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| GIG CYMRU NHS WALES \| Iechyd Cyhoeddus Cymru Public Health Wales | **Name of Meeting**<br>Board<br>**Date of Meeting**<br>26 September 2019<br>**Agenda item:**<br>*7.2.2.260919* |

# Stop Smoking Wales Service Transfer

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| **Executive lead:** | Jyoti Atri, Interim Executive Director of Health and Wellbeing |
| **Author:** | Elizabeth Dier, Project Manager |

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| **Approval/Scrutiny route:** | Julie Bishop, Director of Health Improvement and Senior Responsible Owner for SSW transfer |

**Purpose**

The purpose of this paper is to assure the Executive Team on the planning and steps taken to transfer face to face Smoking Cessation Services to Health Boards. The paper also seeks approval for the transfer to go ahead in line with the instruction from Welsh Government (Appendix B).

**Recommendation:**

| APPROVE | CONSIDER | RECOMMEND | ADOPT | ASSURANCE |
|---|---|---|---|---|
| ☒ | ☐ | ☐ | ☐ | ☒ |

The Executive is asked to:

- **Approve** the proposed service transference in line with the Welsh Government instruction from the Chief Medical Officer.
- **Receive assurance that** the transfer has been planned appropriately through engagement with the health boards and staff affected.

| **Link to Public Health Wales Strategic Plan**<br><br>Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.<br><br>This report contributes to the following: | |
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| **Strategic Priority/Well-being Objective** | 3 - Promoting healthy behaviours |

| **Summary impact analysis** | |
|---|---|
| **Equality and Health Impact Assessment** | This transfer is a policy decision and instruction by the Minister for Health and Social Services, which PHW and HBs are implementing. Staff side/ trade unions have been involved with staff engagement and at regular project team meetings. |
| **Risk and Assurance** | A project risk log has been created and is managed and updated within the project management arrangements at regular project board meetings. Directorate or Corporate level risks will be escalated as necessary. |
| **Health and Care Standards** | This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes<br><br>Theme 7 - Staff and Resources<br>Theme 3 - Effective Care<br>Theme 5 - Timely Care |
| **Financial implications** | The transfer will require staff, pay and non-pay to be released to Local Health Boards. |
| **People implications** | A number of our staff engaged in the service will transfer. TUPE Regulations have been applied to the transfer of staff. |

# 1 Purpose / situation

The purpose of this paper is to assure the Board on the planning and steps taken to transfer the face to face Smoking Cessation Service to Health Boards. The paper also seeks approval for the transfer to go ahead in line with the instruction from Welsh Government on 07 August 2019 (Appendix B).

# 2 Background

On 26 October 2018 the Chief Medical Officer wrote to local health boards informing them that following a review of smoking cessation services in Wales, the Cabinet Secretary for Health and Social Services agreed that work could begin to prepare for the potential transfer of Stop Smoking Wales' (SSW) face to face smoking cessation services from Public Health Wales to health boards. The letter also advised health boards to nominate representatives (Service and Human Resources) to lead on the discussions with Public Health Wales.

Attached to the letter (Appendix A) was a proposal for smoking cessation services in Wales and an indicative timeline for the transfer to be completed by 01 April 2019. Confirmation of the transfer was received in a subsequent letter from the Chief Medical Officer (Appendix B) received on 07 August 2019, which advised of a revised target transfer date of 01 October 2019.

The transfer will affect 38 staff in total, 35 who are currently based in local health board areas and three staff based in No 2 Capital Quarter who provide central support roles. In total 35 staff will be transferred to health boards (Table 2). This is less than the establishment due to a number of vacant posts.

