

Committee Name and Date of Committee Meeting

Cabinet – 16 October 2023

Report Title

Tobacco Control Review

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

This report sets out options and recommendations regarding the funding of Tobacco Control in Rotherham. In 2019, the Government set an ambition to make England smokefree (defined as achieving a smoking prevalence of <5%) by 2030 and commissioned an independent review into smokefree 2030 policies. The Khan Review was published in 2022 and found that without further action the 2030 target would not be met. Therefore, the review made several recommendations, including a recommendation to increase investment into smokefree policies nationally.

Currently the Government has not set out plans to increase national investment in Tobacco Control; therefore, this report recommends the re-allocation of current Council spending to deliver a more balanced approach for Rotherham. The Tobacco Control Work Plan (2022/23 – 2024/25) sets out Rotherham's local ambition to achieve the smokefree target; however, current projections estimate smoking prevalence in Rotherham will be 10.2% in 2030.

Recommendations

Cabinet is asked:

1. To note that whilst this approach will maximise the impact of stop smoking and wider tobacco control work in Rotherham, that current national investment is still not sufficient to meet the Smokefree 2030 ambition.
2. To endorse the Tobacco Control Work Plan (2022/23 – 2024/25).
3. To invest £139,478 to balance our investment across the 5 areas of the Tobacco Control Work Plan. This funding will be drawn from the existing Smoking at Time of Delivery (SATOD) provision.

List of Appendices Included

Appendix 1 Tobacco Control Work Plan (2022/23 – 2024/25)

Appendix 2 Initial Equality Screening Assessment

Appendix 3 Full Equality Screening Assessment

Appendix 4 Carbon Impact Assessment

Background Papers

The Khan review: making smoking obsolete. Available online at: [GOV.UK - The Khan review](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Tobacco Control Review

1. Background

- 1.1 Prevalence of smoking in Rotherham is significantly higher than the England average. 16.9% of Rotherham adults (around 35,400 people) were smokers in 2021 compared to 13.0% nationally, creating a significant health, care and productivity burden for the Borough.
- 1.2 Smoking is the single greatest contributor to the total burden of disease in Rotherham. An estimated 13,836 Disability Adjusted Life Years (DALYs) in Rotherham were caused by smoking in 2019 alone. This demonstrates the health and societal impact smoking still has within the Borough and accounts for 16% of all DALYs in Rotherham.
- 1.3 Smoking negatively affects earnings and employment prospects. In Rotherham, the cumulative impact of these effects amounts to a total loss of £81.3million through productivity losses of £30.4million in smoking related lost earnings, £43.0million in smoking related unemployment and £7.9million in smoking related early deaths.
- 1.4 In 2019 the Government set an ambition to make England smokefree (defined as achieving a smoking prevalence of <5%) by 2030 and commissioned an independent review into smokefree 2030 policies. The Khan Review was published in 2022 and found that without further action the 2030 target would not be met. The review highlighted a need for further investment, for action to 'Stop the Start', to continue supporting people to 'quit for good', and for the NHS to play a critical role in delivery of the ambitions. Overall, the review made 15 recommendations to government, highlighting the following four critical recommendations:
 - Urgently invest £125m per year in interventions to reach smokefree 2030.
 - Raise age of sale of tobacco by one year, every year.
 - Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
 - That the NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care.
- 1.5 Rotherham's Tobacco Control Steering Group has developed the multi-partner Tobacco Control Work Plan for Rotherham (2022-2025) with an ambition for Rotherham to become smokefree by 2030 (<5% prevalence). The Work Plan is aligned to the evidence base behind the Khan Review and structured into the following five key aims which focus on the local

actions within the remit of local partners to deliver and recognise that successful tobacco control requires a coordinated approach with a balance of delivery across the five elements:

- A) **Strategy and Coordination:** Deliver a coordinated tobacco control policy, strategy, governance and monitoring system.
- B) **Quit for good:** Encourage and support smokers to quit for good.
- C) **Enforcement:** Tackle suppliers of cheap, counterfeit, and illicit tobacco and nicotine containing-products through delivery of effective enforcement.
- D) **Reduce variation** in smoking rates by tackling inequalities.
- E) **Stop the start:** Reduce the number of people taking up smoking, particularly young people.

1.6 Despite this locally coordinated approach, current projections estimate that Rotherham is set to miss the Smokefree 2030 ambition, with an estimated smoking prevalence of 10.2% in 2030, the highest projection in South Yorkshire. This demonstrates the importance of maximising value from the current spending on tobacco control, and indicates a requirement for further resource, as advocated for in the Khan Review, for the full benefits of a Smokefree Rotherham to be achieved.

