

# Agenda

## Health Overview and Scrutiny Committee

**Tuesday, 19 July 2016, 10.00 am**  
**County Hall, Worcester**

All County Councillors are invited to attend and participate

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کوردی سۆزانی. ننگیر ناتوانی تێبگی له ناوچێزکی نهم بپلگهیه و دهستت به ههچ کس نایگات که وهیگێزێتوه بۆت، تکلیه تملظۆن بکه بۆ ژماره 01905 765765 و داوای رێنۆینی بکه. (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸਮਝਣ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

## DISCLOSING INTERESTS

There are now 2 types of interests:  
**'Disclosable pecuniary interests'** and **'other disclosable interests'**

### WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

### WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

### WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:  
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

### WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

### DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

### DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

## Health Overview and Scrutiny Committee

### Tuesday, 19 July 2016, 10.00 am, County Hall, Worcester

#### Membership

##### Councillors:

Worcestershire County Council Mr A T Amos (Chairman), Mr W P Gretton,  
Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller,  
Mrs F M Oborski, Mrs M A Rayner and Mr G J Vickery

##### District Councils

Mr T Baker, Malvern Hills District Council  
Ms T Biggs, Worcester City Council  
Dr B T Cooper, Bromsgrove District Council  
Mrs A Hingley, Wyre Forest District Council  
Mrs F S Smith, Wychavon District Council  
Mrs N Wood-Ford, Redditch Borough Council

#### Agenda

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1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> <i>Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 18 July 2016). Enquiries can be made through the telephone number/email address below.</i>	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> <i>To follow</i>	
5	<b>Constitutional Matters</b>	1 - 2
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Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. For general enquiries: 01905 763763 Worcestershire Hub (01905) 765765  
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All the above reports and supporting information can be accessed via the Council's website at  
[http://www.worcestershire.gov.uk/info/20013/councillors\\_and\\_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **19 JULY 2016**

## **CONSTITUTIONAL MATTERS**

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### **Summary**

1. To consider the selection of a Vice Chairman for the Health Overview and Scrutiny Committee (HOSC).

### **Background**

2. Given that the statutory power of health scrutiny rests with the County Council, the Chairman of the HOSC is a County Councillor, Alan Amos. To reflect the partnership approach to health scrutiny in Worcestershire, the County Council's constitution states that the Vice Chairmanship should be allocated to one of the District Council members.

### **Next Steps**

3. District Councillors are invited to select a Vice Chairman for the Health Overview and Scrutiny Committee. The nominee agreed by the District Council representatives will be formally appointed by Worcestershire County Council on 15 September 2016. In the event that the District Councillors cannot agree on an appointment, the County Council will appoint one of the 6 District Councillors to the position at the County Council on 10 November 2016.

### **Contact Points**

#### County Council Contact Points

Worcestershire County Council; 01905 763763

Worcestershire Hub: 01905 765765

Email: [Worcestershirehub@worcestershire.gov.uk](mailto:Worcestershirehub@worcestershire.gov.uk)

#### Specific Contact Points for this report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the proper officer (in this case the Head of Legal Services) the following are the background papers relating to the subject matter of this report:

[Worcestershire County Council's Constitution](#)

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **19 JULY 2016**

## **TEMPORARY EMERGENCY CHANGE TO PAEDIATRIC INPATIENT SERVICES AT THE ALEXANDRA HOSPITAL (REDDITCH) FROM SEPTEMBER 2016**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update from Worcestershire Acute Hospitals NHS Trust (WAHT) on the recent announcement of emergency temporary change to Paediatric Inpatient Services at the Alexandra Hospital (Redditch) from September 2016.
2. The Interim Chairman and Interim Chief Executive have been invited to attend the meeting.

### **Background**

3. The HOSC has requested regular updates on the quality of acute hospital services – as part of its role to monitor the impact of ongoing pressures experienced by many hospital trusts, such as increased activity, greater complexity of patient needs and financial constraints. Within Worcestershire, a further pressure has been the delay in finalising a reconfiguration of acute hospital services, which has resulted in an on-going period of uncertainty for the Trust.
4. Additionally, the Care Quality Commission's (CQC) most recent (December 2015) inspection report led to the Trust being placed into special measures as a result of the planned inspection in July 2015. Key issues from the inspection report centred on:
  - Outpatient Strategy
  - Women and Children's Services
  - High Dependency Unit Review Emergency Surgery Reconfiguration
  - Governance and Safety
5. The main findings of the inspection, and progress in hand to address improvement required (the Patient Care Improvement Plan) were discussed with the HOSC on 9 December 2015 and 27 April 2016.
6. The Trust's previous updates to the HOSC have focused on key achievements to date, priority work streams and plans.

### **Temporary Emergency Changes to Services**

7. On 30 June 2016, the Trust announced emergency temporary change to Paediatric Inpatient Services – the transfer of the inpatient paediatric service from the Alexandra Hospital in Redditch, to Worcestershire Royal Hospital from September

2016. A statement from the Interim Chief Executive, including 'Question and Answer' information was circulated to HOSC members.

8. The decision was made on patient safety grounds by the Trust, under emergency powers. Where the relevant NHS body or health service commissioner believes that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff (this might for example cover the situation where a ward needs to close immediately because of a viral outbreak) – in such cases the NHS body or health service provider must notify the local authority that consultation will not take place and the reason for this<sup>1</sup>.

9. However, during previous discussions with the Trust, HOSC members have expressed concern about the extension of the earlier temporary emergency changes (to maternity, neonatal and gynaecology services), and the need for formal consultation with HOSC and the wider public. In October 2015 the Trust announced changes which would centralise births at Worcestershire Royal Hospital (Worcester). HOSC members were concerned that extended temporary changes had been made without formal consultation with HOSC and the wider public.

10. During the 27 April 2016 discussion, the Interim Chief Executive explained that the situation regarding maternity, neonatal and gynaecology services was being kept under review, however he did not foresee an end to the staff shortages for this sector, which had been flagged up as part of updates to HOSC. It was regrettable to be in a position of having to make service changes on safety grounds, but this was precisely the reason for the long journey to review acute services in Worcestershire.

11. The Trust had powers to make temporary changes because of urgent clinical need, and had consulted internally with staff. The transition was reported to have been well ordered and feedback from patients and families was complimentary.

12. Going forward, the Trust continued to actively recruit staff and manage clear communications. It was also confirmed that consultation would take place.

13. HOSC members will be aware that aspects of both Children's' and Women's services form part of the changes proposed in the new clinical model for acute hospital services in Worcestershire – an update, including plans for consultation, is included elsewhere in this Agenda.

## **Purpose of Meeting**

14. Members are invited to consider and comment on the recent announcement of temporary emergency change to paediatric inpatient services at the Alexandra Hospital (Redditch) from September 2016.

15. Following the discussion, HOSC Members are asked to consider whether any further information is required and identify any specific elements for potential future scrutiny.