# 3 Description/Assessment

## 3.1 Principles of the transfer

The following set of principles as relayed by Welsh Government, are designed to ensure the equitable allocation of resource and minimise disruption to services and have been agreed by the Project Board (Table 1):

Table 1: Principles Underpinning the Transfer of Stop Smoking Wales Staff to Health Boards

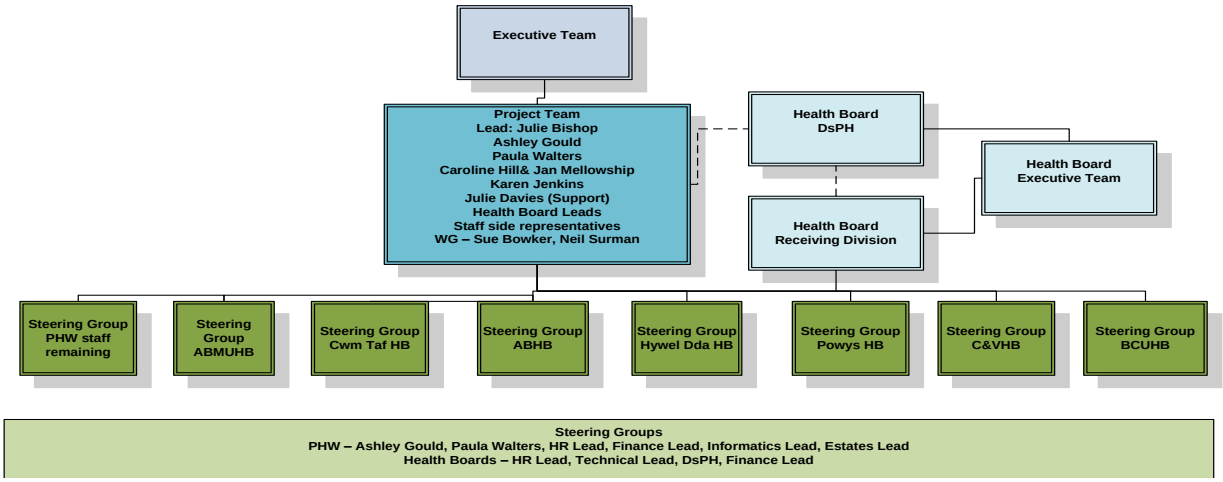
| | |
|---|---|
| 1. | To retain specialist expertise in the system (as well as ensuring compliance with legislative requirements) any movement of staff must take place in line with Transfer of Undertakings (Protection of Employment) Regulations, and associated guidance. |
| 2. | In line with the Welsh Government proposal, as far as is operationally possible, resources should be aligned to geographical areas where there is higher smoking prevalence.<br><br>The current budget position in Stop Smoking Wales broadly reflects this - services are available in each Health Board area and are provided by proportions of the staff group largely equivalent to the proportion of total smokers resident in that area. Some posts are shared across geographical areas. |
| 3. | Smoking prevalence should be taken from the combined data of the 2016/17 and 2017/18 National Surveys for Wales, as used by Welsh Government in setting their 'Tier 1' treated smoker targets. Associated smoking population calculations should use the ONS mid-year population estimate of those over 16 years of age. |
| 4. | The forthcoming amendment to Health Board boundaries, around Bridgend, would need to be taken into account. Acknowledging the principle of allocation based on prevalence, the numbers of smokers in Bridgend CBC area should be counted as being in Cwm Taf UHB. |
| 5. | In the first instance, staff should only be transferred to single recipient organisations – so they do not become employed by two new organisations. |
| 6. | Where this transfer occurs the budget currently used to pay for that member of staff follows them into the proposed recipient organisation. |
| 7. | As noted in the Welsh Government proposal document - no organisation will be allocated staff without funding to pay for them. |
| 8. | The budget for central functions/posts that are not retained (and that would be in addition to staff and non-staff costs associated with Health Board geographical areas), should be distributed as to ensure the allocation of total resource matches smoking prevalence by Health Board. |
| 9. | The Welsh Government proposal indicates that any funding transferred to Health Boards is to be ring-fenced for smoking cessation activity; current spend on cessation services and activities in Health Boards is to be maintained, alongside the transferred resource; and the resources transferred cannot replace existing resources. |
| 10. | Welsh Government is the final decision maker on budget (re)allocation. |

## 3.2 Project structure

The transfer is complex and has required a multi-faceted project management approach. The Executive Director of Health and Wellbeing asked the Programme Management Office (PMO) to provide project management support to ensure that the transfer of staff, financial resources and assets is planned and controlled effectively. The Project Management Arrangements (PMA) were developed and agreed with the Director of Health Improvement who is the project sponsor.