1.7 Investment in tobacco control is highly cost effective. Every £1 spent on smoking cessation services is estimated to deliver a saving of £10 in future health and care costs and health gains. However, there has been a national and local decline in spending on tobacco control. In Rotherham, spend on tobacco control per head of population fell by 49% between 2013 and 2018; this means that local spend is now lower than for all England and other authorities in Rotherham's deprivation decile.

1.8 Regional analysis of the 2021/22 Public Health Grant spend by the Office for Health Improvement and Disparities (OHID) showed Rotherham spend on 'Stop Smoking and Tobacco Control' was 2.47% of its grant allocation, with all spend allocated to Stop Smoking and zero spending allocated to wider Tobacco Control. Whilst being below England's spend Rotherham's overall spend is in line with the regional average of 2.46% (range of reported spend in Y+H from 0.79% to 4.35% of PH Grant allocation), however this does not reflect Rotherham's level of deprivation and higher smoking prevalence. The Steering Group acknowledge the limitations reflected by the Government not committing to the Khan review recommendation to increase investment for smokefree policies nationally. The lack of spend on wider Tobacco Control activity is recognised in the Tobacco Control Work Plan, and Cabinet is asked to endorse the Plan to realign the spend in line with this Plan.

2. Key Issues

2.1 Rotherham's Tobacco Control Work Plan has been developed by the Tobacco Control Steering Group to ensure that all local activity on Tobacco Control (including stop smoking activity) is coordinated and delivered in a way that maximises impact and progress towards a Smokefree Rotherham. Delivery of the Work Plan will see a re-balancing of focus, ensuring Rotherham residents continue to receive support to stop smoking whilst also reducing the numbers taking up smoking and tackling the issues of cheap and illicit tobacco and organised crime.

2.2 Strategy and coordination

The Rotherham Tobacco Control Steering Group is Chaired by an RMBC Public Health Consultant and has good engagement from partners across the Borough. Membership is from a range of organisations, including from across Council Directorates (Adult Care, Housing and Public Health, Regeneration and Environment and Children and Young People's Services); providers and commissioners of the QUIT programme, Community Stop Smoking Service, and the Smoking at Time of Delivery (SATOD) service (SY ICB, TRFT, RDASH and Connect Healthcare CIC). This collaborative approach is working well to progress work to deliver the aims outlined in the Work Plan. Governance of the Work Plan is via the Health and Wellbeing Board which endorsed the Plan at the January 2023 meeting. The Steering Group are working to develop a better understanding of local inequalities in prevalence to target delivery and maximise impact as it is recognised that additional resource is required to achieve all actions outlined in the Work Plan.

2.3 Quit for good

2.3.1 Rotherham Metropolitan Borough Council commission the community stop smoking programme which aims to support smokers to quit for good. Connect Healthcare Rotherham CIC became the providers of this service on 1st October 2023. Prior to this the service was provided by Parkwood Healthcare as Get Healthy Rotherham from April 2018 to September 2023. The new service will work to maintain the high quit rates in Rotherham, continue to reach areas of highest deprivation and target our highest risk smokers.

2.3.2 In addition to community support, The South Yorkshire Integrated Care Board (ICB) supports the QUIT programme in the NHS. The QUIT programme aims to implement a Smokefree NHS by providing structured interventions and nicotine replacement therapy to support patients and staff who are addicted to tobacco. The QUIT programme is operational in all Trusts across South Yorkshire; including The Rotherham NHS Foundation Trust (TRFT) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH).

2.3.3 The SATOD Service is provided by The Rotherham NHS Foundation Trust (TRFT) and currently funded through the Public Health Grant (£143,383.00 in 2022/23). The service provides evidence-based stop smoking support for pregnant people with the aim of supporting them to stop smoking, reducing harm to the unborn baby and to reduce the risk of passive smoking in the household post-delivery. The current NHS Long Term Plan commits to further NHS action on prevention and health inequalities and specifically on smoking to “supporting people in contact with NHS services to quit based on a proven model implemented in Canada and Manchester”, and that “the new model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway”. This NHS commitment removes the need for continued funding of SATOD services from the Public Health Grant, which would enable the rebalancing of the Council’s tobacco control spend towards wider tobacco control. The table below shows that in recent years the SATOD rate in Rotherham has continued to decline but remains consistently higher than the national rate.