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<sup>1</sup> Local Authority Health Scrutiny – Guidance to support Local Authorities and their partners to deliver effective health scrutiny (Department of Health June 2014)



## Contact Points

### County Council Contact Points

Worcestershire County Council: 01905 763763

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### Specific Contact Points for this Report

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Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 16 September and 9 December 2015, and 27 April 2016:  
<http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?CommitteId=141>
- Press releases from Worcestershire Acute Hospitals Trust on temporary emergency changes to paediatric inpatient services:  
<http://www.worcsacute.nhs.uk/services-a-z/childrens-services/emergency-changes-to-paediatric-services-fags/>  
<http://www.worcsacute.nhs.uk/news/emergency-changes-scheduled-to-paediatric-services/>
- Press releases from Worcestershire Acute Hospitals Trust on temporary emergency changes to maternity, neonatal and gynaecology services August 2015 to February 2016:
  - <http://www.worcsacute.nhs.uk/news/temporary-relocation-of-emergency-gynaecology-services/>
  - <http://www.worcsacute.nhs.uk/news/temporary-relocation-of-emergency-gynaecology-services-from-alex/>
  - <http://www.worcsacute.nhs.uk/news/temporary-emergency-changes-to-services-to-remain-in-place/>
- Care Quality Commission Press release, 2 December 2015  
<http://www.worcsacute.nhs.uk/news/care-quality-commission-report/>
- Care Quality Commission report on Worcestershire Acute Hospitals Trust (December 2015)  
<http://www.cqc.org.uk/provider/RWP#sthash.mEq4ofel.dpuf>

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE 19 JULY 2016**

### **FUTURE OF ACUTE HOSPITAL SERVICES IN WORCESTERSHIRE - UPDATE**

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#### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to be updated on the Future of Acute Hospital Services in Worcestershire (FOAHSW) programme, including:

- approval of the revised clinical model by the West Midlands Clinical Senate
- the planned approach to consultation and high level consultation plan
- the timetable going forward.

2. As previously discussed with the HOSC, in June 2015 the West Midlands Clinical Senate gave overall support for the proposed clinical model of hospital services in Worcestershire, but requested more detailed work on emergency care pathways for the county, so that a model which had widespread support could be finalised. Following completion of this work, a revised clinical model was submitted to the Clinical Senate for review – and the Senate's approval was announced on 29 June.

3. The proposed clinical model will now be subject to assurance by NHS England, before it is put to public consultation later this year.

4. Representatives from the FOAHSW programme have been invited to the meeting.

#### **Background**

5. Now in its final stages, the HOSC has maintained regular overview of the review of acute hospital services in Worcestershire, which was initiated in 2012, prompted by a number of needs, including national evidence that certain services can be provided to a higher standard if they are centralised, a lack of doctors specialising in certain services and the increasing challenge of meeting the needs of an ageing population with more complex and long-term conditions.

6. There have been a number of delays in the process of finalising the review, which have been acknowledged to be frustrating for everyone involved.

#### **Clinical Model**

7. HOSC Members will be aware that the main proposed changes to services in the proposed clinical model of care are:

- Separation of emergency and planned care to improve outcomes and patient experience

- Creation of centres of excellence for planned surgery
- Urgent care centre for adults and children at the Alexandra Hospital in Redditch
- Accident and Emergency remaining at the Alexandra Hospital for adults only, with robust arrangements for managing a seriously sick child if they arrive unexpectedly or their condition deteriorates and they need an inpatient stay in hospital
- Centralisation of inpatient care for children at Worcestershire Royal Hospital with the majority of children's care remaining local. 80% of children would continue to receive all their care locally
- Centralisation of consultant-led births at Worcester with ant-natal and post-natal care remaining local
- Centralisation of emergency surgery.

8. Part of the proposed model of care involves centralising some services at Worcestershire Royal Hospital and providing more planned care at the Alexandra Hospital, which will lead to more patients and their carers travelling to Worcester and Redditch for some aspects of care. The plans do not affect outpatient appointments or diagnostic tests and 95% of patients will continue to receive their treatment at the same hospital as they do now.

### **Latest stages of the review**

9. At its last update on 27 April 2016, HOSC heard that engagement with clinicians and GPs about the proposed plan for reconfiguration was on-going, creating greater cohesion. All partners within the Future of Acute Hospital Services in Worcestershire Programme are committed to maintaining two A&E departments in the county. Formal approval of the clinical model by Worcestershire's three clinical commissioning groups had been a significant step and reaffirmed the case for change. Commitment to the model has also been formally received from the Medical Staff Committee of Worcestershire Acute Hospitals which represents all the consultants working in the Trust.

10. Following approval from the Clinical Senate, the revised clinical model will be subject to assurance by NHS England, before it is put to public consultation later this year.

### **Purpose of the Meeting**

11. Members are invited to:

- consider the progress update and timetable towards completion
- comment on the planned approach to consultation and high level consultation plan.

12. In doing so, HOSC members may want to refer to the areas of concern raised on 27 April 2016, including the on-going impact of the delay, the fact that some of the proposed changes were having to be made in any case because of urgent clinical need prompted by staffing shortages, even though consultation had not yet taken place, the need for clear public communications, transport and access to hospitals, growing

financial pressures, as well as some concerns about the proposed model for emergency children's services at the Alexandra Hospital in Redditch.

### Hospital Access and Transport

At HOSC's request, hospital access and transport was subject to discussion by the Economy and Environment Overview and Scrutiny Panel at its meeting on 18 May 2016, to which HOSC members were invited. The Scrutiny Panel was reassured by the work in hand, although ownership of transport and access provision would be important. It was suggested more could be achieved through maximising use of infrastructure and the accessibility of hospital sites - which had been designed to enable bus access. The Sixways hospital park and ride provision was impressive, and it was acknowledged that it was not the job of the NHS to provide transport or car parking.

The Trust's Asset Management Director highlighted congestion problems at the Hastings Island entrance to Worcestershire Royal Hospital, and asked for Members' interjection to look at widening access – as part of the current Worcester Woods planning application. The experience of bus operators was that access to hospital sites at busy times of the day was impractical

### **Supporting Information**

- Report of the West Midlands Clinical Senate (June 2016)  
HOSC members have been provided with a copy, which is also available on the website <http://www.worcsfuturehospitals.co.uk/> (under Documents/publications)
- Appendix 1 – Approach to Consultation and weekly plan

### **Contact Points**

#### County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

#### Specific Contact Points for this report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the proper officer (in this case the Director of Commercial and Change) the following are the background papers relating to the subject matter of this report:

- Health Overview and Scrutiny Committee on 4 July, 6 November 2012, 24 January, 25 June and 8 October 2013, 22 January, 22 January, 15 July, 8 October and 5 November 2014, 16 September 2015 and 27 April 2016 - agenda and minutes available on the Council's website at [here](#)
- Economy and Environment Overview and Scrutiny Panel on 18 May – available on the Council's website [here](#)
- The Future of Acute Hospital Services in Worcestershire:  
[www.worcsfuturehospitals.co.uk](http://www.worcsfuturehospitals.co.uk)  
The website includes:

- Reports of the Independent Clinical Review Panel (January 2014), the West Midlands Clinical Senate Report (June 2015) and the West Midlands Clinical Senate Report (June 2016)
- Stakeholder Newsletters and press releases

## **Future of Acute Hospital Services in Worcestershire**

### **The approach to consultation and engagement**

#### **1. Introduction**

This document sets out the broad framework and approach to the formal public consultation to be undertaken on the Future of Acute Hospital Services in Worcestershire which aims to secure long-term clinically and financially sustainable health services for acute hospital services in Worcestershire.

The consultation will be delivered in line with the legal and statutory requirements set out in the legislation in the NHS Act 2006 as amended by the Health Act 2009 and the Health and Social Care Act 2012.

#### **2. Background and context**

Acute Hospital services in Worcestershire have been under review for more than four years. In March 2013, the previous process, the Joint Services Review came to an end and a new process, the Future of Acute Hospital Services in Worcestershire was initiated.

Under FOAHSW an Independent Clinical Panel was appointed to examine and clinical sustainability of the two options for acute health services in Worcestershire. The Independent Clinical Review Panel published its report on January 21<sup>st</sup> 2014. The report rejected both options and recommended a modified option one as the way forward. This modified version of option one was accepted by the three Clinical Commissioning Groups and Worcestershire Acute Hospitals NHS Trust and put to the West Midlands Clinical Senate for review. The West Midlands Clinical Senate supported the majority of the model but asked for further work to be undertaken on the proposed model of care for the emergency department. This work has now been completed and the revised clinical model has been approved by the three CCGS and endorsed by Worcestershire Acute Hospital's Trust Board. There is a clinical consensus on how acute hospital services in the county should be delivered in the future.