A Project Board was established to lead on the transfer arrangements. The Project Board includes senior leads from PHW, LHBs and staff side representatives. It has been working through the details of the transfer agreeing key approaches supported by local bilateral meetings to agree local arrangements.

The Directors of Public Health are providing Executive leadership through the Public Health Directors Leadership Group. The diagram below sets out the structure of the project.




## 3.3 Progress to date

In line with the principles above, the project has ensured engagement between PHW and each of the seven health boards from the outset to ensure that they are able to make timely decisions on where the SSW function sits within the receiving organisation and their service model. This engagement has continued throughout the project to agree; resource and asset relocation, staff bases, informatics transfer, local service structures, and the future working relationship with PHW.

The Project Board has met regularly since November 2018, whilst awaiting the official instruction from Welsh Government to plan the implementation phase of the transfer. The go-ahead to begin with the transfer was provided verbally at the Project Board on 18 July 2019, and confirmed in writing from the Chief Medical Officer on 07 August 2019.

The delay in receiving a final decision from Welsh Government was due to awaiting clarity on the mechanism to be used to enact its decision to transfer the smoking cessation services, for which Welsh Government sought legal advice. It was noted at the Project Board that the decision being communicated during the summer months could cause some difficultly for the project team due to staff availability during the holiday period. However, the Project Teams have ensured that all staff have had the opportunity to participate in a group and or 1:1 meeting. In addition the extensive staff engagement that has been undertaken since the initial transfer proposal in August 2018 has facilitated the final stage of this process.

Development of plans between each of the local health boards have taken place at two rounds of Steering Group meetings, with representatives from all sides. A third round of these meetings are planned for September to ensure all parties understand the transfer process ahead of the transfer date.

As the transfer date fast approaches, the PMO has created weekly work-stream update meetings between PHW and health board leads. These are used to keep track of key actions relating to Finance, HR, Estates, Informatics and Service Readiness. A checklist has been developed to capture these actions and update in line with the project schedule.

## 3.4 Staff engagement and consultation

The intention to transfer services was communicated to staff within Stop Smoking Wales on the 22 August 2018, and subsequent communication with all staff was issued on 29 August 2018. The CMO letter and accompanying detailed proposal document was shared with staff on the 4 November 2018.

The first phase of staff consultation took place during November and December 2018. The consultation focused on the rationale for the transfer of smoking cessation services to local health boards and sought the views

of staff. Communications were released regularly following each meeting of the Project Board meetings to keep the service updated with progress whilst awaiting confirmation of the transfer from Welsh Government.

Following the confirmation of the transfer from Welsh Government in July 2019, staff were informed of the decision and TUPE letters were subsequently sent to members of staff on 12 August 2019. Joint engagement meetings are taking place through the pre-established regional meetings, and health boards have been invited to these meetings. One-to-one meetings have been offered to all staff, and these are taking place during the consultation period. Due Diligence was sent to Health Boards by 05 September 2019.

Table 2 – Details of Staff Transferring from Public Health Wales to Health Boards

| Health Board | Receiving | WTE |
|---|---|---|
| **Aneurin Bevan** | • 7 staff – (5 Advisors, 1 Senior Advisor, 1 Admin Support Officer) | 5.84 |
| **Betsi Cadwaladr** | • 9 staff members – ( 6 Advisors, 1 Senior Advisor, 1 Admin Support Officer- 1 maternity cover) | 7.75 |
| **Cardiff and Vale** | • 4 staff members (2 Advisors – 1 maternity cover, 1 Senior Advisor)<br>• 1 Vacancy (1 Advisor) | 4.61 |
| **Cwm Taf** | • 4 staff members ( 3 Advisors, 1 Admin Support Officer)<br>• 1 Vacancy (1 Advisor) | 3.29 |
| **Hywel Dda** | • 4 staff members ( 3 Advisors, 1 Admin Support Officer)<br>• 3 vacancies (2 Advisors, 1 Senior Advisor) | 3.48 |
| **Powys** | • 2 staff members (2 Advisors) | 1 |
| **Swansea Bay** | • 5 staff members (4 Advisors, 1 Admin Support Officer)<br>• 2 vacancies (1 Advisor, 1 Senior Advisor) | 4.5 |

