, other disability	0
No	13
Prefer not to say	3

Base: all respondents (16)

Table 21 - Which best describes your ethnic background?

	Count
White	14
Asian or Asian British	1
Black or black British	0
Mixed	0
Other	0
Prefer not to say	1

Base: all respondents (16)