### HAMPSHIRE COUNTY COUNCIL

### **Executive Decision Record**

Decision Maker:	Executive Member for Public Health
Date:	16 January 2019
Title:	Smoking Cessation Service
Report From:	Director of Public Health

**Contact name:** Sian Davies, Consultant in Public Health

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### 1. The decision:

a) That the Executive Member for Public Health gives approval to spend, up to a maximum of £11.0m on a new Smoking Cessation Service. The contract will replace the existing contract and is due to commence from 1 October 2019 with a maximum contract term of 5 years (3 years with an option to extend for a period or periods of up to 2 years).

## 2. Reason(s) for the decision:

- 2.1. The current contract for specialist smoking cessation services commenced on 1 October 2016 for three years with an option to extend for two years.
- 2.2. Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach liver and cervix.
  - Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population. Supporting people to stop smoking directly contributes to improving health and wellbeing. Evidence-based, specialist smoking cessation services are the most effective way to quit.
- 2.3. The Hampshire Tobacco Control Strategy 2018 to 2021 states that the societal cost of smoking in Hampshire is £296.7million a year including £68.6million costs to the NHS and £32.9million costs to social care.
- 2.4. The Local Tobacco Control Profiles estimate there were 155,414 adult smokers in 2017 in Hampshire. National guidance states that we should aim to have 5% (n=7,771) of these smokers engaging with the service and to make a quit attempt. Guidance states that at least 35% (n=2,720) should achieve a successful 4 week quit. To help reduce the health inequality gap

the majority of these should be from high smoking prevalence groups or localities.

# 3. Other options considered and rejected:

3.1. The Public health risks of not commissioning this service include increased mortality and morbidity from smoking related diseases and increases in health inequalities.

### 4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker: None.
- 4.2. Conflicts of interest declared by other Executive Members consulted: none.
- **5.** Dispensation granted by the Conduct Advisory Panel: none.
- **6.** Reason(s) for the matter being dealt with if urgent: not applicable.
- 7. Statement from the Decision Maker:

Approved by:	Date:
	16 January 2019
Executive Member for Public Health Councillor Patricia Stallard	