

Meeting:	Executive
Meeting date:	09/05/2024
Report of:	Peter Roderick, Director of Public Health
Portfolio of:	Cllr Jo Coles, Executive Member for Health, Wellbeing and Adult Social Care

Decision Report: Building a smokefree generation in York: approving use of the Local Stop Smoking Services and Support Grant

Subject of Report

1. This report will give an overview of how the council intends to utilise new resource from the Section 31 Local Stop Smoking Services and Support Grant 2024-2025 grant, where the city has been allocated an initial £196,000 from Department of Health and Social Care to be spent on reducing smoking in York in 2024/2025, with grant expected to continue each year until 2028/2029.
2. The grant will allow the Health Trainer service to engage more smokers from across the city, increase the number of people making a stop smoking quit attempt and increase the number of people who successfully quit smoking.
3. Around 14,600 York residents still smoke, costing the economy an estimated £120m in lost productivity and healthcare costs (including an estimated social care cost of £3.1m), and directly causing over 200 deaths a year.
4. Members are asked to approve the use of the Local Stop Smoking Services and Support Grant 2024-2025 grant in the ways outlined in this report, approve the use of the grant in future years (subject to funding) in line with the approach outlined in this report, and endorse the investment in our citywide tobacco control strategy to ensure a smokefree future for York.

Benefits and Challenges

5. Public Health will receive approx. £196,000 per year, over the next 5 years (from 24/25 to 28/29), via the section 31 Local Stop Smoking Services and Support Grant 2024-2025.
6. The grant funding provides an opportunity to enhance our local approach to tobacco control, including the current service offer provided by the City of York Council Health Trainer service, reaching into communities where smoking rates consistently above the York average. To do this, the service will have to adapt some ways in which it operates, to become more embedded within communities across York. There is a risk that moving from a proven delivery model to a more embedded community model may have an initial negative impact on upon the service's current high success rate in supporting people to stop smoking.

Policy Basis for Decision

7. The proposed use of the grant clearly aligns with the core council plan commitment of Health and the priority of “a health generating city, for children and adults”. Smoking is the leading preventable cause of death and illness in York, with 8.7% of the York adult population currently smoking – around 14,600 individuals.
8. This will also be a key component of achieving one of the 10 big goals within the Joint Health and Wellbeing Strategy 2022-2023. The changes to the service will support the goal of “Bring smoking rates down below 5% for all population groups”, with the revised focus being on *all population groups*. At present there are large differences in smoking prevalence in York, when comparing factors such as employment type or housing tenure.
9. The council plan 2023-27 commits to ‘Support more people on their journey of recovery from addiction, including through smoking cessation services and our recovery-based drug and alcohol model.’
10. This work will also support York's Economic Strategy objective “York will be among the top 25% most productive local economies

as measured by Gross Value Added (GVA) per hour worked, requiring a 3.8% increase in productivity.” Recent estimations are that £35.1m is lost to GVA due to expenditure on tobacco per year in York.

Financial Strategy Implications

11. The council will receive £196,542 in 2024/2025. The government has announced additional funding for local stop smoking services and support over the next five financial years, starting from 2024/2025 until 2028/2029. The grant has been confirmed for the 2024/2025 year, with funding for subsequent years subject to spending review settlements.
12. The grant letter suggests funding will continue at the same level as the 2024/2025 allocation throughout the five-year period. Any revisions to the grant amount will need to be responded to appropriately at that time.
13. The authority is required to maintain current spend on smoking cessation services in order to receive the additional funding.
14. The grant is ringfenced against a number of conditions set out to all Local Authorities in a government circular, and should be used ‘towards expenditure lawfully incurred or to be incurred by them in connection with the provision of local stop smoking services and support’

Recommendation and Reasons

15. Executive are asked to approve the use of the Local Stop Smoking Services and Support Grant 2024-2025 as outlined in this paper, including:
 - a) the expansion of the council’s stop smoking support
 - b) the expansion of treatments and the offer of additional stop smoking medications
 - c) additional community outreach to smokers, particularly those in disadvantaged groups in the city
 - d) additional communications activity to drive up smoking quit rates

16. Executive are asked to approve the use of the Local Stop Smoking Services and Support Grant in future years (subject to funding) in line with the approach outlined in this report.