Work is now being undertaken on financial modelling with a view to putting the option to public consultation as soon as possible.

#### **3. Statutory and legal requirements of consultation**

The basic principles of consultation are:

- the consultation will be carried out with an open mind as to the final

recommendation

- consultees will be given enough information to enable them to respond in an informed way
- consultees will have enough time to respond (deemed to be 12 weeks)
- all the responses will be fully considered by the Programme Board before any final decision is made.
- The consultation will be scrutinised by Worcestershire County Council's Health Overview and Scrutiny Committee. Worcestershire County Council will decide whether a Joint Overview and Scrutiny Committee should be established in co-operation with neighbouring authorities. The HOSC will have the power to refer any decision made by the local NHS to the Secretary of State should they disagree with it.

#### **4. Consultation objectives**

The objectives of the consultation are:

1. To meet the legal and statutory requirements of a consultation
2. To consult with key stakeholders in as thorough and appropriate a way as possible and take all reasonable steps to secure a written, cogent response to the recommendations from these key stakeholders, clearly demonstrating that these stakeholders have been given every opportunity to submit such a response, within the constraints of the consultation process
3. To demonstrate that the consultation has fulfilled the engagement-specific principles of the 'four tests', to the satisfaction of the Secretary of State.  
The four tests are:
  - There should be clarity about the clinical evidence base underpinning the proposals
  - The proposals have the support of the commissioning GPs involved
  - The proposals genuinely promote choice for their patients
  - The consultation demonstrates strengthened engagement with the public and patients.
4. To achieve an appropriate and reasonable balance between the legal and statutory requirements for consultation, and the needs, expectations and demands of the populations, staff and stakeholders affected.
5. To ensure the consultation is as accessible as reasonable and possible to key stakeholders, including NHS staff, patients and the public.
6. To ensure that by the end of the consultation process the Programme Board has a good and thorough understanding of the issues raised and feedback given by those who have been consulted with.

#### **5. Audience and stakeholders**

A wide range of people including but not limited to: local commissioners, NHS



and other provider organisations in the area and other NHS and health related regulatory bodies, such as NHS England and the Care Quality Commission, local authorities, local MPs, Overview and Scrutiny Committees, Health and Wellbeing Boards, Healthwatch and Health Education West Midlands will be consulted with.

Consultation activity will also aim to secure engagement with the widest group of stakeholders as time and resources allow. This group of stakeholders will include:

- Patients, and their relatives and carers
- Staff
- The public and local communities
- Seldom heard groups
- Voluntary and charitable organisations
- Patient groups
- Trade unions and staff representatives
- Pressure Groups
- Young people

## **6. Equality Act Compliance Review and engaging ‘seldom heard groups’**

A combined Health Impact and Equality Act Assessment of the proposals is underway. The purpose of this is to ensure that groups recognised as being ‘seldom heard’ and reflecting the nine protected characteristics outlined in equalities legislation are appropriately engaged and consulted thus ensuring their views on the options being considered are heard.

Healthwatch, the Patient, Public and Stakeholder Advisory Group to the Programme Board and local councils will be asked to provide details of groups and networks to engage with during consultation, including those recognised as ‘seldom heard’ and reflecting the nine protected characteristics and this will inform our approach.

## **7. Timeline**

The Cabinet Office has published guidance which states that the public consultation can be anywhere between two and 12 weeks long with more complex consultations needing the longer timeframe.

Following the conclusion of the consultation, the Programme Board, the Governing Bodies of the Clinical Commissioning Groups and the Worcestershire Acute Hospitals Trust Board will consider the feedback and use this to inform their final recommendations.

## **8. Consultation materials and resources**

The following elements will help to deliver the consultation. The consultation will

be supported by awareness raising activity, via traditional and online/social media, through newspaper adverts, posters, postcards etc which will signpost people to information about the consultation and how to respond to it through a variety of channels.

## **8.1 Consultation document**

At the heart of the consultation will be a full consultation document. This document will set out:

- the reasons for the review
- the scale of the challenge
- a summary of the recommended clinical model of care
- the process that has been undertaken to review all previous options
- an overview of what this means for patients and the public using Worcestershire Acute Hospitals' services, using case studies and real life examples to bring the proposals to life.

In addition the consultation document will include a series of questions to seek people's views (see section on consultation feedback below).

Every reasonable effort will be made to ensure that consultation materials can be accessed in different formats and languages upon request. If the timetable allows we will apply for a 'crystal mark' from the Plain English Campaign for the consultation document, which would endorse it as a clear and easily understandable document. Every effort will be made to ensure the consultation document and accompanying materials are clearly written and easily understood.

## **8.2 Consultation document distribution**

A range of consultation materials will be distributed to the following locations across WAHT's catchment area:

- GP surgeries
- Pharmacies
- Dental surgeries
- Optician outlets
- Libraries
- Town halls
- NHS hospital sites
- Community centres
- Leisure centres

A selection of materials will also be made available in other neighbouring localities that might be affected by the recommendations areas namely, South Warwickshire, South Birmingham, Shropshire and Herefordshire. This will be based on advice from NHS organisations and local authorities in those areas.

All consultation materials will be available online, via the consultation website, from launch day on (date to be confirmed)

### **8.3 Supporting materials**

A consultation of this kind requires a host of other materials to be produced to support the consultation document and engagement events. The need for this material will be anticipated as much as possible before the commencement of the public consultation, but it is likely that some additional material will need to be produced at very short notice during the consultation period itself.

Materials may include:

- factsheets for individual localities
- factsheets for NHS acute provider organisations (by site)
- factsheets for specific services
- briefings and presentations for relevant meetings ‘myth busters’ to counter inaccurate or exaggerated claims
- posters and newspaper adverts providing engagement event details and where people can find out more information
- postcards to help raise awareness of the consultation and to signpost people to further information and how to respond.

Some of these will only be available electronically via the consultation website, for online use or for individuals/organisations to download and print as they wish.

### **8.4 Engagement events and meetings**

Consideration has been given to the spread, frequency and format of engagement events and meetings – these will primarily fall into five categories:

- Large scale engagement events.
- Deliberative events – invited representatives, experts and stakeholders, at independently moderated meetings considering specific issues, such as maternity services, transport, clinical sustainability, etc ...
- Requests to attend meetings / events organised by others – established meetings e.g. Local Authority Meetings, Health Overview and Scrutiny Meetings, NHS Public Board meetings, etc...
- Seldom heard engagement – focus groups, targeted engagement (specifically following feedback from Healthwatch and the Patient Public and Stakeholder Advisory Group)
- One-to-one meetings – specifically with key stakeholder organisations and individuals

A meeting and event tracker will ensure all engagement events, planned and

requested, are acknowledged, captured and representatives can be assigned to attend as available and as appropriate.

Materials and supporting tools for the broad range of events and meetings, for example display materials, briefings, presentation slide packs will be developed.

As part of this consultation plan proposed dates, times and venues of public engagement events will be published. Additional engagement work with a range of groups and communities will be undertaken as part of the combined Health Impact and Equality Act Assessment work.

### **8.5 Online and social media**

The nature of the consultation is such that there is likely to be higher dependency on online communications and engagement.

A dedicated consultation website will include as a minimum:

- Document library containing all the published consultation materials, reports and factsheets.
- Consultation engagement event calendar detailing dates and venues
- Online consultation feedback mechanism (see below for more detail).