## 3.5 Service Readiness

Work has continued within the service itself to prepare for the transfer. The disaggregation of the service across localities will continue up until the point of transfer, in line with steering group discussions with the local health boards. A series of meetings has been held to prepare receiving organisations for operational delivery and a draft Partnership Agreement has been developed outlining future roles and responsibilities and mechanisms for joint working between the organisations. It is anticipated that this will form an appendix of a revised Memorandum of Understanding between Public Health Wales and Health Boards to be developed in 2020.

## 3.6 Finance

The total operating budget for face-to-face delivery of cessation support services in 2018/19, plus the cost-of-living uplift for pay in 2019/20 totals £1.031m – the proposal is that this is wholly transferred to Health Boards to enable ongoing delivery.

Table 3 – Disaggregated budget for Stop Smoking Wales local teams for transfer to Health Boards (2019/20)

| Team | Pay | Non-Pay | Proposed budget to transfer | % of smoking population |
|---|---|---|---|---|
| Swansea Bay | 136,908 | 14,780 | 151,688 | 14.5 |
| Aneurin Bevan | 183,253 | 21,717 | 204,970 | 18.9 |
| Betsi Cadwaladr | 210,307 | 16,611 | 226,918 | 21.8 |
| Cardiff & Vale | 129,260 | 15,972 | 145,232 | 13.6 |
| Cwm Taf Morgannwg | 145,403 | 16,449 | 161,852 | 15.3 |
| Hywel Dda | 109,545 | 15,968 | 125,513 | 11.8 |
| | | | | |
| Powys | 47,500 | 9,344 | 56,844 | 4.1 |
| **Total Funds to be Transferred from Public Health Wales** | | | **1,073,017** | |

The budget allocation has been matched, as closely as possible, to the proportion of smoking population in each Health Board area and has been adjusted to take account of the boundary changes in Bridgend. Additional funds (£41,128) from a vacant central post that will no longer be required have been used to reach the desired outcome and resolve issues arising from posts which were split across Health Board areas (Table 3).

This totals £1,073,017 for budget transfer.

Welsh Government have also recognised an immediate cost pressure to the Health Boards as a result of 19/20 increments plus staff cover costs totalling £67,434 and have agreed to fund this as part of the service transfer. All budget transfer figures are to be on a pro rata basis due to the service moving mid-year.

### 3.7 Informatics

The Informatics team within PHW is leading on the disaggregation of informatics support for the affected staff. Support will be transferred by either PHW or NWIS, and engagement has been ongoing with health board informatics teams to ensure service continuity throughout the disaggregation and re-imaging of IT equipment that will be transferred to Health Boards with the staff.

### 3.8 Estates

There are seven different scenarios around the accommodation of current staff and these have been worked through individually in bilateral meetings. In some circumstances staff will remain in Public Health Wales accommodation until a permanent solution has been identified. An assessment of how this change could impact on the PHW estate (either positive or negative) has been undertaken in line with the proposed estates arrangement for each locality.

## 4 Recommendation

This paper has outlined the principles, approach, and work undertaken to transfer the SSW smoking cessation services from Public Health Wales to Health Boards including information on budgets and staff. In line with the

Minister for Health and Social Services agreement to the transfer, the Board are now asked to:

- **Approve** the proposed service transfer to the Local Health Boards on the basis outlined on 1 October 2019.
- **Receive assurance that** the transfer has been planned appropriately through engagement with the health boards and staff affected.

## Appendix A – Welsh Government Document 26/10/18

**Proposals for smoking cessation services arrangements in Wales**

**Introduction**

Smoking remains the single largest cause of preventable ill health, early death and inequalities in health outcomes in Wales. Good progress has been made over recent decades in reducing smoking prevalence, but there is a need to accelerate this to deliver our Tobacco Control Action Plan for Wales vision of a smoke-free society for Wales.