Background

17. The Secretary of State for Health and Social Care has outlined that the grant will be used to:
- Invest in enhancing local authority commissioned stop smoking services and support, in addition to and while maintaining existing spend on these services and support from the public health grant. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan.
 - Build capacity to deliver expanded local stop smoking services and support.
 - Build demand for local stop smoking services and support.
 - Deliver increases in the number of people setting a quit date and 4 week quit outcomes, reporting outcomes in the Stop Smoking Services Collection to NHS Digital
18. The current Health Trainer service provides free, 1:1, stop smoking support to residents of York. The service operates across community venues in the city, alongside virtual and telephone based appointments. As part of a quit attempt, the health trainers provide behavioural support and advice alongside four weeks of Nicotine Replacement Therapy [NRT] or an e-cigarette and four weeks supply of e-liquids (12 weeks supply of NRT/e-cigarette for pregnant women and their significant other).
19. In 2022/2023, the service supported 245 residents to set a quit date, of which 184 were counted as successfully quitting smoking (those who have reported to not be smoking at all at 4-weeks post their “quit date”), a 75% quit rate. This puts York’s Health Trainer service as the fourth best performing local authority stop smoking service in England (the average quit rate across England is 54%).
20. Within York, the current smoking prevalence among adults is 8.7% (14,600 people). The 3 wards with the highest number of smokers are Westfield, Guildhall and Heworth, which combined account for approximately 7,000 of the smokers within the city. Across England smoking prevalence in the most deprived population

decile is 21.9% versus 6.1% in the least deprived population decile.

21. Smoking prevalence also varies significantly by occupation type (6.7% in managerial and professional vs. 15.2% in routine and manual) and by housing tenure (4.0% owns with a mortgage vs. 30.3% in social rented). Smoking prevalence is also higher in other specific population groups, such as adults with a long-term mental health condition (20.9%), those seeking treatment for opiate substance misuse (43.8%) and of Gypsy or Traveller ethnicity (45.0%). These are examples of populations that are currently underserved by the existing model of service delivery. The new model of delivery will radically change the service, to make it as accessible as possible for these population groups and communities.
22. To enable more people to successfully quit smoking there needs to be an increase in two things. The first is the number of people who are making a quit attempt, achieved through local and national marketing and communications. This needs to highlight the harms of smoking, the benefits to quitting and the ways in which people can be supported to make a quit attempt.
23. The second is driving more people into a specialist stop smoking service, as this is repeatedly evidenced to be the most effective quitting method (with a combination of pharmacotherapy and behavioural support) compared to going cold turkey or using NRT bought over the counter. At present, across England, the majority of people making a quit attempt do so either on their own with no support, or on their own using an e-cigarette, with only 2% accessing a specialist stop smoking service.
24. Working with the Health Trainer Service Manager, a new model for the service has been developed. This has resulted in an additional 2.5FTE Health Trainers, the development of two new Senior Health Trainer roles and an additional 0.5FTE project support role, all of which will build the capacity to deliver stop smoking support in York.
25. The additional capacity within the service will allow for a much greater presence within community locations, closer alignment with council services (housing, social care, homelessness services etc.) and external services (primary and secondary care, voluntary community sector, large employers). It will enable the inequalities

in smoking rates referenced in para 22 to be tackled and take the service 'out of the clinic' to reach those who would not normally engage.

26. In order to further support people to stop smoking the following measures are being proposed:
- Extending the pharmacotherapy offer (NRT and e-cigarettes) to 10 weeks, above the current offer of 4 weeks. NICE guidance is that pharmacotherapy is offered for 8-12 weeks, to provide the best chance of remaining quit long term. Currently financial constraints have meant that the offer has been 4 weeks since 2018.
 - Exploring the process for making Cytisine available to service users, a recently approved stop smoking medication. The service previously offered Varenicline (Champix), until it was withdrawn by the manufacturer in summer 2021. Both this and the above point align with the grant condition of "increasing spend for stop smoking aids for smokers to use in their quit attempts from the full range of products available as recommended by NCSCT and NICE guideline NG209".
 - Increasing the marketing and comms output of the service via dedicated comms officer time and an increased operational marketing budget. Part of the grant is suggested to be used on "Increased promotion of local stop smoking support - we encourage local authorities to invest in marketing and promoting local interventions to quit smoking."
 - Increased budget to support embedding the service in community locations. This may include basing the service in heart of communities on a permanent basis, such as within community centres, or on a temporary basis such as in care-homes and larger employers. It will work with already established and trusted community organisations, charities, and community peers. This supports the grant guidance of "providing access to specialist and non-specialist advisers in locations where smokers routinely attend, such as community venues, GP surgeries, mental health services and employers".