	17/18	18/19	19/20	20/21	21/22
Rotherham	19.9%	17.9%	16.2%	14.0%	12.8%
England	10.8%	10.6%	10.4%	9.5%	9.0%

2.3.4 Through combined activity of the Community Smoking Cessation programme, the QUIT programme and the SATOD service, 918 people set a quit date in Rotherham between April 2022 and December 2022. Of these 70% (643 people) had a successful quit attempt. This quit rate compares well to the England average of 54%. Despite the excellent quit rate however, the Steering Group recognise that a wider approach is needed to further reduce smoking prevalence. To achieve a Smokefree Rotherham (prevalence of <5%) by 2030 at least 1,625 quits per year are needed, with no one new taking up smoking.

2.4 Enforcement

2.4.1 Through the delivery of effective enforcement, the Work Plan sets out an aim to tackle suppliers of cheap, counterfeit, and illicit tobacco. In addition, Trading Standards also enforce underage sales legislation and some advertising and marketing regulations.

2.4.2 Illicit tobacco products present a serious risk to users. Their reduced price and lack of quality assurance undermines both local and national strategies to make smoking less attractive and minimise harm. Cheap and illicit tobacco availability in our communities also makes tobacco use more accessible to younger people, creating the next generation of smokers.

2.4.3 Organised crime gangs (OCGs) target cheap and illicit tobacco availability towards areas of high deprivation, exacerbating health inequalities, and enabling OCGs to take a foothold in more vulnerable communities.

- 2.4.4 Over the past twelve months, the Trading Standards team have responded to a significant increase in demand; however, without additional resources, this level of work is not sustainable.
- 2.4.5 One example of a recent single operation resulted in the seizure of illicit products with a street value of £45,186.80. If these were genuine products, their estimated value would be £108,526; therefore, if they had entered the market, HMRC would have lost £63,340. Whilst the work undertaken by the Trading Standards team is an essential part of tackling underage sales and illicit tobacco, it also facilitates the disruption organised crime. The operation also included the seizure of processed cannabis, live ammunition, and links to a known organised crime group.
- 2.4.6 In 2022/23, Public Health provided Trading Standards with additional funding of £10,336.27 through underspend in the Public Health Grant to undertake tobacco control work. This included undercover test purchasers, detection dogs, responsible retailer packs and disposal of seized illicit e-cigarettes. It is recognised that more sustainable funding streams are required for Trading Standards to continue to support the Tobacco Control work at the same pace to effectively reduce and remove accessibility to illicit tobacco in Rotherham.

2.5 **Reduce variation in smoking prevalence**

- 2.5.1 Smoking prevalence is the single largest driver of health inequalities in England. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. Populations who have the highest smoking prevalence are:
- People who work in routine and manual occupations
 - People from lower socioeconomic groups
 - People with long term mental health conditions
 - People with drug and alcohol addiction
 - People from some ethnic groups – including mixed ethnic groups and white British populations
 - LGBTQ+ people
- 2.5.2 Inequalities in Rotherham are more pronounced than seen nationally. For example, smoking rates amongst routine and manual workers in Rotherham are 2.45 times those of the general population, compared to an odds ratio of 2.1 nationally.
- 2.5.3 Currently, there are number of strategies that aim to reduce the inequalities in smoking prevalence across the Borough, these include:
- RDASH's specialist smoking cessation programme which focuses on people with long term and serious mental health illnesses.
 - The Health Checks programme, which is a major source of referrals to smoking cessation services, is targeted at people living in the most deprived LSOAs in Rotherham.

- The community smoking cessation programme (delivered by Connect Healthcare Rotherham CIC) has performance targets focusing on reaching high prevalence groups including routine and manual workers, and those from the seven wards that are above the Rotherham Local Authority Index of Multiple Deprivation etc).

2.5.4 There is an opportunity to further embed smoking cessation support in communities that need it the most through the implementation of the new Community Smoking Cessation Service. The new contract, which came into effect on 1 October 2023, has a non-core element to which further interventions, such as targeting support or uptake at specific demographic groups, could be added should further funding become available.

2.6 **Stop the start**

2.6.1 RMBC is currently working to support schools to minimise uptake of smoking and e-cigarette use amongst children and young people, by reviewing the implementation of smokefree policies in educational settings and providing information to Personal, Social, Health and Economic (PSHE) education coordinators. The Steering Group would like to provide further support for schools by adapting, piloting, and evaluating a smokefree toolkit. This would be consistent with local and national messaging and include information on vaping. However, the Group recognises that funding would need to be identified to progress this work.