The Tobacco Control Delivery Plan 2017/20 (TCDP) aims to deliver reduced smoking prevalence through a set of priorities comprising: system leadership via the Tobacco Control Strategic Board; preventing uptake; increasing cessation; and denormalisation. Arrangements for delivering smoking cessation services are critical, and should be seen as part of a wide range of actions to better organise our collective efforts to reduce smoking prevalence in Wales.

Creating an integrated cessation system with the smoker at its centre is a clear priority in the TCDP. This system should have the following features to maximise its impact:

- Simplified governance – so the organisations held accountable for treating smokers, have control of treatment resources
- Single local organisations that can secure cessation services for their populations – to minimise duplication in provision
- Provision of services in close proximity to smokers – aligned to other services that smokers frequently use
- Closer integration of cessation service providers, and of cessation services and healthcare services
- Utilisation of all elements of the system to their best effect – pooling expertise and experience.

Locating all face-to-face smoking cessation services in the seven health boards will improve 'joined-up' working, and enable delivery of the above characteristics of an effective and efficient system. Smoking cessation services have become part of mainstream NHS service provision, so it is logical for them to be planned, organised and managed by health boards. This will ensure maximum impact of organisational knowledge of the local population and issues it faces, and utilise the unrivalled experience of operating treatment services.

Moving cessation services into the same organisations that encounter a higher than (population) average proportion of smokers among the people they treat on a daily basis provides myriad opportunities to increase the numbers of smokers being helped to quit. At present there is a persistent and significant unmet potential to ensure smokers in contact with health care services are referred into specialist support.

The proposed arrangements should also broaden the recognition of, and improve connections to, cessation services within the organisations that have the responsibility to treat 5% of their smoking population each year.

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These proposals should signal the start of increased investment in the Help Me Quit cessation system, by each health board, and Public Health Wales, to maximise the high clinical and cost-effective nature of smoking cessation.

**Context for the proposals**

The Tobacco Control Action Plan for Wales (TCAP), published in 2012, provided a clear direction of work to reduce smoking prevalence in Wales; with an overall vision of a smoke-free society for Wales in which the harm from tobacco is eradicated. The overarching target of the TCAP was to reduce adult smoking to 16% by 2020, with an interim target of 20% smokers by 2016, which was achieved ahead of schedule with 19% adult smoking prevalence recorded in 2015. In order to ensure that progress remains on track a new Tobacco Control Strategic Board was established in 2016. The Strategic Board, supported by sub-groups on prevention, cessation and de-normalisation, and a task and finish group on illegal tobacco, has considered the actions required to invigorate activity and help us achieve the 2020 target – culminating in the Ministerial launch of the current Tobacco Control Delivery Plan 2017/20 (TCDP), in September 2017.

The TCDP includes a range of measures to reduce smoking prevalence, including through reducing uptake, increasing smoking cessation and reducing exposure to second hand smoke (denormalising smoking). The cessation section is focused on driving improvement in three critical areas – creating a culture of stopping with help; tailoring services to meet need and retain clients; and increased quality control, assurance and improvement. Specific actions designed to deliver improvements in these areas include building an integrated system focused on the needs of smokers; reviewing the targeting strategy for smoking cessation services at national, health board and local levels; and strengthening referral pathways from a range of NHS care services into the cessation system.

There has been a gradual increase in the proportion of smokers treated for their dependency since 2014/15, but this still does not reach the 5% target for 'treated smokers' indicated by NICE as needed to impact on population prevalence, and introduced in Wales in April 2013.