The consultation will also use social media, to communicate to social media communities, with the purpose of pointing the public to the website and to consultation events to make their response to the consultation.

### **8.6 Media – proactive and reactive handling**

The approach to the media is designed to be informative and make the consultation process accessible and understandable.

There will be proactive approaches to local media, designed to help them plan their coverage of the consultation and raise awareness and understanding of the recommendations and how to respond to them. Activities will include general updates, interviews, features, letters to editors, direct communication with readers. There will be some embargoed pre-launch activity to ensure the widest possible awareness is generated at launch.

Press briefings will be organised for all types of media to mark the launch of the consultation and to supply them with the full narrative and key messages. This is an opportunity to promote the consultation to a wide audience so that people can learn about and consider their response within the necessary timescale.

Adverts will be placed in local papers aiming to encourage patients and public to take part in the consultation.

## **9. Spokespeople**

The spokespeople will include representatives from the three CCGs and the Acute Trust. This is to ensure that the largest number of meeting opportunities and requests can be fulfilled. Support will be provided to spokespeople to ensure they are well briefed and can respond effectively and articulate the proposals to a high standard to promote as wide an understanding and response to them as possible.

## **10. Collecting and analysing consultation responses**

An independent organisation will be appointed develop the consultation questionnaire and to independently collect and analyse all consultation responses.

Respondents will be able to provide a response to the consultation in a variety of different ways including online or hard copy sent back using a freepost address. Specific details explaining how people can respond to the consultation are set out in Annex Two to this plan.

In addition, consideration is being given to those respondents for whom English is not their first language, for example translation of the consultation questionnaire or interpretation through the use of a telephone-based interpretation facility.

### **10.1 Consultation Enquiries Unit**

The consultation is likely to prompt a large number of enquiries as well as requests under the Freedom of Information (FOI) Act, all of which are required to be responded to in a timely fashion.

A Consultation Enquiries Unit will be in place for the duration of the consultation period, supported by appropriate resources. It will be the point of contact for any person who has an enquiry about the consultation.

A dedicated telephone number ?????????? and email address [future.hospitals@worcestershire.nhs.uk](mailto:future.hospitals@worcestershire.nhs.uk) will be available. The unit will be managed Monday to Friday between 0900 and 1700. Each enquiry will be acknowledged, logged on a database and responded to by the appropriate team member in a timely fashion.

## **11. Budget**

Every effort will be made to ensure value for money is achieved during this consultation. However, this desire must be balanced with the reality of significant time constraints, breadth and depth of consultation requirements as well as specialist skills needed to deliver it. There may be a need to commission additional and often specialist support and expertise from external parties.

## **12. Risk and mitigation**

The risks to the delivery of the consultation will be regularly assessed (with input from the Project Board’s Patient Public and Stakeholder Advisory Group), using a risk matrix to multiply consequence by likelihood of occurrence, thereby providing a risk rating. The top five risks to the delivery of the consultation will be assessed using this approach and then mitigating actions will be implemented to minimise these risks. The risk register will be reviewed regularly and a risk log opened, with escalation to the Programme Board as appropriate and necessary.

### 13. Evaluation

Evaluation of consultation activity and delivery against objectives will consistently run throughout the consultation period with a focus on key outcomes.

Weekly consultation team meetings will ensure regular review, as will collaboration with NHS communications and engagement professionals in the local health economy through a Communications Liaison group which will provide the information and ability to quickly respond and react to arising issues.

### 14. Phases for the consultation

- There will be a preparation phase for the production of documentation and materials.
- There will then be three distinct public phases to the process, which will have different elements of activity

	Date	Activity
<b>Preparation</b>		Preparation of materials for publication and launch
<b>Phase 1</b>		Public Consultation
<b>Phase 2</b>		Review of responses Final drafting of proposals for the future
<b>Phase 3</b>		Formal Clinical Model for the Future of Acute Hospital Services in Worcestershire published

#### Preparation Phase

##### Purpose

- Produce key messages and briefing materials
- Identify key issues and themes which it is anticipated will generate significant interest and produce messaging and narrative for them

- Identify all stakeholders
- Write to all stakeholders to alert them to the start of consultation
- Identify and book venues for the public meetings and community roadshows.
- Prepare for the launch and consultation.
- Organise the media launch
- Continue to generate public awareness and promote public understanding of the dates of the consultation launch and consultation activities
- Ensure independent oversight of the engagement process.
- Issue a press release to mark the start of the consultation.
- Publication of all documents on the website.
- Emailing of all documents to stakeholders.
- Involve Healthwatch in the development of materials.
- Involve Healthwatch in the plans and seek their reassurance that the proposed communications and engagement activities will enable the people of Worcestershire to join the debate and be able to influence the future of acute hospital services in the county.
- Use the Patient and Public Advisory Group to provide independent input into the consultation and engagement activities.

### Approach

- To understand the proposed clinical model, identify and agree key themes and messages and produce and test narrative content
- Preparation of the CCGs through briefing and testing their comfort with the materials.

### Materials/Events to be developed

- Frequently Asked Questions
- Presentation
- Press release

## **Phase 1 – Public Consultation and engagement**

### Purpose

- To engage and consult with the residents of Worcestershire and the surrounding areas and to gather their views on the future of acute hospital services in the county
- Manage media interest and enquires

- To promote the consultation to stakeholders and residents.
- To promote understanding of the consultation process, how to participate in it, how to respond to it and awareness of public meeting dates and venues.
- Monitor themes and issues arising and develop and implement responses as necessary
- Ensure effective running of the consultation and public, stakeholder and media awareness of its timetable, events and how to participate
- Identify and develop responses to unplanned issues/events
- Manage the conclusion of the consultation period and provide information about the post consultation period.

### Approach

- To use all available communication channels – website, email, twitter, media to promote the consultation and participation in it.
- To manage media enquiries and provide briefings and consultation materials.
- Use the period to identify key emerging themes of interest and/or challenge and develop appropriate responses and materials – briefings, factsheets, presentational aides, etc...
- Prepare for the public, staff and stakeholder meetings
- As the consultation progresses shift emphasis from participation in events to generating and receiving responses.
- Providing information on how to respond and the reducing time available to respond.
- Development of strategy and materials for post-consultation phase

## **Phase 2 – Analysis of responses and refinement of proposal**

### Purpose

- Understand the views of the residents of Worcestershire and the surrounding areas
- Use the responses to refine the final proposal for the future of acute hospital services in Worcestershire

### Approach

- Use the Patient and Public Sub Group to oversee the review of responses to the consultation
- Share themes with stakeholders as they emerge



## **Phase 3 – Publication of the final model for the Future of Acute Hospital Services in Worcestershire**

### Purpose

- Publish the final report
- Ensure local residents are aware of the report and how it will affect them

### Approach

- Publication of the final report on the web
- Copies of final report to be e-mailed to all stakeholders

### **Weekly Consultation Plan**

<b>Week -1</b>	Briefing of key stake-holders Adverts placed announcing start
<b>1</b>	Press release start of consultation E-mail documents to all groups/individuals Internal comms in all partner orgs Mail out all documents GP packs distributed to surgeries Radio phone in
<b>2</b>	Community roadshows to hand out information at Alex, Kidderminster and WRH Community meetings Press release next week's activities
<b>3</b>	Community meetings Press release (update so far) Press release next week's activities
<b>4</b>	Public meeting Worcester Racecourse Community meetings Community roadshow (Malvern Hospital) Press release next week's activities
<b>5</b>	Community meetings Community roadshow (Bromsgrove POWCH) Redditch public meeting (Palace Theatre) Press release next week's activities
<b>6</b>	Community meetings Press release (update so far) Radio phone in Roadshow Tenbury hospital