2.6.2 As part of the aim to reduce the number of people who start smoking, there is a drive to denormalize smoking. This is based on evidence that suggests that when smoking is visible in public places people overestimate smoking prevalence. In turn when young people perceive smoking prevalence to be high, they are more likely to start smoking themselves.

2.6.3 Therefore, the Work Plan sets out ambitions to introduce Smokefree Places in areas regularly frequented by children, young people, and families. Introducing voluntary smokefree policies in outdoor spaces has been found to be an effective measure to reduce the number of people visibly smoking within the defined area.

2.6.4 It is expected that investment into this area would significantly reduce smoking prevalence in Rotherham. A similar approach was launched in Barnsley in 2017, where the use of smokefree areas to drive their 'Making Smoking Invisible' vision along with a coordinated approach appeared to produce a fall in prevalence greater than the national average. Resource is required to publicly engage with communities, publicise and develop signage for smokefree areas.

2.6.5 The Work Plan outlines an action to use targeted and mass communications to change attitudes and social norms around smoking and to increase quit attempts. This requires an evidence-based enhanced communications strategy to be developed and resource to deliver wide-spread and targeted communications and marketing activity. There is scope

to deliver some of this work through partnership work across South Yorkshire with potential investment from the ICB in the coming year.

2.7 Current Spending on Tobacco Control

Work Plan Aim	Intervention	Value	Funding Source
Quit for good	Community Stop Smoking Service (Not contracted separately, part of combined smoking and weight management service based on quit KPI not spend)	£324,000 in 2021/22 total services spend as per Revenue Outturn (RO) return.	Core Public Health Budget
	SATOD Service	£139,478 spend in 2021/22 (this is part of the £324K outlined above)	Core Public Health Budget
	QUIT Programme	£1.4M from financial years 2020/21 to 2023/24 (Programme is funded for all SY, this denotes value received by TRFT and RDASH)	ICB funded programme, supported by Yorkshire Cancer Research
Enforcement	Trading Standards – enforcement of illicit tobacco/underage sales	£40,000	Core Regeneration and Environment Budget
	Public Health Contribution to Trading Standards	£10,336.27 contribution made in 2022/23	Funding through Public Health Underspend (non-recurrent funding)
Reduce variation	NHS Health Checks (prescribed functions)	£134,000 in 2021/22 total services spend as per Revenue Outturn (RO) return	Core Public Health Budget

Stop the Start	Mass Communications (includes all Public Health communications)	£24,000	Better Care Fund (non-recurrent funding)
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3. Options considered and recommended proposal

- 3.1 Option 1 (not recommended) – Continue with current RMBC spending on Tobacco Control, acknowledging that this is not balanced across the full Tobacco Control Work Plan. This arrangement assumes budgets are spent according to historical agreements and would see a continuation of focus on smoking cessation, including the Council funding NHS activity on smoking in pregnancy, leaving gaps in sustainable delivery across the wider tobacco control remit.
- 3.2 Option 2 (recommended) – Endorse the Tobacco Control Action Plan and support the approach to re-allocate current Council spending on tobacco control to deliver a more balanced approach in Rotherham. In particular supporting the managed withdrawal of Public Health Grant contribution to the Smoking at Time of Delivery service as NHS partners progress delivery of the NHS Long Term Plan commitments on smoking and health inequalities which include a smokefree pregnancy pathway.
- 3.3 Option 2 is recommended, as it will ensure that Tobacco Control in Rotherham can progress in line with national best practice, the recommendations of the Khan Review and the Tobacco Control Motion supported by Full Council in April 2023.
- 3.4 It should be noted that, whilst this approach will maximise the impact of stop smoking and wider tobacco control work in Rotherham, current resourcing is still not thought to be sufficient to meet the Smokefree 2030 ambition. The Rotherham Tobacco Control Steering Group will continue to work in partnership to maximise the impact of its work, and to seek out additional resource to enable Rotherham to go further and faster in reducing smoking prevalence, reducing the inequalities in smoking prevalence within our communities and to maximise the health, care and economic benefits of doing so.

4. Consultation on proposal

- 4.1 The Tobacco Control Steering Group have worked in partnership to develop the Tobacco Control Work Plan (2022/23 – 2024/25) and recognise the need to reallocate current Council spending on tobacco control to deliver a more balanced approach in Rotherham. They are aware of the proposal in this report.
- 4.2 Representation from Rotherham Place ICB have confirmed that they will meet the requirements as set out in the NHS Long Term Plan, ensuring

ongoing smoking cessation treatment for pregnant people through maternity services. As the ICB are the contract holders for the SATOD service, the withdrawal of funding contribution from the Public Health grant does not require any contractual changes on behalf of the Council.