Discussions have been ongoing since 2014/15 around the best organisational base for frontline smoking cessation services. Following the development and agreement of the new integrated model for smoking cessation set out in the Tobacco Control Delivery Plan 2017-20, the Tobacco Control Strategic Board commissioned a review on this issue. The review looked at the organisation of the smoking cessation system in Wales and whether the current system was optimal for delivering the vision set out in the plan. The review presented three options: keep services as they are, with ongoing development; move front-line services to health boards; or centralise all cessation services within Public Health Wales. The Tobacco Control Strategic Board considered the arrangements in the round and recommended that moving face-to-face services to the health boards presents the best opportunity to meet our strategic objectives. There is Ministerial agreement on this proposal, and it aligns with the

widespread recognition that the fundamental roles of health boards concern the direct provision of client-facing services, whilst Public Health Wales provides policy advice, improvement and implementation support and other enabling functions.

It is important to note that these proposals are not about fixing a broken service, but improving the cessation system. Stop Smoking Wales is recognised for providing high quality professional services, and independent expert advice has confirmed that the components needed to reduce prevalence are present. We need to ensure these are now optimally organised. Under current arrangements the responsibility for cessation service planning, organisation and management is split, mainly between Stop Smoking Wales and Community Pharmacy services, but in some areas hospital based services are also 'competing' for smokers – these arrangements are clearly not optimal in terms of treating more smokers.

Collaborative arrangements around tactical and operational aspects of service delivery have been much improved over the recent period, but there remains persistent competition and inefficiencies in the system. We believe that moving to a position where health boards can plan, organise and manage all face-to-face cessation services will lead to more effective overall performance and improved value for money, as well as much clearer accountability. Additionally, the proposed transfer will provide opportunities for increased shared ownership amongst all those involved in providing services locally.

These proposals are designed to ensure the Help Me Quit cessation services thrive and help even greater numbers of smokers to quit. Consequently the proposed unification of face-to-face services will be accompanied by the development of minimum service standards and methods for quality assurance. A minimum data set for services has been agreed and will form the basis of a universal client management system to enable improved recruitment/referral, service selection, appointment scheduling, episode management and reporting. The Help Me Quit Workforce Network, that brings together those involved in frontline delivery of cessation services,will also continue to provide a source of mutual support, guidance and practice development.

Local improvements to simplify, speed-up and/or broaden access to a wider range of the most cost effective cessation pharmacotherapy are needed and will be enabled if all services are provided by organisations responsible for local medicines budgets.

**Principles applied to any transfer**

To retain specialist expertise in the system (as well as ensuring compliance with legislative requirements) any movement of staff must take place in line with Transfer of Undertakings (Protection of Employment) Regulations, and associated guidance. Such transfers clearly relate to current post-holders, as opposed to budgets. The proposed arrangements are not restricted to the transfer of financial resources, but are concerned with the unification of specialist cessation service staff, into single local organisations. Staff and non-staff costs would need to transfer.

Additionally, the following principles will also apply to any transfers:

Funding transferred to health boards is to be ring-fenced for smoking cessation activity.

Current spend on cessation services and activities in health boards is to be maintained, alongside the transferred resource.

The resources transferred to health boards cannot replace existing resources. Health boards and Public Health Wales are expected to increase their investment in the Help Me Quit cessation support system.

As far as operationally possible, resources (existing and those transferred) are to be aligned to geographical areas and population groups where there is higher smoking prevalence.

Following rearrangement, no organisations are to be allocated staff without funding to pay for them.

The health board target of treating 5% of the local smoking population each year remains in place. The proposed unification of face-to-face services provides an opportunity to increase the provision of services towards meeting this target.

Consolidation of services should lead to a strengthening of the system's ability to maintain/increase quality, such that in excess of 40% of treated smokers are CO-validated as quit at four weeks.

The Help Me Quit hub will continue to be the single point of contact for smokers, and intermediaries wishing to refer smokers. This will help ensure triage/choice conversations lead more smokers to the service option that best suits their needs, and increases chances that they actively engage with the support offered.

Help Me Quit will remain the focal point for marketing cessation services in Wales, with local and national marketing directing clients to the Help Me Quit hub contact channels.

Geographical areas and population groups with high smoking prevalence will need to continue to be targeted with marketing and provision of services. All national guidelines, quality standards and data requirements, produced by Public Health Wales and/or Welsh Government to enhance smoking cessation services reach and impact should be adhered to.