	Public meeting Malvern (Cube) Press release next week's activities
<b>7</b>	Press release (halfway stage) Community meetings Community roadshow (Evesham Hospital) Public meeting (Bromsgrove) Press release next week's activities
<b>8</b>	Community meetings Public meeting (Kidderminster)
<b>9</b>	Community meetings Press release (hospital roadshows) Public meeting (Evesham)
<b>10</b>	Community meetings Roadshow (Alex) Roadshow (WRH) Roadshow (Kidderminster) Radio phone-in
<b>11</b>	Press release (two weeks left to have your say) Community meetings
<b>12</b>	Community meetings Press release (final days) Consultation closes
<b>13</b>	Press release (thanks for taking part, what happens next)

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE 19 JULY 2016**

### **ADULT MENTAL HEALTH TRANSFORMATION – a) Secondary Care Community Services b) Secondary Care Inpatient Services**

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#### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to consider information provided in relation to Adult Mental Health Transformation.
2. Members have always taken a keen interest in mental health services and have received a number of briefings. At its 9 December 2015 meeting, the HOSC looked specifically at the development of the Employment and Reablement Pathway. This meeting will provide an update on all developments and more specifically focus on those associated with Secondary Care Community Services and Inpatient Services (paragraphs 6c-12)
3. Representatives from Worcestershire Health and Care Trust and the 3 Worcestershire Clinical Commissioning Groups have been invited to attend.

#### **Background**

4. Adult Mental Health Services are currently provided by Worcestershire Health and Care Trust (WHCT) and commissioned by the 3 Worcestershire Clinical Commissioning Groups (CCGs). *Please note: at the time of the last HOSC discussion, Worcestershire County Council (WCC) had commissioning responsibility for Adult Mental Health Services.*
5. In this current fiscal climate both commissioners and providers are faced with really difficult decisions around how resources are used to best effect. Combined financial pressures across the system means that there is a reduction in how much money is spent on mental health services across Worcestershire over the next few years. However, all stakeholders are committed to offering the very best services we can and modernising these within the constraints we have.
6. There are a range of changes and developments taking place:

#### **a) *Employment and Reablement Pathway***

To recap on the previous briefings to the HOSC, at the end of 2015, WHCT brought together service users, staff and other stakeholders to re-design its vocational service, part of the portfolio of the Employment and Reablement Services. The budget was circa £700k and a savings target of £250k was set by commissioners, which has been released through the new delivery model.

The Vocational Service provides activities for people who need support to re-build their confidence, or to gain new skills to equip them for future work,

volunteering or education following a mental health illness. The service had been run predominantly out of three centres; Shrub Hill Workshop in Worcester, Orchard Place Workshop in Redditch and Link Nurseries in Powick. On 1 April 2016, the newly re-designed service went live which moved it to more of an outreach model with just one centre, initially Shrub Hill Workshop (Worcester), and more links to existing groups and activities being run across the county.

The new service is known as New Opportunities Worcestershire, and increases the options for more people to access outreach groups and activities than has been previously been possible. The Worcester base will continue to provide arts and construction activities as well as support for people looking to sharpen up their office and administrative skills. The new outreach projects include horticulture at the Fairfield Neighbourhood Learning Centre in Warndon (Worcester), woodwork at the Old Needleworks (Redditch) and a further horticultural project based at the Princess of Wales Community Hospital (Bromsgrove). Further courses in art and IT will commence in venues in Kidderminster, Evesham and Bromsgrove over the next months.

Those already in our services who are recovering from mental health illnesses can attend these activities as part of their recovery journey. More information on New Opportunities Worcestershire, including the developing list of outreach opportunities is on the Trust's website here:

[www.hacw.nhs.uk/our-services/new-opportunities-worcestershire](http://www.hacw.nhs.uk/our-services/new-opportunities-worcestershire)

**b) Primary Care Mental Health Services (PCMHS)**

The new model of enhanced primary care mental health services is known as Worcestershire Healthy Minds and supports those with low level mood, anxiety and depression by offering Talking Therapies and group work. Other aspects of the service include locally based access to Mental Health Professionals attached to GP surgeries who can support people in the community who have recently experienced treatment from secondary care services. Healthy Minds also seeks to ensure that individuals have access to services which help them live well in the community, including those that support self-management of care and improve wellbeing. £500,000 of existing funding from Secondary Care Community Services is being reallocated to establish the new Healthy Minds service and to support delivery of this more holistic service model.

The first phase of the new model was successfully implemented at the beginning of April 2016. The Wellbeing Hub started on the 16th May and is managed by Community First (the Trust's partnership arrangement with the voluntary and community sector). Mood Master providers are now all in place and offering a County Wide self-referral access to groups in 6 areas.

The new pathway for stepping up and down of patients between Primary and Secondary Care services will focus on the Peer Support and Gateway Worker liaison models. A procurement / engagement exercise to establish the Peer Supporter network through VCS providers is underway. The new Peer Support network is expected to be in place from October 2016, alongside the

County Wide increased complement of Gate Way Workers to add to the step down support and treatment options for the current Secondary Care patients.

A full launch of the whole service is expected late summer/ early autumn when all final aspects of the new service are implemented and running as a County Wide Worcestershire Healthy Minds.

Some of this new service is funded through the Public Health Ring-Fenced Grant (the subject of the 30 June 2106 HOSC meeting) and although this investment has been maintained currently any decision to reduce or withdraw funding in the future would significantly impact on delivery. At this time a decision regarding future funding and sustainability is still pending.

**c) *Secondary Care Community Services and Inpatient Provision***

As stated above, £500,000 is being reallocated following the review and redesign of Secondary Care Community Services to ensure the roll out of Worcestershire Healthy Minds and phases of development, including a County Wide Single Point of Access (SPA) model proposal. A further £410,000 of savings from the Trust's Secondary Care Community budgets is required for the County Council's Future Lives Programme.

As well as the above savings and reallocation of funds, a further £500,000 is required for the national efficiency programme, which will be met through the redesign of Secondary Care Inpatient Services.

Worcestershire Health and Care Trust has taken a Co-Production approach to the redesign of the secondary care community and inpatient services. This means we are collaborating and working in partnership with our service users and the wider public to shape a model together for what mental health services will look like. HOSC Members received an update on 10 March 2016 which set out the approach taken to work together with service users and stakeholders.

The detail of the clinical and operational models has now been developed and will inform the external formal consultation. The consultation will commence mid-July and run until the end of September. The themes and key messages included in the consultation will be presented to HOSC at the 19 July 2016 meeting.

## **Purpose of the Meeting**

7. Members are asked to consider the information provided and determine whether the HOSC has any comments on the proposals. Members may wish to consider the following:

- current and future service provision and performance
- impact on service users, including numbers affected
- how service users and other stakeholders have been involved
- next steps.

8. In May 2010, the Secretary of State for Health set out four key tests for service reconfigurations, requiring them to demonstrate:

- support from clinical commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with current and prospective patient choice.

9. The Centre for Public Scrutiny suggests a number of questions to ask when scrutinising NHS service redesign or reconfiguration:

- What is the purpose of the proposed redesign or reconfiguration?
- How extensive, inclusive and adequate is the consultation process?
- How will access to services be affected?
- What demographic assumptions have been made in formulating the proposals?
- What provisions are being made for the effects on patient flow of initiatives around choice and commissioning?
- What is the clinical evidence on which the proposals are based?
- How will proposed reconfigurations contribute to joint working?
- How will the proposals help the NHS achieve its health improvement goals and reduce health inequalities?
- What infrastructure will be available to support redesigned or reconfigured services?