Options Analysis and Evidential Basis

27. The proposed changes to the service outlined above will allow the Health Trainer service to undertake the three priorities needed to increase the number of people who are able to successfully quit smoking

- a) **Increase the number of people making a quit attempt** – the increased marketing activity of the service will allow local residents to know how and where they can seek support to stop smoking and the benefits of doing so. The Health Trainer service will also amplify regional (through the ICB Centre for Excellence in Tobacco Control) and national campaigns (Stoptober, No smoking day).
- b) **Increase the number of people accessing specialist stop smoking support** – the growth in the service headcount will allow the Health Trainer support to be taken into communities that are currently underserved by the existing offer. The service will be re-designed to ensure it is as accessible as possible for all residents in the city – by being visible in communities, workplaces, care homes, temporary accommodation. The service will bring support in to communities and locations with higher smoking prevalence, ensuring that support is available in the most convenient way.
- c) **Increase the effectiveness of the stop smoking service** – the expansion of the pharmacotherapy and e-cigarette offer will give all residents the best chance to successfully quit smoking for good. The behavioural support helps to treat the habit and behaviours associated with smoking, while the pharmacotherapy helps to treat the nicotine addiction.

Organisational Impact and Implications

- **Human Resources (HR):** Appropriate HR process will need to be followed while undertaking any change to staff roles or structures.
- **Financial:** Financial implications have been outlined earlier in this report. Finance colleagues are aware of the proposed spending plans and have factored into the current year's budget planning.
- **Legal:** Provided the Council complies with the terms of the grant it has discretion on how to deploy the funds received.
- **Procurement:** While no new services are planned to be procured at this time, usual council process will need to be followed should the need arise to procure an external supplier.

- **Environment and Climate action:** expansion of the Council's stop smoking support has the potential to reduce associated carbon emissions of the service by considering how staff operate within the communities they serve, covering travel and energy usage. Consideration could also be given to the carbon impact of any procured materials and the disposal methods for stop smoking aids. Cigarette butts are one of the most littered items in the UK and do not biodegrade, so reducing smoking rates has positive impacts in this area.
- **Affordability:** Smoking is not a choice; many smokers have been trapped by nicotine addiction since a young age. The cost of smoking can put our most vulnerable residents in an even more precarious position. Anything that we can do as a Council to support residents to quit smoking is beneficial and will allow for income to be spent on other priorities and/or support financial recovery. Working within community settings with partners could facilitate other support to assist with further financial support.
- **Equalities and Human Rights:** Following a discussion with the Assistant Director for Customer, Communities and Inclusion, an Equalities Impact Assessment [EIA] has been conducted alongside this report.
- **Data Protection and Privacy** As there is no personal data, special categories of personal data or criminal offence data being processed for the purposes of this report, there is no requirement to complete a DPIA. This is evidenced by completion of DPIA screening questions AD-04771. However, the relevant data protection requirements for the current Stop Smoking service will be reviewed and updated where necessary following this decision.
- **Communications:** Part of the grant is proposed to be utilised to increase the reach of the service, through dedicated communications capacity from the Council's marketing and communications team.
- **Economy:** Smoking has negative impacts on the economy due to the impact on the workforce. Supporting more people to stop smoking will have positive impacts for individuals, employers, and York's economy as a whole.

Risks and Mitigations

28. As with all government grants, they are subject to an annual spending review. As far as is possible, the government have committed to this funding for the next five years and planning has been undertaken on this basis. If, for whatever reason, the grant was not to be continued or reduced, then appropriate changes to the service offer would be made to reflect this.
29. The grant must be spent within the financial year in which it is allocated, and this must be reported upon each year. Public Health and Finance colleagues have worked together to ensure that the appropriate financial controls are in place for the effective spending and reporting of the grant.

Wards Impacted

30. All wards are impacted by the implications within this report.

Contact details

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Annexes

- Annex A: Equalities Impact Assessment (EIA)