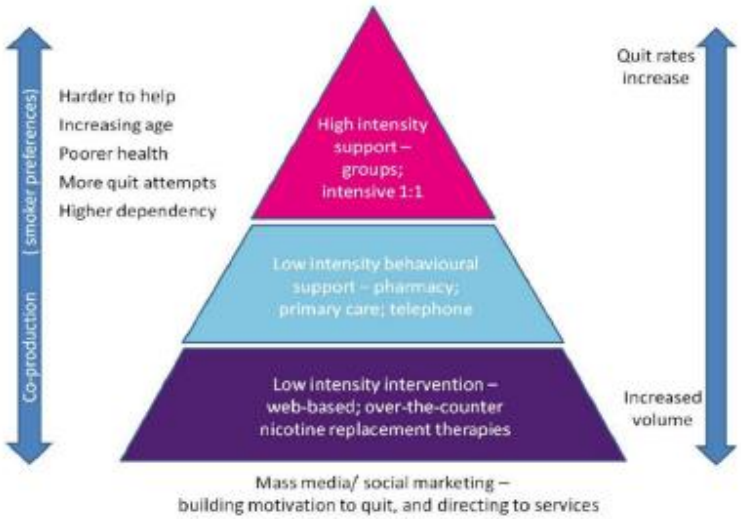
**Proposed New Operating Model**

To maintain the focus of the cessation system on would-be quitters, at the heart of the new operating model are the single contact number for smokers/intermediaries wishing to refer; the single website describing/marketing all Help Me Quit services; and the single brand for all Help Me Quit providers, with associated local and national marketing.

In health boards, evidence based services combining pharmacotherapy and behavioural support, should be offered at a range of intensities to meet the needs of smokers, broadly reflecting the current offering across providers in Wales, and the graphic below, taken from the TCDP. All services should be provided in line with the

minimum service standards that are in development. Although the optimal blend of services must respond to local needs this range should feature, at least, provision of specialist clinics offering multi-session specialist behavioural support by practitioners whose primary role is in smoking cessation, and have commensurate competencies; and lower intensity behavioural support delivered by less specialised practitioners. Routine ascertainment and recording of smoking status; building motivation to quit and referring to Help Me Quit should also become default activity for healthcare professionals, as this reflects best care. In line with TCDP (actions 3.7 and 3.8) referral pathways for pregnant women who smoke, pre-operative patients, those with lung disease, or mental health conditions need to be strengthened.

Service provision, as now, will need to reflect the TCDP target for the reduction of smoking prevalence in the highest quintiles of deprivation to be reduced at a faster rate than quintiles one and two. Action to reduce the proportion of pregnant women who smoke at 36 weeks gestation is also needed, and this may shape service provision requirements. Tailoring of interventions, in line with service standards, may be needed to better meet the needs of population sub-groups that vary in size between health boards.




The minimum services standards being developed, based on best available evidence, will apply to all services funded by the NHS. This should maintain/increase the quality of service such that at least 40% of treated smokers are CO-validated as quit at four weeks. It is envisaged that more effective and efficient joint working between all those involved in offering cessation support in a locality will enable more treated clients to receive motivation through CO reading during their quit attempts as well as CO validation of their attempts.

Improved clarity and mutual understanding of roles, should be further enabled when all face-to-face services are planned and managed by single local organisations.

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Clients must be enabled to move effortlessly between services, and maximum effort deployed to retain clients in the support system until they successfully stop smoking.

Access to a wide range of the most cost effective cessation pharmacotherapy should be more effective and efficient if all services are provided by organisations responsible for local medicines budgets.

**Future responsibilities of Public Health Wales**

Alongside the proposed unification of cessation services, our other confirmed actions in the TCDP remain - triage/choice for smokers around cessation support; enabling smooth movement between treatment options; targeted campaigning; focused activity/service provision to address inequity; and the judicious application of evidence. All of these factors combined will deliver the most effective and efficient, client centred services possible. Amongst this the once-for-Wales functions to be provided by PHW to support local delivery, include:

- branding;
- first point of access call centre / triage;
- workforce training and development;
- national Help Me Quit workforce network;
- best practice / service standards;
- data standards, capture, recording and reporting tools;
- mass media marketing, insight gathering, social marketing (amplified through marketing by Health boards);
- quality assurance and quality improvement, evaluation;
- innovation and horizon scanning;
- telehelp service.