## Contact Points

### Provider (Worcestershire Health and Care Trust) Contact Point

Susan Harris

Director of Strategy and Business Development

[susan.harris2@nhs.net](mailto:susan.harris2@nhs.net)

### Commissioner (Clinical Commissioning Group) Contact Point

Jenny Dalloway

Lead Commissioner – Mental Health and Dementia

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### Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of Cabinet on 16 July 2015 – available on the Council's website [here](#)
- Report and Decision Notice of the Cabinet Member for Health and Well-being on 20 November 2015 – available on the Council's website [here](#)

- Agenda and Minutes of the Health Overview and Scrutiny Committee's discussion of mental health services on 5 November and 9 December 2014 and the 3 March, 4 November and 9 December 2015 and 10 March 2016 – available on the Council's website [here](#)

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **19 JULY 2016**

## **E-CIGARETTES**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an overview of e-cigarettes from the County Council's Interim Director of Public Health.

### **Background**

2. As part of the HOSC's update and discussion on services funded by Public Health Ring-Fenced Grants (PHRFG), interest was expressed in understanding more about use and potential impact of e-cigarettes.
3. HOSC Members will be aware that as part of reductions to PHRFG funding nationally, following consultation with partners, the Council has discontinued commissioning of smoking cessation services, except for pregnant women – the impact of which is being monitored by Worcestershire's Health and Wellbeing Board.

### **Purpose of Meeting**

4. Members are invited to consider and comment on the use and potential impact of e-cigarettes.
5. Following the discussion, HOSC Members are asked to consider whether any further information is required at this stage.

### **Supporting Information**

- Appendix 1 – HOSC Briefing (Worcestershire Public Health)

### **Contact Points**

#### County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

#### Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## **Background Papers**

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of:

- Health Overview and Scrutiny Committee on 30 June 2016, available on the website [here](#)
- Cabinet on 16 July 2015, available on the website [here](#)
- Cabinet Member Decision on 20 November 2015, available on the website [here](#)

# **E-cigarettes Briefing**

## **FAO: Health Overview and Scrutiny Committee**

### **July 2016**

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## E-cigarettes Briefing

### Key messages

- Smoking is the leading cause of death, disability and health inequality.
- E-cigarettes are now the most popular form of quit support.
- The long-term health effects of e-cigarettes are unknown. They are likely to be 95% less harmful than tobacco but are not risk free.
- Many people wrongly believe that nicotine causes cancer. Nicotine use is different to tobacco use.
- National policy advises smokers who have tried other methods of quitting without success can be encouraged to try e-cigarettes to stop smoking.<sup>1</sup> This is a principle called tobacco 'harm reduction'.
- The challenge is to make the most of the potential to improve smokers' health, while reducing potential use in young people and non-smokers. The new EU Tobacco Products Directive has an important role to play in restricting advertising and improving quality and safety.

### Context

In the UK, 18% of adults smoke, and 17.1% in Worcestershire.<sup>2</sup> But smoking is now strongly concentrated in certain groups, such as people in the most deprived areas, prisoners, people with mental illness, and the homeless. In the UK, 28% of routine and manual workers smoke, and 31.3% in Worcestershire.<sup>3</sup> Smoking is still the largest avoidable cause of premature death, disability and social inequalities in health. In Worcestershire, 860 people aged over 35 die from smoking-related causes every year, around 1 in 6 of all deaths.<sup>4</sup> In Worcestershire, almost 79,000 people still smoke, half of these people will die from smoking if they do not quit.<sup>5,6</sup>

When the wider costs to society are taken into account, smoking costs Worcestershire an estimated £138.8 million per year, from lost productivity, NHS treatment, social care, sickness absence, smoking-related fires, litter picking and passive smoking.

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<sup>1</sup> PHE (2015) [E-cigarettes: an evidence update. A report commissioned by Public Health England](#). London, Public Health England.

<sup>2</sup> [Public Health Outcomes Framework](#).

<sup>3</sup> [Public Health Outcomes Framework](#).

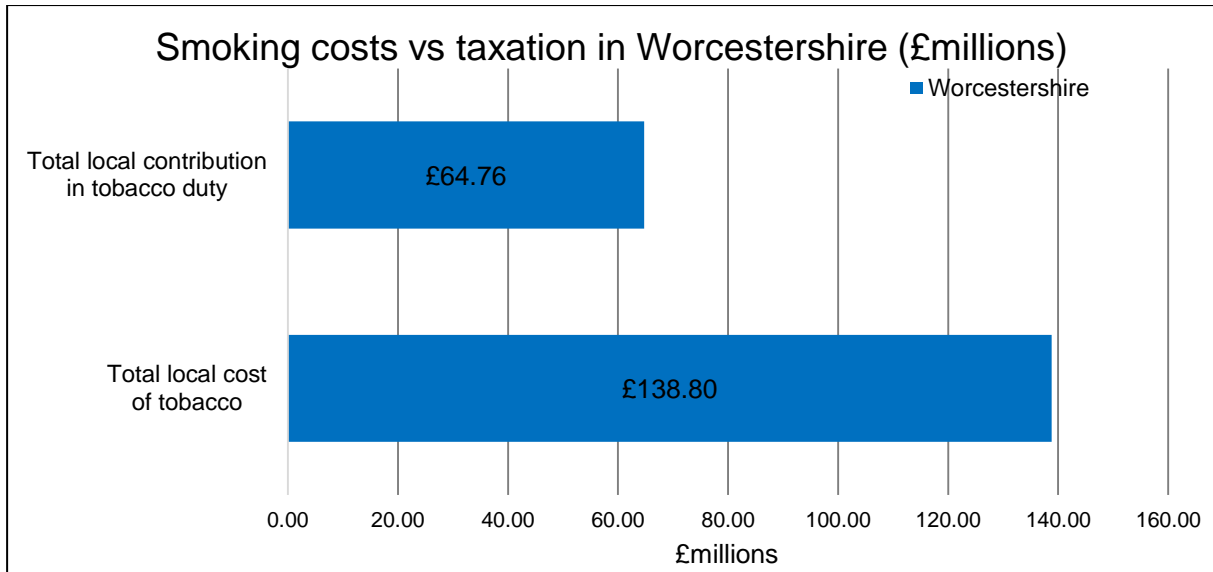
<sup>4</sup> PHE (2016) [Local Tobacco Control Profiles for England](#).

<sup>5</sup> ASH (2016) [Ready Reckoner](#).

<sup>6</sup> ASH (2016) [Health inequalities and smoking](#). London: Action on Smoking and Health.



## E-cigarettes Briefing



Source: ASH (2016) [Ready Reckoner](#).

### Nicotine, addiction and harm reduction

Many smokers continue smoking not by choice but because they are addicted to nicotine. Around 68% of smokers want to quit. More than a third of smokers attempt to stop each year but only around 2-3% succeed long-term.<sup>7</sup> This is why [wider tobacco control measures](#) are key to driving down smoking rates, alongside encouraging more quit attempts in smokers.

Nicotine is not the cause of health harm from smoking, it is the thousands of toxins produced by the tobacco combustion process that kill. This means the health harms from smoking can be avoided by replacing cigarettes with a less toxic form of nicotine.

This is why 'safe' sources of nicotine are used to help people quit smoking, alongside behavioural support.<sup>89</sup> Licensed nicotine replacement therapy (NRT) such as nicotine chewing gum, patches, lozenges, and nasal sprays are designed to replace the nicotine from cigarettes, ease withdrawal symptoms and make it easier to quit tobacco. In 2013, NICE recommended that licensed nicotine could be used on a long term basis to help reduce the harm from tobacco use.<sup>10</sup> These products are available over the counter or off the shelf.