5. Timetable and Accountability for Implementing this Decision

- 5.1 If Option 2 is taken forward, a phased approach will be adopted to reallocate the funding of the SATOD programme to ensure there is no disruption to the service.

6. Financial and Procurement Advice and Implications

- 6.1 Transferring funding from SATOD to Tobacco Control should be cost-neutral to RMBC. It should result in more spend on tobacco activity within Rotherham as the NHS should take up the SATOD spend.
- 6.2 There are no direct procurement implications. Reference is made to procurement activity within the main body of the report, and this was undertaken in compliance with the Public Contracts Regulations 2015 and the Council's own Financial and Procurement Procedure Rules.

7. Legal Advice and Implications

- 7.1 Section 12 of the Health and Social Care Act 2012 introduced a duty for local authorities to take appropriate steps to improve the health of the people who live in their areas. This report sets out how the Council will fulfil that duty in relation to tobacco control and stopping smoking.
- 7.2 As the matters set out within this report do not relate to functions which are reserved to Council in legislation or regulations, they are executive functions exercisable by Cabinet.

8. Human Resources Advice and Implications

- 8.1 There are no HR/Staffing implications associated with this paper.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 By implementing a wider approach to Tobacco Control in the Borough, we will be more able to protect children and vulnerable adults from tobacco harms and the lure of cheap and illicit tobacco which is linked to organised crime.
- 9.2 Specifically, actions aiming to reduce the number of people taking up smoking will focus on reducing youth smoking initiation through partnership work with schools and making smoking less visible in the Town Centre. This work aims to protect children and reduce the burden of smoking-related ill health for future generations.

- 9.3 The aim to reduce variation in smoking rates will also direct efforts to support Rotherham's most vulnerable groups, including those with long-term mental health conditions.
- 9.4 Increased enforcement will reduce the harm caused by organised crime gangs (OCGs) who often target Rotherham's most vulnerable communities.

10. Equalities and Human Rights Advice and Implications

- 10.1 Some demographic groups are known to have higher rates of smoking and therefore are at greater risk of tobacco related ill health, including people from lower socioeconomic groups etc. Interventions to reduce smoking in our communities will help to reduce this health inequality.
- 10.2 The UN Convention on the Rights of the Child, Article 24 outlines that every child has the right to the best possible health. Many smokers become addicted to nicotine in childhood; therefore, measures outlined in the Work Plan that aim to Stop the Start, including the introduction of Smokefree Places and support for schools, are vital to protecting children from smoking-related harm. Additionally, support for adults to quit increases the likelihood of children living in smokefree homes.

11. Implications for CO2 Emissions and Climate Change

- 11.1 There are no specific implications for CO2 emissions and climate change from this change in approach. If we are successful in reducing tobacco consumption in Rotherham, there will be indirect benefits along the tobacco supply chain.

12. Implications for Partners

- 12.1 The re-prioritisation of the Council's spending on tobacco control will see a withdrawal of current funding of NHS activity on smoking in pregnancy. Whilst there is a clear NHS Long Term Plan commitment to delivery of a smoke-free pregnancy pathway, the withdrawal of Council funding for this service will need to be managed to allow a sustainable hand over of the responsibility. Due to the Long Term Plan commitment, it is not expected that there will be a change in service for the residents of Rotherham.
- 12.2 Schools and other partners working with young people are frequently voicing concerns regarding vape use amongst young people and illicit sales. Reallocation or additional funding to resource wider priorities would help address these identified gaps.

13. Risks and Mitigation

- 13.1 If Option 1, continue as present, is implemented, there is a risk that the prevalence target of <5% by 2030 will be missed by a significant margin. This will result in a missed opportunity for prevention of future ill health and

have ongoing impacts on the local economy through increased levels of disability and ill health from an earlier age.

- 13.2 If Option 2, reallocation of current funding, is implemented, there is likely to still be difficulty in achieving the target without additional national interventions, such as those proposed in the Khan Review, but these are currently uncommitted to by Government. However, reallocation does enable more priority areas to be addressed which supports a greater impact.

14. **Accountable Officers**

Gilly Brenner, Public Health Consultant

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	Sharon Kemp	02/10/23
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	28/09/23
Assistant Director, Legal Services (Monitoring Officer)	Phil Horsfield	28/09/23

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