**Oversight of the proposed system**

The currently constituted Smoking Cessation Sub-Group of the Tobacco Control Strategic Board has worked to consider and formulate priority areas for action to invigorate cessation activity, these are captured in Action Area 3 of the TCDP. As we move to implementation of these actions there is a need to create a separate mechanism for communication and agreement between stakeholders in the Help Me Quit system, particularly the health boards and Public Health Wales.

This is necessary to improve the shared understanding of the needs and roles of other stakeholders; and facilitate the sharing, and solving, of local and national issues around cessation. The mechanism, that Public Health Wales and the health boards should establish can provide leadership around all aspects of service development and continuous improvement, marketing, data and reporting arrangements. Operational aspects of ensuring public-facing information, regarding the local offer of services can also be agreed.

Each health board must be represented via this mechanism, along with Public Health Wales, and Welsh Government. Close working with existing informal networks of local tobacco control leads, health board community pharmacy leads, secondary care cessation services, and the Help Me Quit workforce Network, will be necessary.

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Clear links to the Public Health Directors Leadership Group will also need consideration.

Outcomes will continue to be monitored via the quarterly collection of smoking cessation data.

**Funding**

Current spend on providing smoking cessation services in health boards areas is just over one million pounds p.a., comprising mainly staff costs for senior advisors, advisors and administrative support, with a small operating budget for each area.

The resource/budget to be transferred to each health board, based on the above principles for transfer, is being discussed between Welsh Government and Public Health Wales in advance of sharing with health boards.

Any transferred funding for smoking cessation will be monitored by Public Health Division of Welsh Government.

**Proposed timetable**

| Event/action | Indicative date |
|---|---|
| Informal consultation started | 22nd August 2018 |
| Establish project support mechanisms | October 2018 |
| Formal consultation with staff, in line with TUPE requirements | as soon as possible |
| Health boards notified of proposed resource allocation | November |
| Bilateral discussions between public Health Wales and each health board | November and December |
| WG to confirm with health boards revised roles and budget/resource allocations for 2019-20 | January-February 2019 |
| PHW letter to transferring staff to confirm final details of transfer | March 2019 |
| Aspiration for the new arrangements to be in place. TUPE transfer to take place | April 2019 |

26.10.2018

## Appendix B – Letter from CMO

Dr Frank Atherton
Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru
Chief Medical Officer/Medical Director NHS Wales

Llywodraeth Cymru
Welsh Government

Tracey Cooper
Public Health Wales
Tracey.Cooper3@wales.nhs.uk

7th August 2019

Dear Tracey,

**Transfer of Stop Smoking Wales to health boards**

I am writing to confirm that the Minister for Health and Social Services, Vaughan Gething AM has agreed to the transfer of Stop Smoking Wales (SSW) service delivery from Public Health Wales NHS Trust (PHW) to health boards (LHBs).

This letter authorises the commencement of the formal TUPE process aiming towards a 1 October 2019 date for completion of the transfer of SSW, as agreed between PHW and LHBs. The transfer includes agreement of a recurrent transfer of £1.073m from the Public Health Wales core allocation to the main Health Boards Allocation with costs for 2019-20 to be pro-rated. Budget transfers for 2019-20 will be actioned in the Second Supplementary Budget and future year transfers will be actioned in the forthcoming Draft Budget.

The transfer follows extensive consultation with SSW staff and UNISON. I understand that many of the issues raised through consultation around models of management, continuity of systems, clinics and patient care, and SSW staff expenses and pay have been addressed and settled in subsequent discussions between PHW and LHBs.

I hope the main purpose of the transfer, to make improvements to the smoking cessation system through the delivery of client facing services by the LHBs, will offer the best opportunity to meet the objectives of our Tobacco Control Delivery Plan.

Yours sincerely

DR FRANK ATHERTON

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