**"People smoke for the nicotine, but die from the tar."**  
(Mike Russell, The BMJ, 1991)

<sup>7</sup> ASH (2014) [Stopping smoking: the benefits and aids to quitting](#). London: Action on Smoking and Health.

<sup>8</sup> An overview of NICE guidance on smoking cessation and prevention is available [here](#).

<sup>9</sup> RCP (2007) [Harm reduction in nicotine addiction](#). London: Royal College of Physicians.

<sup>10</sup> NICE (2013) [\[PH45\] Smoking: Harm Reduction](#). London: National Institute for Health and Clinical Excellence.



## E-cigarettes Briefing

### What are e-cigarettes?

Electronic cigarettes (e-cigarettes), also known as vapourisers, are battery-powered devices that deliver nicotine by heating a solution of nicotine, flavouring, additives and propylene glycol and/or vegetable glycerine (glycerol). The terms 'vaping', 'vapers' and 'vapes' are popular. Unlike cigarettes, there is no combustion involved in the process.

E-cigarette designs are developing rapidly. 71% of vapers use an e-cigarette that is rechargeable and has a **tank** or reservoir to fill with liquids (pictured right below), 23% use an e-cigarette that is **rechargeable** with replaceable pre-filled cartridges, 3% use a **disposable** e-cigarette (ASH, 2016). 'Cig-a-likes', pictured left below, are the least popular type of e-cigarette. 'Third generation' e-cigarettes are popular with users, can be customised and generally deliver nicotine more effectively than first generation devices, making it more likely users will switch from tobacco for good.<sup>11</sup>



Source: NCSCT (2016) [Electronic cigarettes: a briefing for stop smoking services.](#)

### How is e-cigarette safety regulated?

Previously, e-cigarettes were regulated in the UK as general consumer product, with restrictions on advertising and a minimum age of sale of 18. In May 2016, the EU Tobacco Products Directive came into force. There is a transitional period until May 2017 to allow companies to sell through current products.

<sup>11</sup> RCP (2016) [Nicotine without smoke: Tobacco harm reduction.](#) London: Royal College of Physicians, 2016.



## E-cigarettes Briefing

E-cigarettes containing less than 20mg/ml of nicotine will be classified as tobacco-containing products, meaning:

- They will be subject to advertising restrictions
- They cannot make health claims
- They must display a health warning about the addictive properties of nicotine
- They must meet standards for child resistant packaging
- Tanks must be no larger than 2ml volume.

Products making health claims or containing over 20 mg/ml of nicotine will need medicines authorisation by the Medicines and Healthcare Products Regulatory Agency. Licensed e-cigarettes may therefore become available on prescription through the NHS. In January 2016 E-voke, produced by British American Tobacco, became the first e-cigarette to be medically licensed, but will not come on the market until 2017.

Most vapers currently prefer products that are already below the TPD cut-off limits of 20mg/ml of nicotine and 2ml tanks.<sup>12</sup>

### Who uses e-cigarettes?

The number of e-cigarette users in Great Britain has grown rapidly, from 700,000 in 2012 to 2.8 million in 2016.

	2012	2013	2014	2015	2016
Number of electronic cigarette users (vapers) in Great Britain	700,000	1.3 million	2.1 million	2.6 million	2.8 million

Source: ASH (2016) [Use of electronic cigarettes \(vapourisers\) among adults in Great Britain](#).

The vast majority of vapers are current or ex-smokers. E-cigarettes are now the most popular form of quit support.<sup>13</sup>

<sup>12</sup> ASH (2016) [Use of electronic cigarettes \(vapourisers\) among adults in Great Britain](#). London: Action for Smoking and Health.

<sup>13</sup> West R, Brown J, Beard E (2016), [Electronic cigarettes in England: latest trends](#). Smoking in England, 2016.



## E-cigarettes Briefing

### Why do people use e-cigarettes?

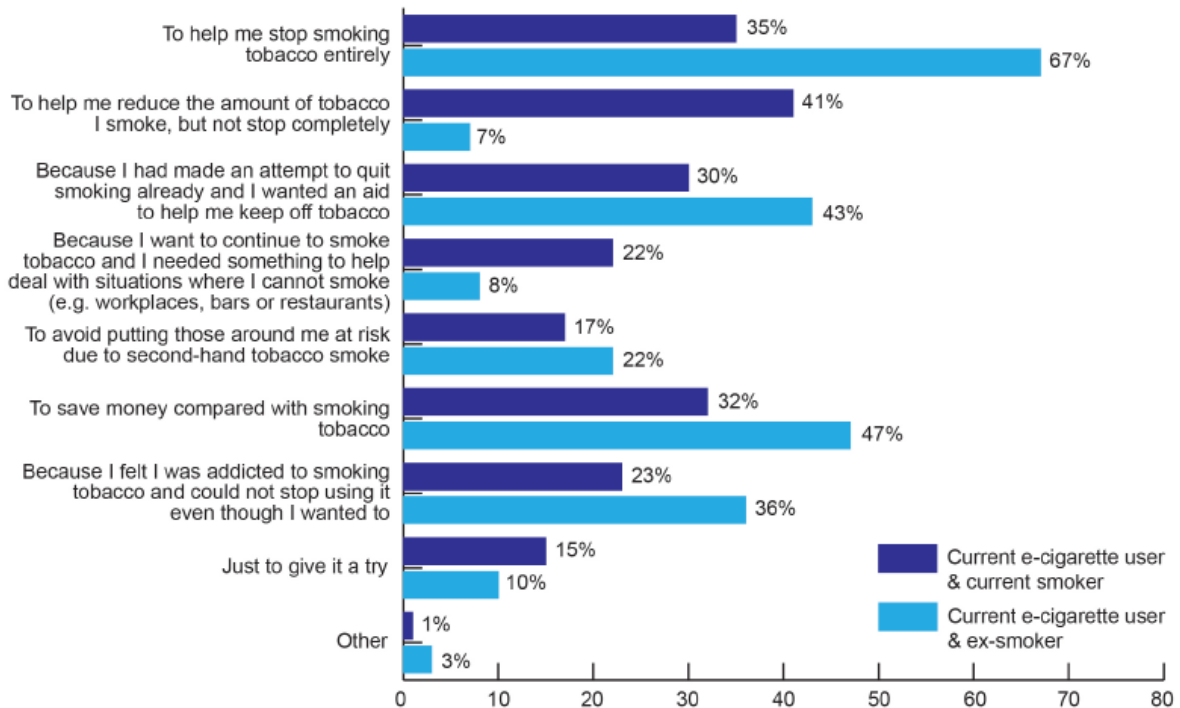
The top three reasons ex-smokers give for currently using e-cigarettes are:

- To help me stop smoking entirely (67%)
- To save money compared with smoking (47%)
- To help keep me off tobacco (43%)

The top three reasons current smokers give for currently using e-cigarettes are:

- To help me reduce the amount of tobacco I smoke, but not stop completely (41%)
- To help me stop smoking entirely (35%)
- To save money compared with smoking (32%)

### Reasons for using electronic cigarettes among current users



Unweighted base: GB adult current e-cigarette user and current smoker (n=330), GB adult current e-cigarette user and ex-smoker (n=329, 2016)

Source: ASH (2016) [Use of electronic cigarettes \(vapourisers\) among adults in Great Britain.](#)





## E-cigarettes Briefing

### What is the current national policy position on e-cigarettes?

On 6 July 2016 major public health organisations published a [consensus statement](#) on e-cigarettes.<sup>14</sup> The key messages are:

- E-cigarettes are significantly less harmful than smoking.
- Millions of smokers wrongly think that e-cigarettes are at least as harmful as tobacco.
- All the evidence suggest the health risks are relatively small by comparison but we must continue to study the long-term effects.
- The current evidence is that in the UK regular cigarette use among youth is almost exclusively confined to young people who previously or currently smoke, and youth smoking prevalence is continuing to fall. This area must be kept under close surveillance.
- There is no circumstance in which it is better for a smoker to continue smoking.

Previously Public Health England published an estimate that e-cigarette use is around 95% less harmful to health than smoking (but not risk-free), to address some of the misunderstandings around the relative harm from tobacco and e-cigarettes. Sensationalist and misleading media reports may be contributing to public misunderstanding.<sup>15</sup>

### What concerns have been raised around e-cigarettes?

- **Children and young people:** concerns have been raised that children and young people may experiment with e-cigarettes, then go on to smoke cigarettes as a result. There is evidence to show young people are experimenting with e-cigarettes, and this increased from 5% to 13% (2013 – 2015). However, 80% of these young people had only tried an e-cigarette once or twice - only 0.5% used them once or more per week. Like adults, most regular users previously or currently used tobacco. A number of surveys have found similar findings.<sup>16</sup>
- **Renormalising smoking:** Early products were designed to look similar to normal cigarettes. This fuelled concerns they would normalise smoking or act as a gateway to tobacco. To date there is no UK evidence to suggest popular tank products (see above) are normalising smoking.

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<sup>14</sup> PHE (2016) [E-cigarettes: a developing public health consensus](#). London: Public Health England.

<sup>15</sup> PHE (2015b) [E-cigarettes: an evidence update. A report commissioned by Public Health England](#). London, Public Health England.

<sup>16</sup> RCP (2016) [Nicotine without smoke: Tobacco harm reduction](#). London: Royal College of Physicians, 2016.



## E-cigarettes Briefing

- **Safety:** There is a risk of fire from the electrical elements of EC and a risk of poisoning from ingestion of e-liquids. These risks appear to be comparable to similar electrical goods and potentially poisonous household substances. Safety has improved as products have evolved; childproof packaging and instructions on using the correct charger are now industry standard and will now be enforceable under the EU TPD.<sup>17</sup>
- **Dual use:** this refers to concerns that smokers will use e-cigarettes *as well as* cigarettes, not *instead of* them. But current levels are similar to 'dual use' of NRT and cigarettes<sup>18</sup> – quitting smoking is not easy and the majority of both e-cigarette and NRT users also smoke. Quitting often takes several attempts before success.
- **Pregnancy:** although pregnant women are advised not to use nicotine, if they are successfully using e-cigarettes as an alternative to tobacco, this should not be discouraged due to the serious harm of smoking to mother and baby.<sup>19</sup>
- **Tobacco industry involvement:** The tobacco industry have invested heavily in the e-cigarette market, which raises legitimate concerns around their motives and practice. Public Health England is monitoring tobacco industry involvement in the e-cigarette market and being vigilant to ensure organisations can meet obligations under Article 5.3 of the Framework Convention on Tobacco Control to protect public health policy from commercial and other vested interests of the tobacco industry.<sup>20</sup>
- **'Passive vaping':** Public Health England have published new guidance published to support organisations in developing policies around e-cigarette use, based on five principles (below).<sup>21</sup> There is no justification to ban e-cigarettes under smokefree law, though there may be other legitimate reasons for organisations to ban them on their premises, for example for commercial reasons or professional etiquette.

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<sup>17</sup> PHE (2015b) [E-cigarettes: an evidence update. A report commissioned by Public Health England](#). London, Public Health England.

<sup>18</sup> West R, Brown J, Beard E (2016), [Electronic cigarettes in England: latest trends](#). Smoking in England, 2016.

<sup>19</sup> NCSCT (2016) [Electronic cigarettes: a briefing for stop smoking services](#). London: National Centre for Smoking Cessation and Training.

<sup>20</sup> PHE (2015a) [E-cigarettes: a new foundation for evidence based policy and practice](#). London, Public Health England.

<sup>21</sup> PHE (2016) [E-cigarettes in public places and workplaces: a 5-point guide to policy making](#). London, Public Health England.



## E-cigarettes Briefing

### **E-cigarettes in public places and workplaces: a 5-point guide to policy making**

#### **Public Health England**

#### **1. Make a clear distinction between vaping and smoking**

E-cigarettes do not meet the legal or clinical definitions of smoking, carry a fraction of the risk and have the potential to improve public health. So policies need to be clear on the differences between vaping and smoking.

#### **2. Ensure policies are based on evidence of harm to bystanders**

UK smokefree laws were introduced after clear evidence of harm to bystanders. Evidence shows the risk to bystanders from e-cigarettes is negligible and fears of 'passive vaping' are not well-founded.

#### **3. Identify and manage risks of uptake by children and young people**

In developing policies for child and youth settings, guarding against potential youth uptake should be balanced with fostering an environment where it is easier for adults not to smoke.

#### **4. Support smokers to stop smoking and stay smokefree**

Policies need to make it easier to vape than to smoke. For example, vapers should not be required to use the same space as smokers, as this could undermine their ability to stay smokefree.

#### **5. Support compliance with smokefree law and policies**

Support compliance with smokefree law by emphasising a clear difference between smoking and vaping. Communicate clearly where vaping is permitted or prohibited.



## E-cigarettes Briefing

### What do we still need to know?

We won't know the **long-term health effects** of e-cigarettes for decades. The policy being made now takes a pragmatic approach, weighing the possible risks of e-cigarettes against the definite significant health harm of tobacco. E-cigarettes will continue to be researched and monitored to assess their long term impact.

It is also important to consider **health inequalities**. Overall, e-cigarettes are cheaper to use than cigarettes, but the relatively high upfront cost (at least £20 for a starter kit) may put off people on low incomes. People in higher social grades are more likely to use e-cigarettes.<sup>22</sup>

### What is the role of the local authority?

- Demonstrate leadership by signing up to the Local Government Declaration on Tobacco Control.
- Advocate for strong public health and tobacco control action locally.
- Enforce age-of-sale on cigarettes and e-cigarettes.
- Promote smokefree homes, cars and playparks.
- Support effective national measures such as plain packaging and increased tobacco duty.
- Counteract smuggled and counterfeit tobacco.
- Enforce the tobacco and e-cigarette advertising ban.
- Monitor smoking prevalence and action if there are changes in downward trend.

### What can you do?

- Keep informed and up to date on tobacco control and e-cigarette policy through the organisations and websites below.
- Sign up to the [Smokefree Action Coalition](#) newsletter for national updates.
- Contact Lucy Chick on [lchick@worcestershire.gov.uk](mailto:lchick@worcestershire.gov.uk) (Health and Well-being Strategy Development Officer) to join the Worcestershire Tobacco Control Alliance.
- Be aware that reporting on e-cigarette research can be of variable quality. Contact the Public Health Directorate in the County Council if you would like advice on interpreting specific stories.
- Be open to innovative and flexible approaches to reduce harm from smoking.

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<sup>22</sup> West R, Brown J, Beard E (2016), [Electronic cigarettes in England: latest trends](#). Smoking in England, 2016.



## E-cigarettes Briefing

### References and further reading

#### Action on Smoking and Health

- ASH (2016) [\*The impact of the EU Tobacco Products Directive on e-cigarette regulation in the UK.\*](#)
- ASH (2016) [\*Ready Reckoner.\*](#)
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#### Smoking Toolkit Study

- West R, Brown J, Beard E (2016), [\*Electronic cigarettes in England: latest trends.\*](#) Smoking in England, 2016.

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